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

2017 Revision -- (01/17/18 Edition)

QUARTERLY STATEMENT

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| | | 티르드 | Hilton Central School D Honeove Falls-Lima Ce | | |
| | | F S V V U U U | Penfield Central School Pittsford Central School | ol District | |
| | | V V E E | Rush-Henrietta Central | l School District | |
| | | | Spencerport Central School Webster Central School | | |
| | r r | B C P | West Irondequoit Centra Wheatland-Chili Centra | | |
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| | | | | . Secretary. | |
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| | | | | al Officer (or Corresponding person having charge of the financia a School Health Plan II Municipal Cooperative Health Benef | SANNYS |

*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.

2017 Revision

(iii) number of pages attached

11/15/2018

QUARTERLY STATEMENT

| FOR THE QUARTER ENDING | · | June 30, 2018 | | _ | |
|--|--|--------------------------------------|---|--|---|
| | OF THE | CONDITION AND AFFAIR | RS OF | | |
| R | ochester Area School He | alth Plan II Municipal (| Cooperative Health Be | enelit Plan | |
| _ | 30 83 | (Name) | | | |
| ^ | Municipal Cooperative Health made to the New York State I | | | | |
| Date Certified As An MCHBP; | January 1, 2018 | 1 | | | |
| Commenced Business: | | <u></u> | | | _ |
| Mailing Address: | 3599 Big Ridge Rd, Spence | 181/25 | * | | _ |
| Address of Main Administrative Office: | 3599 Big Ridge Rd, Spence | 400 | | 20 0770004 | _ |
| Telephone Number: Principal Location of Books and Records: | 585 352-2400 3599 Big Ridge Rd, Spence | Employer's ID Number: | | 82-2738684 | - |
| Name of Administrator. | Soas dig Mage Ma, Spelice | 1901, 141 14335 | | | _ |
| Name of Statement Contact Person: | Mary Beth Luther | | | | _ |
| Statement Contact Person E-mail | mluther@monroe2boces.or | 9 | Telephone Number: | 585 352-2441 | |
| Service Areas (Counties): | Monroe | 1 | | | _ |
| | | 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 | Š. | Monroe I BOCES | | |
| Steve Roland Lou Alaimo | Treasurer Secretary | | Monroe 2 - Orleans BOO Brighton Central School | | - |
| Darrin Winkley | Director | | Brockport Central School | ol District | |
| Frank Nardone John Abbott | Director Director | | Churchville-Chili Central East Irondequoit Central | | |
| David Green | Director | | East Rochester Union F | Free School District | |
| Matthew Stevens James Fichera | Director Director | | Fairport Central School Gates Chili Central School | | - |
| Romeo Colilli | Director | į. | Greece Central School | | |
| Scott Massie Bruce Capron | Director | | Hilton Central School Di Honeoye Falls-Lima Cer | | _ |
| Mark Sansouci | Director | | Penfield Central School | | |
| Darrin Kenney Andrew Whitmore | Director Director | | Pittsford Central School Rush-Henrietta Central | | - |
| Rick Wood | Director | | Spencerport Central School | | - |
| Brian Freeman James Brennan | Director Director | | Webster Central School West Irondequoit Central | | |
| Jessica Jackson Charlotte Kimberly-Haag | Director Director | | Wheatland-Chili Central Brighton Central School | | - |
| Kathy Occhioni | Director | | Churchville-Chili Centra | I School District | |
| Dwayne Cerbone Scott Steinberg | Oirector Oirector | | Pittsford Central School West Irondequoit Central | | - |
| Bill Gregory | Director | | SANNYS | | |
| | | | | | - |
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| Contract of the second second second | | | | | |
| STATE OF New York | C Marine | | | | |
| COUNTY O | | | | | |
| Scott Covell Steve Roland | President, Chief Financial Officer (or | Lou Alaimo Corresponding person havi | ng charge of the financial | _, Secretary, | |
| records of the MCHBP) of the | Rochester Area School He | ealth Plan II Municipal Co | operative Health Benefit | t, being duly swom, each for himself deposes | |
| and says that they are the above described of assets were the absolute property of the said | | | | | |
| this Statement, together with related exhibits, statement of all the assets and liabilities and of | | | | | |
| its income and deductions therefrom for the po | | | | | |
| Subscribed And Sworn To Before Me This | Tth | Day of | | President | |
| Kaisubaa | 2010 | , | | TRAME | |
| (Month) | (Year) | | 01 | Secretary | |
| \mathcal{C} | 1/1/2 | | | Chief Financial Officer | |
| NOTARY PUBLIC | 450 | | | | |
| RONA L DEMINO | | | | (Corporate Seal) | |
| Notary Public, State of New Yor | rk | | | | |
| County of Monroe | | | | | |
| Reg # 01DE6254598 | . | | | | |
| Commission Expires Jan 17, 20 2 | <u>-</u> 1 | | | | |
| | (a) Is this an original filing? | | Yes [] | No [X] | |
| | (b) If no: | (i) state the amendment nu | ımber | | 1 |

