

**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, 2018**

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





## REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 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)	83,725,722	62,837,476
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	4,397,200	4,140,300
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	88,122,922	66,977,776
5. Premiums receivable (Schedule C, NY 10)	6,095,792	9,408,657
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)	94,218,714	76,386,433
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)	94,218,714	76,386,433
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS</b>		
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)	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS</b>		
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. Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	27,969,589		30,095,351	
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)	333,031		1,162,465	
12. Claim stabilization reserve	4,201,282		4,157,350	
13. Unearned premiums	-		-	
14. Loans and notes payable	-		-	
15. Aggregate write-ins for current liabilities	-		-	
16. Total liabilities (Lines 1 to 15)	32,503,902		35,415,166	
17. Aggregate write-ins for special surplus funds	-		-	
18. Gross paid-in and contributed surplus	-		-	
19. Unassigned funds (surplus)	48,976,983		29,114,740	
20. Surplus notes	-		-	
21. Surplus per Section 4706(a)(5) **	12,737,829		11,856,527	
22. Total capital and surplus (Lines 17 to 21)	61,714,813		40,971,267	
23. Total liabilities, capital, and surplus (Lines 16 + 22)	94,218,714		76,386,433	

**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	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	243,876	244,045	486,903	XXX	XXX
2. Net premium income:					
2.1 Basic	89,164,806	83,453,683	165,991,375	365.62	340.91
2.2 Drugs	38,213,488	35,765,864	71,139,161	156.69	146.11
2.3 Total	127,378,294	119,219,547	237,130,536	522.31	487.02
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	2,318,664	-	-	9.51	-
5. Non-health revenues	14,791	12,601	23,402	XXX	XXX
6. Total revenues (Items 2 to 5)	129,711,749	119,232,148	237,153,938	531.88	487.07
<b>Hospital and Medical:</b>					
7. Hospital/medical benefits	34,984,474	35,665,113	71,853,732	143.45	147.57
8. Other professional services	32,097,532	32,247,406	64,211,041	131.61	131.88
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	4,037,141	4,154,068	8,286,479	16.55	17.02
11. Prescription drugs	32,259,442	30,104,978	61,390,062	132.28	126.08
12. Aggregate write-ins for other hospital and medical	(1,269,074)	1,147,105	2,126,180	(5.20)	4.37
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	817,818	-	-	3.35	-
15. Subtotal (Lines 7 to 14)	102,927,333	103,318,669	207,867,494	422.05	426.92
<b>Less:</b>					
16. Net reinsurance recoveries	-	-	-	-	-
17. Total hospital and medical (Lines 15-16)	102,927,333	103,318,669	207,867,494	422.05	426.92
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	22,064	13,609	49,180	0.09	0.10
19.6 Administration Fees	3,993,661	4,820,973	9,602,232	16.38	19.72
19.7 Consulting Fees	18,606	56,628	87,065	0.08	0.18
19.8 Aggregate write-ins for other administrative expenses	1,967,774	2,310,719	4,461,495	8.07	9.16
19.9 Total administrative expenses	6,002,104	7,201,928	14,199,972	24.61	29.16
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	108,929,438	110,520,597	222,067,466	446.66	456.08
22. Net underwriting gain or (loss) (Lines 6 - 21)	20,782,311	8,711,550	15,086,472	85.22	30.98
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)	20,782,311	8,711,550	15,086,472	85.22	30.98
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	20,782,311	8,711,550	15,086,472	85.22	30.98
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>					
0401. Change in Non-Admitted Receivables	2,318,664	-	-	9.51	-
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 4, item 4)	2,318,664	-	-	10	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL</b>					
1201. Other Hospital and Medical	1,169,968	1,147,105	2,126,180	4.80	4.37
1202. Change in Claims Payable	(2,439,042)	-	-	(10.00)	-
1203. _____	-	-	-	-	-
1204. _____	-	-	-	-	-
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)	(1,269,074)	1,147,105	2,126,180	(5)	4
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES</b>					
1401. Stop-Loss Premium	812,651	-	-	3.33	-
1402. Change in Stabilization Reserve	5,167	-	-	0.02	-
1403. _____	-	-	-	-	-
1404. _____	-	-	-	-	-
1405. _____	-	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	817,818	-	-	3	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>					
19.801. PCORI and Reinsurance Fees	7,403	199,995	244,403	0.03	0.50
19.802. CLA	1,919,573	2,013,520	4,014,485	7.87	8.24
19.803. AEA Fees	40,798	42,124	84,873	0.17	0.17
19.804. BOCES Fee	-	39,719	80,273	-	0.16
19.805. Miscellaneous Expenses	-	15,361	37,461	-	0.08
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	-	-	-	-	-
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	1,967,774	2,310,719	4,461,495	8	9
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES</b>					
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)**

