

**STATE OF NEW YORK  
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR  
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

March 31, 2023

To be filed 45 days from fiscal quarter end

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

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 31, 2023

OF THE CONDITION AND AFFAIRS OF

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

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: January 1, 2018
Commenced Business: January 1, 2004
Mailing Address: 3599 Big Ridge Road, Spencerport, NY 14559
Address of Main Administrative Office: 3599 Big Ridge Road, Spencerport, NY 14559
Telephone Number: 585-352-2400 Employer's ID Number: 82-2738684
Principal Location of Books and Records: 3599 Big Ridge Road, Spencerport, NY 14559
Name of Administrator:
Name of Statement Contact Person: Jennifer Talbot
Statement Contact Person E-mail: jennifer.talbot@monroe2boces.org Telephone Number: 585-352-2441
Service Areas (Counties): Monroe

OFFICERS\*

President: Scott Covell Other Officers: Vice Chairperson - John Abbott
Secretary: Lou Alaimo Deputy Treasurer - Jennifer Talbot
Chief Financial Officer: Steve Roland

GOVERNING BOARD\*

Table with 3 columns: Name, Title, Municipality. Lists board members such as Scott Covell (Chairperson), Steve Roland (Treasurer), Lou Alaimo (Secretary), and various Directors from different municipalities like Monroe 1 BOCES, Brighton Central School District, etc.

STATE OF New York COUNTY OF Monroe

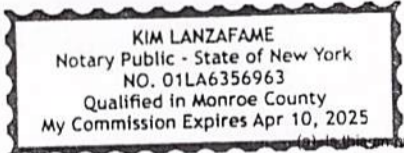
Scott Covell, President, Lou Alaimo, Secretary, Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 5/4/2023 Day of May 2023
President
Secretary
Chief Financial Officer

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.

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 31, 2023

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.

Form fields for MCHBP details: Date Certified As An MCHBP, Commenced Business, Mailing Address, Address of Main Administrative Office, Telephone Number, Principal Location of Books and Records, Name of Administrator, Name of Statement Contact Person, Statement Contact Person E-mail, Service Areas (Counties).

OFFICERS\*

Form fields for Officers: President, Secretary, Chief Financial Officer, and Other Officers.

GOVERNING BOARD\*

Table with columns: Name, Title, Municipality. Lists board members and their affiliations.

STATE OF New York

COUNTY OF Monroe

Notary deposition text: Scott Covell, Steve Roland, Lou Alaimo, Secretary, records of the MCHBP of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 10 Day of May 2023. Notary Public signature: Kelly Mutschler. Corporate Seal area.

KELLY M. MUTSCHLER Notary Public-State of New York No. 01MU6407319 Qualified in Monroe County Commission Expires 05/26/2024

Form fields for filing information: (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 Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	52,677,341	55,223,611
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)	32,564,259	21,389,811
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	62,897,092	62,535,277
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	95,461,351	83,925,088
5. Premiums receivable (Schedule C, NY 10)	3,471,267	6,045,460
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)	151,609,959	145,194,159
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)	151,609,959	145,194,159

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 Quarter		Previous Year *	
	1	2	1	2
	Total		Total	
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	36,348,867		35,142,014	
1.2 Additional amount required by Section 4706(a)(1)	-			
1.3 Total claims payable	36,348,867		35,142,014	
2. Premiums received in advance	4,125,876		2,293,271	
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)	359,483		345,971	
12. Claim stabilization reserve	5,659,591		5,288,152	
13. Unearned premiums				
14. Loans and notes payable	-		-	
15. Aggregate write-ins for current liabilities	-		-	
16. Total liabilities (Lines 1.3 to 15)	46,493,817		43,069,408	
17. Aggregate write-ins for special surplus funds	-		-	
18. Gross paid-in and contributed surplus				
19. Unassigned funds (surplus)	89,790,128		87,743,183	
20. Surplus notes				
21. Surplus per Section 4706(a)(5) **	15,326,014		14,381,568	
22. Total capital and surplus (Lines 17 to 21)	105,116,141		102,124,751	
23. Total liabilities, capital, and surplus (Lines 16 + 22)	151,609,959		145,194,159	