2017 Revision

(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.

| June | 30, | 2018 |
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| | | |

(Quarter Ending)

REPORT #1 — PART A: ASSETS

| I | Current Quarter | Previous Year * |
|--|---------------------------------------|---------------------------------------|
| | 1 | 2 |
| | Total | Total |
| Bonds (Schedule B line 0199999, Page NY 9) | - | |
| Stocks: | · · · · · · · · · · · · · · · · · · · | |
| 2.1 Preferred stocks (Schedule B line 0299999, Page NY9) | - | |
| 2.2 Common stocks (Schedule B line 0399999, Page NY 9) | | |
| Real estate | | ··· |
| 1 Cash (Schedule A Line 0399999, Page NY 8) | 83,725,722 | 62,837,47 |
| 2 Cash equivalents (Schedule A Line 0499999, Page NY 8) | 4,397,200 | 4,140,30 |
| 3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8) | 88,122,922 | 66,977,77 |
| Premiums receivable (Schedule C, NY 10) | 6,095,792 | 9,408,65 |
| Other invested assets | 0,030,732 | 9,400,00 |
| Receivable for securities | | |
| | | |
| Aggregate write-in for invested assets | | 70.000.40 |
| Subtotal cash and invested assets (Lines 1 to 8) | 94,218,714 | 76,386,43 |
| Investment income due and accrued | - | |
| 1. Reinsurance: | 1 | |
| 11.1 Amounts recoverable from reinsurers | - | |
| 11.2 Funds held by or deposited with reinsured companies | • | |
| 11.3 Other amounts receivable under reinsurance contracts | | |
| 2.1 Current federal income tax recoverable and interest | | |
| thereon | ÷ 11 | |
| 2.2 Net deferred tax asset | - [| |
| 3. Electronic data processing equipment and software | - | |
| 4. Furniture and equipment, including health care delivery assets | - | 5 |
| 5. Health care and other amounts receivable | - | |
| 6. Aggregate write-in for other than invested assets | - | |
| 7. Total Assets(Lines 9 to 16) | 94,218,714 | 76,386,43 |
| | | |
| ETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR | 11 | |
| ETAILS OF WAITE-INS AGGREGATED AT TILM OF OR | | |
| VVESTED ASSETS | | |
| | | |
| 801. | | · · · · · · · · · · · · · · · · · · · |
| 801. 802. | - | |
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| 801. 802. 802. 804. | - | |
| 801. 802. 802. 804. 805. | | |
| 801. 802. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page | - | |
| 801. 802. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page | | |
| 301. 302. 302. 304. 305. 398. Summary of remaining write-ins for Item 8 from overflow page | | |
| 801. 802. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page 899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8) | | |
| 801. 802. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page 899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER | | |
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| 801. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page 899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8) ETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER HAN INVESTED ASSETS 601. 602. 603. 604. | - | |
| | - | |