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	40,932,502	38,150,224
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
31. Net income or (loss) from Line 29	20,782,311	15,086,472
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	-	2,321,493
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)	881,302	-
43. Change in retained earnings/fund balance	-	-
44. Interest on surplus notes	-	-
45. Aggregate write-ins for changes in other net worth items	-	(18,425,687)
46. Aggregate write-ins for gains or (losses) in surplus	(881,302)	3,800,000
47. Net change in capital and surplus (Lines 31 to 46)	20,782,311	2,782,278
48. Capital and surplus end of reporting period (Line 30 + 47)**	61,714,813	40,932,502
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS</b>		
4501. Change in Claims Payable	\$ -	\$ (846,156)
4502. Change in Claims Stabilization Reserve	-	(17,579,531)
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)	-	(18,425,687)
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS</b>		
4601. Change in General Reserve		\$ 3,800,000
4602. Change in Surplus	(881,302)	-
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)	(881,302)	3,800,000

\* 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? 5% for prescription 17% for all other
- 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 with 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  
 ii) When was the request approved? Date: 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 [ ]
- b) If No, give details: \_\_\_\_\_
13. 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 \_\_\_\_\_  
 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 [ ]
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
- 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<br>Name | 2<br>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? 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
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 [ ]
- 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: 12/29/17  
 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:  
 \_\_\_\_\_
18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)? Yes [ X ] No [ ]
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law? Yes [ ] No [ ]
- c) If b) is "Yes", answer the following:  
 i) When was the request filed with the Department of Financial Services? Date: \_\_\_\_\_  
 ii) When was the request approved? Date: \_\_\_\_\_  
 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?  
 \_\_\_\_\_
19. a) Has the MCHBP changed its CPA since the last Annual Statement filing? Yes [ ] No [ X ]
- 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 [ ]
- 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 Raymond F. Wager, CPA, P.C.
- iv) Address 100 Chestnut Street, Suite 1200  
 Rochester, NY 14604
- v) Telephone Number 585-423-1860
- vi) Email Address rwager@mmb-co.com

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
M & T - Checking		XXX	0.000	XXX	XXX	-	-	45,271,676
M & T - Savings		XXX	0.100	XXX	XXX	9,586	-	38,454,046
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total -- Cash on Deposit	XXX	XXX	XXX	XXX	XXX	9,586	-	83,725,722
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	9,586	-	83,725,722
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Rashp II Required Cash Advance with Excellus			0.000					4,397,200
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	4,397,200
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 9,586	\$ -	\$ 88,122,922

NOTE: Negotiable certificates of deposit to be reported in Schedule B.



STATEMENT AS OF June 30, 2018  
(Quarter 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
East Irondequoit CSD	842,187	-	-	-	-	\$ 842,187
Monroe 1 BOCES	1,705,720	-	-	-	-	1,705,720
Webster CSD	1,778,232	1,767,653	-	2,829	2,829	3,545,885
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	4,326,139	1,767,653	-	2,829	2,829	6,093,792
0299999 Receivables Not Individually Listed	\$ 2,000	\$ -	\$ -	\$ -	-	2,000
0399999 Gross Premiums Receivable	4,328,139	1,767,653	-	2,829	2,829	6,095,792
0499999 Less Allowance for Doubtful Accounts						-
0599999 Premiums Receivable					2,829	6,095,792

## 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	4,624,061	35,567,522	-	13,665,138	4,624,061	13,430,043	8,805,982
2. Drug Claims	2,367,790	31,545,106	-	3,391,290	2,367,790	2,687,100	319,310
3. Other	2,513,197	29,584,335	-	10,913,161	2,513,197	13,978,208	11,465,011
4. TOTAL	9,505,047	96,696,963	-	27,969,589	9,505,047	30,095,351	20,590,304

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

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2, which must equal NY3, Line 1.3, Column 1 of the previous annual statement.





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	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	15,084	15,183	15,073		

**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	40,439	40,703	40,444		

**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	15,073
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	254,756,588
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	12,737,829
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	11,856,527
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	12,737,829



OVERFLOW PAGE FOR WRITE-INS

	Current Quarter 1 Total	Prior Year to Date 2 Total	Previous Year * 3 Total	Current Quarter 4 PMPM	Previous Year * 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.				-	-
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)				-	-
<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 Total	3 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.

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