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 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	-		-	
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).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

Current Fiscal Year to Date	Prior Fiscal Year to Date	Total	Total	Total
4	3	4	3	4
Current Fiscal Year to Date	Prior Fiscal Year to Date	Total	Total	Total
5	4	5	4	5
1. Member Months	116,009	117,108	464,848	XXX
2. Net premium income:	53,641,048	50,732,240	201,341,956	462,39
2.1 Basic	22,989,021	21,742,388	86,289,409	198,17
2.2 Drugs	76,630,069	72,474,628	287,631,365	660,55
2.3 Total				618,76
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				
5. Non-health revenues	508,950	39,293	393,448	XXX
6. Total revenues (Items 2 to 5)	77,139,019	72,613,921	289,843,247	664,94
<b>Hospital and Medical:</b>				
7. Hospital/medical benefits	29,141,446	27,400,308	104,615,335	225,05
8. Other professional services	17,137,251	15,316,296	67,770,811	147,72
9. Outside referrals				
10. Emergency room and out-of-area				
11. Prescription drugs	2,557,852	1,850,959	8,671,568	22,05
12. Aggregate write-ins for other hospital and medical	21,123,322	19,050,996	79,848,115	182,08
13. Incentive pool, withhold adjustments and bonus amounts	459,232	(1,880,141)	2,296,392	3,96
14. Aggregate write-ins for other expenses	371,439	(116,736)	19,032	3,20
15. Subtotal (Lines 7 to 14)	70,790,542	61,621,682	263,221,273	610,22
16. Net reinsurance recoveries	(29,221)	(28,937)	(114,876)	(0,25)
17. Total hospital and medical (Lines 15-16)	70,819,763	61,650,619	263,336,149	610,47
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	6,287	1,767	57,031	0,05
19.6 Administration Fees	2,216,809	2,179,344	8,678,818	19,11
19.7 Consulting Fees				
19.8 Aggregate write-ins for other administrative expenses	1,104,770	1,072,198	4,550,078	9,52
19.9 Total administrative expenses	3,327,866	3,253,309	13,285,927	28,69
20. Increase in reserves for A&H contracts				
21. Total underwriting deductions (Lines 17 to 20)	74,147,629	64,903,928	276,622,076	639,15
22. Net underwriting gain or (loss) (Lines 6 - 21)	2,991,390	7,609,993	13,221,170	25,79
23. Net investment income earned				
24. Net realized capital gains or (losses) less capital gains taxes				
25. Net investment gains or (losses) (Lines 23 + 24)				
26. Aggregate write-ins for other income or expenses				
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	2,991,390	7,609,993	13,221,170	25,79
28. Federal income taxes incurred				
29. Net income (loss) (Lines 27 - 28)	2,991,390	7,609,993	13,221,170	28,44
<b>HEALTH CARE RELATED REVENUES</b>				
0401. Excelsus Performance Guarantee				
0402. Excelsus reimbursement for share of DFS audit fees	3,72		1,730,434	88,000
0403.				
0404.				
0405. Summary of remaining write-ins for item 4 from overflow page				
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)			1,818,434	
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER</b>				
<b>HOSPITAL AND MEDICAL</b>				
1201. Other Hospital and Medical Claims	785,019	754,104	3,317,932	6,77
1202. Change in Claims Payable	(325,787)	(2,634,245)	(1,021,540)	(2,81)
1203.				
1204.				
1205. Summary of remaining write-ins for item 12 from overflow page				
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, Item 12)	459,232	(1,880,141)	2,296,392	3,96
<b>EXPENSES</b>				
1401. Change in Stabilization Reserve	371,439	(116,736)	19,032	3,20
1402.				
1403.				
1404.				
1405. Summary of remaining write-ins for item 14 from overflow page				
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, Item 14)	371,439	(116,736)	19,032	3,20
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER</b>				
<b>ADMINISTRATIVE EXPENSES</b>				
1801. PCORI and Reinsurance Fees			79,632	0,17
1802. Covered Lives Assessment	1,078,897	1,007,759	4,112,645	9,30
1803. MEA Fees	25,873	32,308	113,616	0,24
1804. Miscellaneous expenses			19,996	0,04
1805. DFS audit fees	32,131	183,821	183,821	0,40
1806. Summary of remaining write-ins for item 18 from overflow page			40,468	0
1899. TOTALS (Items 1801 thru 1805 plus 1898) (Page 4, Item 18)	1,104,770	1,072,198	4,550,078	9,79
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER</b>				
<b>INCOME OR EXPENSES</b>				
2601. Change in Additional amount required by Section 4706(a)(1)				(0,00)
2602.				
2603.				
2604.				
2605. Summary of remaining write-ins for item 26 from overflow page				
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, Item 26)				(0,00)

\* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter		Previous Year *	
	1	2	1	2
	Total		Total	
30. Capital and surplus prior reporting year				
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>				
31. Net income or (loss) from Line 29				
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)				
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				
47. Net change in capital and surplus (Lines 31 to 46)				
48. Capital and surplus end of reporting period (Line30 + 47)**				
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS</b>				
4501.				
4502.				
4503.				
4504.				
4505.				
4598. Summary of remaining write-ins for Item 46 from overflow page				
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45)				
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS</b>				
4601. Change in Surplus	\$	(944,446)	\$	(826,828)
4602.				
4603.				
4604.				
4605.				
4698. Summary of remaining write-ins for Item 46 from overflow page				
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)		(944,446)		(826,828)

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





GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve?  

Hospital and Medical	Prescription
17%	5%

b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?  

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

Yes [ X ]	No [ ]	Yes [ X ]	No [ ]
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d) If c) is "Yes", answer the following:  
i) When was the request filed with the Department of Financial Services?  
Date: 

08/12/15	08/12/15
----------	----------

  
ii) When was the request approved?  
Date: 

12/29/17	12/29/17
----------	----------

  
iii) **If approved, please attach a copy of the approval letter.**

12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?  

Yes [ X ]	No [ ]
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b) If No, give details: \_\_\_\_\_  
\_\_\_\_\_

13. a) Was the MCHBP's prior year's annual statement amended?  

Yes [ ]	No [ X ]
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b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile  
i) Amendment number \_\_\_\_\_  
ii) Date of amendment \_\_\_\_\_

14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?  

Yes [ X ]	No [ ]
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15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?  

\$0
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b) List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?  
Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filing, should be reported to the Department with 30-days advance notice.  

Yes [ ]	No [ X ]
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b) If a) is "Yes", provide the following:  
i) Anticipated date of distribution. Date: 

N/A
-----

  
ii) Anticipated amount of distribution. 

N/A
-----

17. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?  

Yes [ X ]	No [ ]
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b) If a) is "Yes", answer the following:  
i) When was the request filed with the Department of Financial Services?  
Date: 

10/26/17
----------

  
ii) When was the request approved?  
Date: 

10/26/17
----------

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

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

N/A
-----

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

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

Yes [ ]	No [ ]
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c) If b) is "Yes", answer the following  
i) When was the request filed with the Department of Financial Services?  
Date: 

N/A
-----

  
ii) When was the request approved?  
Date: 

N/A
-----

  
iii) If approved, please attach a copy of the approval letter.

d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?  

N/A
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19. a) Has the MCHBP changed its CPA since the last Annual Statement filing?  