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

STATEMENT AS OF

June 30, 2018 (Quarter Ending) OF THE

(Name

REPORT #1 — PART B: LIABILITIES AND SURPLUS

| | Current Quarter | Previous Year * |
|--|------------------|---------------------------------------|
| | _1 | 2 |
| Total claims payable (Schedule F Line 4, Col D + E, Page NY 11) | Total 27,969,589 | Total |
| Premiums received in advance | 21,505,505 | 00,000,00 |
| General expenses due or accrued | | |
| | | |
| Current federal income tax payable and interest thereon | | |
| Net deferred tax liability | - | |
| Ceded reinsurance premiums payable | - | · · · · · · · · · · · · · · · · · · · |
| Amounts withheld or retained for the account of others | | |
| Borrowed money and interest thereon | ě. | |
| Payable for securities | • | |
| Funds held under reinsurance treaties | - | |
| Aggregate write-ins for other liabilities | • | |
| Accounts payable (Schedule G, NY12) | 333,031 | 1,162,4 |
| Claim stabilization reserve | 4,201,282 | 4,157,3 |
| Unearned premiums | | .,,. |
| Loans and notes payable | | |
| Aggregate write-ins for current liabilities | | |
| | 00 500 000 | 05 445 4 |
| Total liabilities (Lines 1 to 15) | 32,503,902 | 35,415,1 |
| Aggregate write-ins for special surplus funds | | |
| Gross paid-in and contributed surplus | - | |
| Unassigned funds (surplus) | 48,976,983 | 29,114,7 |
| Surplus notes | - 1 | |
| Surplus per Section 4706(a)(5) ** | 12,737,829 | 11,856,5 |
| Total capital and surplus (Lines 17 to 21) | 61,714,813 | 40,971,2 |
| Total liabilities, capital, and surplus (Lines 16 + 22) | 94,218,714 | 76,386,4 |
| HER LIABILITIES | | |
| HER LIABILITIES 01. 02. 03. | - | |
| TAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR HER LIABILITIES 01. 02. 03. | | |
| HER LIABILITIES 11. 12. 13. 14. 15. | | |
| HER LIABILITIES 11. 12. 13. 14. 15. 16. Summary of remaining write-ins for Item 10 from overflow page | | - |
| HER LIABILITIES 1. 2. 3. 4. 5. 8. Summary of remaining write-ins for Item 10 from overflow page 9. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1. | - | |
| ILER LIABILITIES 1. 2. 3. 4. 5. 6. 5. 6. Summary of remaining write-ins for Item 10 from overflow page 9. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) FAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1. 2. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. | - | |
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| HER LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 10 from overflow page 19. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 11. 12. 13. 14. | - | |
| HER LIABILITIES 11. 22. 33. 44. 55. 88. Summary of remaining write-ins for Item 10 from overflow page 19. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 11. 22. 33. 44. | - | |
| HER LIABILITIES 11. 22. 33. 44. 95. 88. Summary of remaining write-ins for Item 10 from overflow page 99. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 11. 22. 33. 44. 55. | - | |
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| ILER LIABILITIES 1. 2. 3. 4. 5. 8. Summary of remaining write-ins for Item 10 from overflow page 9. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) FAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1. 2. 3. 4. 5. 8. Summary of remaining write-ins for Item 15 from overflow page | | |
| HER LIABILITIES 1. 2. 3. 4. 5. 8. Summary of remaining write-ins for Item 10 from overflow page 9. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) FAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1. 2. 3. 4. 5. 8. Summary of remaining write-ins for Item 15 from overflow page 9. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) FAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS 1. FAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS 1. | | |
| HER LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 10 from overflow page 19. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 15 from overflow page 19. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) TAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS NDS 11. | | |
| HER LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 10 from overflow page 19. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 15 from overflow page 19. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) TAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS NDS 11. 12. | - | |
| HER LIABILITIES 01. 02. 03. | | |
| HER LIABILITIES 01. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 10 from overflow page 19. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 10. 12. 13. 14. 15. 16. Summary of remaining write-ins for Item 15 from overflow page 19. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) TAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS NDS 11. 12. 13. 14. | | |
| HER LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 10 from overflow page 19. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) TAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 11. 12. 13. 14. 15. 18. Summary of remaining write-ins for Item 15 from overflow page 19. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) TAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS NDS 11. 12. 13. | | |

^{*} 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 | Prior Fiscal Year | | Current Fiscal | |
|--|--------------------------|--------------------------|---------------------------|------------------|-------------------|
| | Year to Date | to Date | Prior Fiscal Year* | Year to Date | Prior Fiscal Year |
| | 1 Total | 2 Total | 3 Total | 4 PMPM | 5 PMPM |
| Member Months Net premium income: | 243,876 | 244,045 | 486,903 | XXX | XXX |
| 2.1 Basic 2.2 Drugs | 89,164,806 38,213,488 | 83,453,683 35,765,864 | 165,991,375 71,139,161 | 365.62 156.69 | 340.91 146.11 |
| 2.3 Total | 127,378,294 | 119,219,547 | 237,130,536 | 522.31 | 487.02 |
| Change in unearned premium reserves and reserve for rate credits: 3.1 Basic | - | _ | | | |
| 3.2 Drugs 3.3 Total | - | | | | |
| Aggregate write-ins for other health care related revenues Non-health revenues | 2,318,664 14,791 | 12,601 | 23,402 | 9.51 XXX | XXX |
| 6. Total revenues (Items 2 to 5) | 129,711,749 | 119,232,148 | 237,153,938 | 531.88 | 487.07 |
| Hospital and Medical: | | | | | |
| 7. Hospital/medical benefits | 34,984,474 | 35,665,113 | 71,853,732 | 143.45 | 147.57 |
| Other professional services Outside referrals | 32,097,532 | 32,247,406 | 64,211,041 | 131.61 | 131.88 |
| Emergency room and out-of-are Prescription drugs | 4,037,141 32,259,442 | 4,154,068 30,104,978 | 8,286,479 61,390,062 | 16.55 132.28 | 17.02 126.08 |
| 12. Aggregate write-ins for other hospital and medical | (1,269,074) | 1,147,105 | 2,126,180 | (5.20) | 4.37 |
| Incentive pool, withhold adjustments and bonus amounts 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 |
| 6. Net reinsurance recoveries | 100 007 002 | 102 218 660 | | 422.05 | 426.92 |
| Total hospital and medical (Lines 15-16) Claims adjustment expenses, including cost containment expenses | 102,927,333 | 103,318,669 | 207,867,494 | • | |
| General administrative expenses 19.1 Compensation | - | - | | | : |
| 19.2 Interest expense | - | | | | : |
| 19.3 Occupancy, depreciation, and amortization 19.4 Marketing | - | - | - | - | |
| 19.5 Professional Fees 19.6 Administration Fees | 22,064 3,993,661 | 13,609 4,820,973 | 49,180 9,602,232 | 0.09 16.38 | 0.10 19.72 |
| 19.7 Consulting Fees 19.8 Aggregate write-ins for other administrative expenses | 18,606 1,967,774 | 56,628 2,310,719 | 87,065 | 0.08 | 0.18 |
| 19.9 Total administrative expenses | 6,002,104 | 7,201,928 | 14,199,972 | 24.61 | 29.16 |
| Increase in reserves for A&H contracts 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 |
| Net investment income earned Net realized capital gains or (losses) less capital gains taxes | - | | <u> </u> | | |
| 25. Net investment gains or (losses) (Lines 23 + 24) 26. Aggregate write-ins for other income or expenses | | | - | - | - |
| 7. Net income or (loss) after capital gains tax and before all other | 00 700 044 | 0.744.550 | 45 000 470 | 25.00 | 00.00 |
| federal income taxes (Lines 22 + 25 + 26) 28. Federal income taxes incurred | 20,782,311 | 8,711,550 | 15,086,472 | 85.22 | 30.96 |
| 29. Net income (loss) (Lines 27 - 28) | 20,782,311 | 8,711,550 | 15,086,472 | 85.22 | 30.98 |
| DÉTAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0401. Change in Non-Admitted Receivables | 2,318,664 | | | 9.51 | |
| 0402. | | - | | | - |
| 0403 0404. | - | | · | | - |
| 0405. D498. 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 | |
| DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER | | | | | |
| HOSPITAL AND MEDICAL | | | | 11 | |
| 1201. Other Hospital and Medical 1202. Change in Claims Payable | 1,169,968 (2,439,042) | 1,147,105 | 2,126,180 | 4.80 (10.00) | 4.37 |
| 1203. | | - | | | |
| 205. | - | : | | - | |
| 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) | |
| | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES | | | | | |
| 401. Stop-Loss Premium | 812,651 | | | 3.33 | |
| 402. Change in Stabilization Reserve 403. | 5,167 | • | | 0.02 | - |
| 404. 405. | 9 : | | | | - |
| 499. Summary of remaining write-ins for Item 14 from overflow page 499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14) | 817,818 | - | • | . 3 | |
| 499. TOTALS (Reins 1401 find 1405 plus 1496) (Fage 4, flem 14) | 817,818 | | | 3 | |
| DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 9.801, PCORI and Reinsurance Fees | 7.403 | 100 005 | 244 403 | 0.00 | 25 |
| 9.802 CLA | 7,403 1,919,573 | 199,995 2,013,520 | 244,403 4,014,485 | 0.03 7.87 | 0.50 8.24 |
| 9.803. AEA Fees 9.804. BOCES Fee | 40,798 | 42,124 39,719 | 84,873 80,273 | 0.17 | 0.17 0.16 |
| 9.805. Miscellaneous Expenses 9.898. Summary of remaining write-ins for Item 19.8 from overflow page | | 15,361 | 37,461 | | 0.08 |
| 9.899. 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 | g |
| PETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER | | | | | |
| 601. | 64- | | 140 | | |
| 602. 603. | - | 3(4) | | • | - |
| 2604, 2605. | | - | | <u> </u> | - |
| 2698. Summary of remaining write-ins for Item 26 from overflow page | | | | *() | |
| 2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26) | 10 m | | 10.00 | | - |

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

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

| | Current Quarter | Previous Year * |
|--|------------------|------------------|
| CAPITAL & SURPLUS ACCOUNT | _1 | 2 |
| 20. Caribat and asserting and asserting and | Total 40,932,502 | Total 38,150,224 |
| 30. Capital and surplus prior reporting year GAINS AND LOSSES TO CAPITAL & SURPLUS: | 40,932,502 | 36,130,224 |
| | 20 700 211 | 15 006 170 |
| 31. Net income or (loss) from Line 29 | 20,782,311 | 15,086,472 |
| Change in valuation basis of aggregate policy and claim reserve Change in net unrealized capital gains and losses less capital gains tax | | - |
| 34. Change in net deferred income tax | <u>-</u> | |
| 35. Change in nonadmitted assets | | 2.321,493 |
| 36. Change in unauthorized reinsurance | | 2,321,433 |
| 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) | | 94 |
| 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) | |
| 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 (Line30 + 47)** | 61,714,813 | 40,932,502 |
| | 0,17.4,0.0 | 10,002,002 |
| DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN | | |
| OTHER NET WORTH ITEMS | | |
| 4501. Change in Claims Payable | \$ - | \$ (846,156) |
| 4502. Change in Claims Stabilization Reserve | | (17,579,531) |
| 1503. | • | - |
| 1504. | - | |
| 1505 | - | |
| 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) |
| DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR | | |
| LOSSES) IN SURPLUS | | |
| 1601. Change in General Reserve | | \$ 3,800,000 |
| 4602. Change in Surplus | (881,302) | - |
| 4603. | (201,000) | |
| | 7 | |
| 10U4. | 1,71 | |
| 1004 | | |
| 4605. | | |
| 4004 | | 3,800,000 |