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

Yes [ ]	No [ ]
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ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:  
iii) Name 

N/A
-----

  
iv) Address \_\_\_\_\_  
v) Telephone Number \_\_\_\_\_  
vi) Email Address \_\_\_\_\_

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Five Star money market		XXX	0.001	XXX	XXX	-	-	12
M&T Checking		XXX	2.000	XXX	XXX	53,590	-	29,307,148
JP Morgan Chase Savings		XXX	2.430	XXX	XXX	9,215	-	3,257,099
		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	62,805	-	32,564,259
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	62,805	-	32,564,259
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Five Star Bank - certificates of deposit			1.25 - 4.88%			173,714	-	57,452,692
Cash Advance on hand at Excellus			N/A			-	-	5,444,400
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	173,714	-	62,897,092
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 236,519	\$ -	\$ 95,461,351
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								



**SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)**

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

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
East Rochester UFSD	341,210				-	\$ 341,210
Greece CSD	3,130,057				-	3,130,057
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	3,471,267	-	-	-	-	3,471,267
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	3,471,267	-	-	-	-	3,471,267
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					-	3,471,267

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

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	8,725,775	23,787,763	-	19,488,770	8,725,775	20,795,766	12,069,991
2. Drug Claims	(796,497)	21,919,819	-	4,614,699	(796,497)	3,618,813	4,415,310
3. Other	2,562,101	14,946,589	-	12,245,398	2,562,101	12,228,327	9,666,226
4. TOTAL	10,491,379	60,654,171	-	36,348,867	10,491,379	36,642,906	26,151,527

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.

**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	359,483					359,483
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	359,483					359,483
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	359,483					359,483

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

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

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

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	14,521	14,515			

**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	38,669	38,589			

STATEMENT AS OF

March 31, 2023  
(Quarter 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 Quarter
1. Number of participating Municipal Corporations (or school districts)	19
2. Number of enrolled members	14,515
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	306,520,276
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	15,326,014
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	14,494,926
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	15,326,014



OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
<b>Page NY 2</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 8 FOR INVESTED ASSETS</b>					
0806.				XXX	XXX
0807.				XXX	XXX
0808.				XXX	XXX
0809.				XXX	XXX
0810.				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	XXX	XXX
<b>Page NY 2</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 16 FOR OTHER THAN INVESTED ASSETS</b>					
1606.				XXX	XXX
1607.				XXX	XXX
1608.				XXX	XXX
1609.				XXX	XXX
1610.				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	-	XXX	XXX
<b>Page NY 3</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 10 FOR OTHER LIABILITIES</b>					
1006.				XXX	XXX
1007.				XXX	XXX
1008.				XXX	XXX
1009.				XXX	XXX
1010.				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	-	XXX	XXX
<b>Page NY 3</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 15 FOR CURRENT LIABILITIES</b>					
1506.				XXX	XXX
1507.				XXX	XXX
1508.				XXX	XXX
1509.				XXX	XXX
1510.				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	-	XXX	XXX
<b>Page NY 3</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 17 FOR SPECIAL SURPLUS FUNDS</b>					
1706.				XXX	XXX
1707.				XXX	XXX
1708.				XXX	XXX
1709.				XXX	XXX
1710.				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	-	XXX	XXX
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>					
0406.				-	-
0407.				-	-
0408.				-	-
0409.				-	-
0410.				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 12 FOR OTHER HOSPITAL AND MEDICAL</b>					
1206.				-	-
1207.				-	-
1208.				-	-
1209.				-	-
1210.				-	-
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 14 FOR OTHER EXPENSES</b>					
1406.				-	-
1407.				-	-
1408.				-	-
1409.				-	-
1410.				-	-
1498. TOTALS (Items 1406 thru 1410)	-	-	-	-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>					
19.806. Liability and Fiduciary Insurance			40,468	-	0
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	-	-	40,468	-	0
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 26 FOR OTHER INCOME OR EXPENSES</b>					
2606.				-	-
2607.				-	-
2608.				-	-
2609.				-	-
2610.				-	-
2698. TOTALS (Items 2606 thru 2610)	-	-	-	-	-

\* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

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

\* As reported on Prior Year End filed Annual Statement.