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

Rochester Area School Health Plan II Municipal Cooperative Health Benefit

| | ii) when was the reque | st approved: | Uale123 | 29/1/ |
|--------|---|--|----------------|-------|
| | iii) If approved, please | attach a copy of the approval letter. | | |
| 12. a) | Does the MCHBP set up its | s claim flability 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 ye | par's annual statement amended? | Yes[] No | [X] |
| b) | If yes, fumish the following filed with the MCHBP's sta | information regarding the last amendment to the prior year's annual statement le of domicile | | |
| | i) Amendment number | | | |
| | ii) Date of amendment | | | |
| 14, | Does the reporting entity keep committees thereof? | eep a complete permanent record of the proceedings of its governing board and all subordinate | Yes[X] No[| [] |
| 15. a) | What is the amount of pay | ments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? | \$0 | |
| b) | | aid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection tive bodies, officers or departments of government during the period covered by this statement. | | |
| | 1 Name | 2 Amount Paid | | |
| | Halle | Autour Paid | | |
| | | | | |
| 40 | | | | |
| 16. a) | Law and anticipated expen | elund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance ses 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 fo | | | |
| | Anticipated date of di | | Date: N/A | |
| | ii) Anticipated amount of | | N/A | |
| 17. a) | Has the MCHBP's current of \$4705(d)(5)(B) of the New | community rating methodology been filed with and approved by the superintendent as required by York Insurance Law? | Yes[X] No[| 1 1 |
| b) | If a) is "Yes", answer the fo | Nowing: | | |
| | i) When was the reque | st filed with the Department of Financial Services? | Date: 10/26/17 | |
| | ii) When was the reque | st 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 particular | s, 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 g | granted pursuant to Section 4707(b) of the insurance Law? | Yes[] No[| |
| c) | If b) is "Yes", answer the fo | ollawing | | |
| | l) When was the reques | st filed with the Department of Financial Services? | Date: | |
| | ii) When was the reques | st approved? | Date: | |
| | iii) If approved, please α | ttach a copy of the approval letter. | | |
| ď) | If b) is "No", the MCHBP is | in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intents to correct this violation? | | |
| | | | | |
| 19, a) | Has the MCHBP changed i | ts CPA since the last Annual Statement filing? | Yes[] No[| [X] |
| | | the MCHBP submit the required notifications as outlined in New York State Department of Financial Services No. 118 (11NYCRR 89.4(c))? | Yes[] No[| [] |
| | ii) If answer is No, pleas | se 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 | 19. | |
| | v) Telephone Number | 585-423-1860 | | |
| | vi) Email Address | wager@mmb-co.com | | |

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

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 | ххх | ххх | ххх | XXX | ххх | xxx | xxx |
| M & T - Checking | | ххх | 0.000 | ххх | XXX | | | 45,271,676 |
| M & T - Savings | | ххх | 0.100 | xxx | xxx | 9,586 | - | 38,454,046 |
| | | ххх | | xxx | xxx | | | |
| | | ххх | | xxx | xxx | | | |
| | | ххх | | xxx | xxx | | | |
| The state of the s | | ххх | | xxx | xxx | | | |
| A CONTRACTOR OF THE CONTRACTOR | | ххх | | xxx | ххх | | | -1/- |
| | | XXX | | xxx | xxx | | | |
| | | xxx | | xxx | XXX | | | |
| | | ххх | | xxx | xxx | | | |
| 1199999 Total Cash on Deposit | xxx | XXX | ххх | ххх | XXX | 9,586 | | 83,725,722 |
| 0299999 Cash in Company's Office | xxx | XXX | XXX | xxx | xxx | xxx | xxx | |
| 399999 Total Cash | XXX | XXX | XXX | XXX | XXX | 9,586 | EDITORISHED AND I | 83,725,722 |
| Description Cash Equivalent | xxx | XXX | ххх | xxx | XXX | XXX | xxx | XXX |
| Rashp II Required Cash Advance with Excellus | | | 0.000 | | | | | 4,397,200 |
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| The second second | | | | | | | | |
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| 100 100 100 100 100 100 100 100 100 100 | 30 | | | | | | | |
| | | | | | | | | |
| 1499999 Total Cash Equivalent | xxx | xxx | xxx | xxx | | | | 4,397,200 |
| 0599999 Total - Cash and Cash Equivalent | XXX | XXX | XXX | | \$ silkdry@coust. | \$ 9,586 | ** 21/25/HIQAS/05/250** | \$ 88,122,922 |

STATEMENT AS OF _

SCHEDULE B — INVESTMENTS

| Carring Value | 8 Contractual unity Date XXXX 8 Date quulred XXXX |
|--|---|
| Control Color Par Value Actual Coli Fair Value Carning Value Acquired Marie Ma | xXXX 8 Date Date pulled |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 2 3 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 2 3 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 7 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
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| 1 2 3 4 5 6 7 | 8 Date cquired |
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| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 2 1 3 4 1 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 7 1 1 1 2 3 4 5 6 7 7 1 1 1 1 1 1 1 1 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| 1 2 3 4 5 6 7 | 8 Date cquired |
| XXX | cquired |
| XXX | cquired |
| XXX | XXX |
| 0299999 Total Preferred Stocks XXX \$ - \$ - \$ | |
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| XXX | YYY |
| 0399999 Total Common Stocks \$ - \$ - \$ - | XXX |

OF THE

June 30, 2018 (Quarter Ending)

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.

| 6,095,792 | 2,829 | | | | | 0599999 Premiums Receivable |
|---------------|-------------------|-------------------|-----------------|-----------------|----------------|--|
| | | | | | | 0499999 Less Allowance for Doubtful Accounts |
| 6,095,792 | 2,829 | 2,829 | • | 1,767,653 | 4,328,139 | 0399999 Gross Premiums Receivable |
| 2,000 | • | \$ | \$ | \$ | \$ 2,000 | 029999 Receivables Not Individually Listed |
| 6,093,792 | 2,829 | 2,829 | | 1,767,653 | 4,326,139 | 0199999 Individually Listed Receivables |
| | | | | | | |
| ı | | | | | | |
| | | | | | | |
| • | 3 9 | | | | | |
| | • | | | | | |
| 3,545,885 | 2,829 | 2,829 | | 1,767,653 | 1,778,232 | Webster CSD |
| 1,705,720 | 7 | | | • | 1,705,720 | Monroe 1 BOCES |
| \$ 842,187 | | | - | | 842,187 | East Irondequoit CSD |
| 6 Admitted | 5 Non-Admitted | 4 Over 90 Days | 3 61-90 Days | 2 31-60 Days | 1 1-30 Days | Name of Debtor |
| | | | | | | |

STATEMENT AS OF

June 30, 2018 (Quarter Ending)

____OF 1

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

| A | Claims Paid During the | a Current Fiscal Year | Claims Unp of Current C Estimated Lin of Curren | Quarter Viz: ability at End | F Total Claims Paid During the Fiscal Year and Claims Unpaid | G Estimated | н |
|---------------------------|---|---|--|--------------------------------------|---|---|---|
| Description of Claims | B On Claims Incurred Prior to the Current Fiscal Year | C On Claims Incurred During the Current Fiscal Year | D On Claims Unpaid at End of Previous Year | E On Claims Incurred During the Year | at End of Current Quarter on Claims Incurred in Prior Years (B + D) | Liability of Unpaid Claims at End of Previous Fiscal Year | Amount Unpaid Claims is Over or (Under) Reserved |
| Hospital & Medical Claims | 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.

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.

| Excellus - Covered Lives Assessment 318,150 | | 318,150 - - - |
|---|--|--|
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| | | Same and the South Room (See |
| | | |
| | | - SEC. 10 SEC. |
| | | • |
| | | • |
| 0199999 Total Accounts Payable - Individually Listed 318,150 | | 318,150 |
| 0299999 Aggregate Accounts Not Individually Listed - Due | | 70 |
| 0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due 14,811 | | 14,811 |
| 999999 Total Accounts Payable | | 333,031 |

June 30, 2018 (Quarter Ending)

80, 2018 OF THE

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 1-3 — 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 | | |

STATEMENT AS OF

OF THE

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

| Number of paticipating Municipal Corporations (or school districts) | |
|---|-------------------|
| 2. Number of enrolled members | |
| 3. Maintains Stop-loss insurance as required by 4707(a) | April 1985 |
| 4. Percentage used to calculate the Surplus per Section 4706(a)(5) | ACCEPTANCE OF THE |
| | |

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

| | 19 |
|------------|-------------|
| | 15,073 |
| | Yes |
| A STATE OF | 5.0% |
| ACTOR S | 254,756,588 |
| 1/Period | 12,737,829 |
| | 11,856,527 |
| 200 | 12,737,829 |
| | |

Current Quarter

n II Municipal Cooperative Health t Plan ne)

| | OVERFEC | Current Quarter | Prior Year to Date | Previous Year * | Current Quarter | Previous Year |
|--|--|--|--|--|-----------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| ge N | V 2 | Total | Total | Total | PMPM | PMPM |
| TAIL | S OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| | FOR INVESTED ASSETS | | | | xxx | XXX |
| 06. 07. | | | | | XXX | XXX |
| .808 | | | | 100 (100 (100 (100 (100 (100 (100 (100 | XXX | XXX |
| 309. 310. | | | | | XXX | XXX |
| | OTALS (Items 0806 thru 0810) | 98999757959595 | TRYPENDET - | ecieskandishw - | XXX | XXX |
| age N | N 2 | | | | | |
| | LS OF ADDITIONAL WRITE-INS AGGREGATED AT | | er . | | | |
| | FOR OTHER THAN INVESTED ASSETS | | | | | |
| 606. 607. | | | | | XXX | XXX |
| 508. | | | E (122) | | XXX | XXX |
| 609. 610. | | | | | XXX | XXX |
| | OTALS (Items 1606 thru 1610) | evidenteedotteer | VEDERAL AND SERVICE | STANSON PROBLEM - | XXX | XXX |
| | | | | | | |
| age N' ETAIL | LS OF ADDITIONAL WRITE-INS AGGREGATED AT | | 1 | | | |
| EM 10 | 0 FOR OTHER LIABILITIES | | | | | |
| 006. | | | | | XXX | XXX |
| 007. 008. | | | | 100000 | XXX | XXX |
| 009. | | | | | XXX | XXX |
| 010. | OTALS (items 1006 thru 1010) | BY ARTHUR ECTION AND AN | BOSCO SATURADOS DATO MASTO. | TENER PERSONS TO | XXX | XXX |
| 7 70. [] | O IACO (IGINS 1000 IIIIU 1010) | KARSERSEN S | · San | | ^^^ | *** |
| age N | | 1 | 1 | | | |
| | LS OF ADDITIONAL WRITE-INS AGGREGATED AT 5 FOR CURRENT LIABILITIES | | | | | |
| 506. | | | | | xxx | xxx |
| 507. | | | | | XXX | XXX |
| 508. 509. | | | | THE PERSON NAMED IN | XXX | XXX |
| 510. | | | 2 | | XXX | XXX |
| 598. T | OTALS (Items 1506 thru 1510) | BUSKLASKRAKK * | ZIBRYPSHIZIREZH - | MARKAGESTAL | ххх | XXX |
| age N | Y3 | + | | 1 1 1 1 1 1 1 | 4 - 0-25 | |
| ETAIL | S OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| | 7 FOR SPECIAL SURPLUS FUNDS | | | | uuu | |
| 706. 707. | | | | | XXX | XXX |
| 708. | | | | | XXX | XXX |
| 709. 710. | | 2000 | | | XXX | XXX |
| | OTALS (Items 1706 thru 1710) | Advisentessinger: | SAME SAME P | ogan, roka kuvika i v | XXX | XXX |
| | | | | | | |
| | IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT FOR OTHER HEALTH CARE RELATED REVENUES | | | | | |
| 406. | | | | | 8 | |
| 407. 408. | | | | | seathar neg- | News Control |
| | | | | | | |
| 4US. | | | | | | |
| 410. | | | | | | |
| 410. | OTALS (Items 0406 thru 0410) | Terboration areas con • | 975 AA-278 AA-278 AA | Actorial and | | |
| age N | Y 4 | (c-25-87) 884 (P-8-2) - | s-roller/knocknomics | | | |
| 410. 498. To age N | IY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT | | P-7688-1786-440-880-20- | men harmanian an | | |
| 410. 498. To age N ETAIL TEM 12 | Y 4 | | e-motive-consistence | 250-27602000000000000000000000000000000000 | | |
| 410. 498. To age N ETAIL EM 12 206. 207. | IY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT | | # 500 d Am (20 Au) (20 | 3549 #2748659 (Jell) \$1,000 A * • | | |
| 410. 498. To age N ETAIL TEM 1: 206. 207. 208. | IY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT | | #5000 APP 078 A A A COLO ATRIBUTE • | 1540 to 2540 00 (14) (14) (14) (14) (14) (14) (14) (14) | | |
| 410. 498 Ti age N ETAIL EM 1: 206. 207. 208. 209. 210. | IY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL | | | there is the second different as a | | |
| 410. 498 Ti age N ETAIL EM 1: 206. 207. 208. 209. 210. | IY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| 410. 498 Ti age N ETAIL EM 12 206. 207. 208. 209. 210. 298. Ti | S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (items 1206 thru 1210) | | | | | |
| 410. 498 Ti age N ETAIL FEM 12 206. 207. 208. 209. 210. 298. Ti | S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (items 1206 thru 1210) | | | | | |
| 410. 498 To ETAIL FEM 1: 206. 207. 208. 209. 210. 298. To age N ETAIL | 17 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (items 1206 thru 1210) | to bound share on the control of the | | | | |
| 410. 498 To ETAIL FEM 12 206. 207. 208. 209. 210. 298. To ETAIL FEM 14 406. | OTALS (Items 1206 thru 1210) BY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL | | | | | |
| 410. 498 To age N ETAIL FEM 1: 206. 207. 208. 209. 210. 298. To age N ETAIL FEM 1: 406. | OTALS (items 1206 thru 1210) BY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL | | | | | |
| 410. 498 To 498 To ETAIL FEM 12 206. 207. 208. 209. 210. 298. To ETAIL FEM 14 406. 407. 408. 409. | OTALS (items 1206 thru 1210) BY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL | | | | | |
| 410. 498. Ti 498. Ti 498. Ti 200. 2007. 208. Ti 209. Ti 406. 407. 4406. 4406. | OTALS (items 1206 thru 1210) BY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (items 1206 thru 1210) BY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES | | | Section of the sectio | | |
| 410. 498. Ti 498. Ti 498. Ti 206. 207. 208. 209. Ti 406. 407. 408. 407. 408. 409. 410. 498. Ti | OTALS (items 1406 thru 1410) | | | | | |
| 410. 498. Ti 498. Ti ETAIL 1206. 207. 208. 2210. 2299. 210. 407. 408. 409. 410. 498. Ti 498. Ti | OTALS (items 1206 thru 1210) OTALS (items 1206 thru 1210) OTALS (items 1206 thru 1210) OTALS (items 1406 thru 1410) | | | | | |
| 410. 498. Ti EM 12: 206. 207. 208. 207. 210. 298. Ti EM 14: 407. 408. 409. 410. 498. Ti age N | OTALS (items 1406 thru 1410) OTALS (items 1406 thru 1410) OTALS (items 1406 thru 1410) | | | | | |
| 110. 198. Ti 198. Ti 199. No. 199. Ti 206. 207. 209. 210. 210. 210. 210. 306. 307. 308. Ti 309. Ti 309 | OTALS (items 1406 thru 1410) | | | | | |
| 110. 198. Ti 10. 1 | OTALS (Items 1406 thru 1410) | | | | | |
| 110. 198. Ti 1988. Ti | OTALS (Items 1406 thru 1410) | | | | | |
| 110. 198. Ti 199. Ti | OTALS (Items 1206 thru 1210) OTALS (Items 1206 thru 1210) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES OTALS (Items 1406 thru 1410) IY 4 LS OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES | | | | | |
| 410. 498. Ti age N ETAIL EM 12 2007. 208. 209. 210. 498. Ti age N ETAIL EM 14 406. 407. 498. Ti age N ETAIL EM 19. 39.809. 99.809. 99.809. | OTALS (Items 1206 thru 1210) OTALS (Items 1206 thru 1210) OTALS (Items 1406 thru 1410) | | | | | |
| 410. 448. Ti age N IETAIL 1206. 207. 208. Ti 209. Ti 2 | OTALS (Items 19.806 thru 19.810) | | Constitution of the consti | | | |
| 410, 498, Tr. age N let All 1206, 1206, 1207, 1208, 1 | OTALS (Items 19.806 thru 19.810) | To the adjusted model one of the control of the con | | | | |
| 410. 448. Ti age N I ETAIL [206. 207. 208. Ti 208. 209. Ti 20 | OTALS (items 1406 thru 1410) | | | | | |
| 410. 498. Tr. 498. Tr. 498. Tr. 206. 207. 208. 209. 210. 298. Tr. 398. Tr. 408. 409. 410. 410. 410. 410. 410. 410. 410. 410 | OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (Items 1206 thru 1210) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 9.8 FOR OTHER ADMINISTRATIVE EXPENSES TOTALS (Items 19.806 thru 19.810) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| 410. 448. Ti age N IETAIL (206. 207. 209. Ti age N IETAIL (406. 407. 408. 409. 410. 410. 410. 410. 410. 410. 410. 410 | OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (Items 1206 thru 1210) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 9.8 FOR OTHER ADMINISTRATIVE EXPENSES TOTALS (Items 19.806 thru 19.810) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| 410. 498. Tr. age N LETAIL 1206. 207. 208. 209. 210. 208. 209. 210. 208. Tr. age N LETAIL 12406. 4407. 4408. 4407. 4408. Tr. age N LETAIL 12606. 209. 209. 209. 209. 209. 209. 209. 209 | OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (Items 1206 thru 1210) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 9.8 FOR OTHER ADMINISTRATIVE EXPENSES TOTALS (Items 19.806 thru 19.810) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| 410. 498. Ti age N IETAIL 1206. 207. 208. Ti age N IETAIL 1406. 408. Ti age N IETAIL 1406. 408. Ti age N IETAIL 1509. 808. 809. 809. 809. 809. 809. 809. 8 | OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 2 FOR OTHER HOSPITAL AND MEDICAL OTALS (Items 1206 thru 1210) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 4 FOR OTHER EXPENSES OTALS (Items 1406 thru 1410) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT 9.8 FOR OTHER ADMINISTRATIVE EXPENSES TOTALS (Items 19.806 thru 19.810) IY 4 S OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |

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

| | OVERFLOW PAGE FOR WRITE-INS | | | | |
|--|--|--|--|--|--|
| | Current Quarter | Previous Year * | | | |
| | 1 | 3 | | | |
| | Total | Total | | | |
| age NY5 | | | | | |
| ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| EM 45 FOR CHANGES IN OTHER NET WORTH ITEMS | | | | | |
| 506. | | | | | |
| 507. | | Control of the Contro | | | |
| 508. | | 100000 | | | |
| 09. | The state of the s | The second secon | | | |
| 510. | | | | | |
| 98, TOTALS (items 4506 thru 4510) | MATERIAL STORY STORY BUT | ON THE REST OF THE REST OF THE REST OF THE | | | |
| | | | | | |
| ige NY5 | | 200000 | | | |
| ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT | | | | | |
| EM 46 FOR GAINS OR (LOSSES) IN SURPLUS | | | | | |
| 606. | | | | | |
| 07. | | | | | |
| 08. | | | | | |
| 09. | | | | | |
| 10. | | | | | |
| 98. TOTALS (Items 4606 thru 4610) | AND SECURE AND ADDRESS OF THE PROPERTY OF THE PERSON OF TH | SECRETARISM AND ACTIVATION OF THE | | | |

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

XI