

**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

September 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

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

QUARTERLY STATEMENT

FOR THE QUARTER ENDING September 30, 2018

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

OFFICERS\*

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

GOVERNING BOARD\*

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

STATE OF New York

COUNTY OF Monroe

Steve Roland, President, \_\_\_\_\_, 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, 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 13<sup>th</sup> Day of November 2018  
 (Month) (Year)

\_\_\_\_\_  
 President  
 \_\_\_\_\_  
 Secretary  
 \_\_\_\_\_  
 Chief Financial Officer  
 (Corporate Seal)

Virginia M. Critchley  
 NOTARY PUBLIC  
 (Seal)

**Virginia M. Critchley**  
 Notary Public-State of New York  
 No. 01CR6085159  
 Qualified in Monroe County  
 Commission Expires 12/23/18

- (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 September 30, 2018

OF THE CONDITION AND AFFAIRS OF

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

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 Statement Contact Person E-mail: mluther@monroe2boces.org Telephone Number: 585 352-2441  
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 Chief Financial Officer: Steve Roland

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STATE OF New York

COUNTY OF Monroe

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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, 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 7th Day of

November 2018  
(Month) (Year)

[Signature]  
NOTARY PUBLIC

[Signature] President

[Signature] Secretary

\_\_\_\_\_  
Chief Financial Officer

(Corporate Seal)

**RONAL DEMINO**  
Notary Public, State of New York  
County of Monroe  
Reg # 01DE6254598  
Commission Expires Jan 17, 2020

(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<br>Total      | 2<br>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)                                    | 84,122,526      | 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)         | 88,519,726      | 66,977,776      |
| 5. Premiums receivable (Schedule C, NY 10)                                       | 8,778,774       | 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)                              | 97,298,499      | 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)  | 97,298,499      | 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           |   |
| 1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)                | 28,717,347      |   | 30,095,351      |   |
| 1.2 Additional amount required by Section 4706(a)(1)                        | -               |   |                 |   |
| 1.3 Total claims payable  | 28,717,347      |   | 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)                                     | 318,685         |   | 1,162,465       |   |
| 12. Claim stabilization reserve   | 4,225,571       |   | 4,196,115       |   |
| 13. Unearned premiums   |                 |   |                 |   |
| 14. Loans and notes payable   | -               |   | -               |   |
| 15. Aggregate write-ins for current liabilities                             | -               |   | -               |   |
| 16. Total liabilities (Lines 1.3 to 15)                                     | 33,261,603      |   | 35,453,931      |   |
| 17. Aggregate write-ins for special surplus funds                           | -               |   | -               |   |
| 18. Gross paid-in and contributed surplus                                   |                 |   |                 |   |
| 19. Unassigned funds (surplus)  | 51,363,155      |   | 29,075,975      |   |
| 20. Surplus notes   |                 |   |                 |   |
| 21. Surplus per Section 4706(a)(5) **                                       | 12,673,741      |   | 11,856,527      |   |
| 22. Total capital and surplus (Lines 17 to 21)                              | 64,036,896      |   | 40,932,502      |   |
| 23. Total liabilities, capital, and surplus (Lines 16 + 22)                 | 97,298,499      |   | 76,386,433      |   |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES</b>     |                 |   |                 |   |
| 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)             | -               |   | -               |   |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES</b>   |                 |   |                 |   |
| 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)             | -               |   | -               |   |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS</b> |                 |   |                 |   |
| 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  | 384,650                     | 365,262                   | 486,903            | XXX                         | XXX                |
| 2. Net premium income:  |                             |                           |                    |                             |                    |
| 2.1 Basic   | 133,074,281                 | 124,523,008               | 165,991,375        | 364.94                      | 340.91             |
| 2.2 Drugs   | 57,031,835                  | 53,367,003                | 71,139,161         | 158.40                      | 146.11             |
| 2.3 Total   | 190,106,116                 | 177,890,011               | 237,130,536        | 521.34                      | 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   | 2,316,664                   | -                         | -                  | 6.35                        | -                  |
| 5. Non-health revenues  | 24,725                      | 18,413                    | 23,402             | XXX                         | XXX                |
| 6. Total revenues (Items 2 to 5)  | 192,447,505                 | 177,908,424               | 237,153,938        | 527.76                      | 487.07             |
| <b>Hospital and Medical:</b>  |                             |                           |                    |                             |                    |
| 7. Hospital/medical benefits  | 54,693,690                  | 54,286,251                | 71,853,732         | 149.99                      | 147.57             |
| 8. Other professional services  | 49,128,577                  | 48,645,883                | 64,211,041         | 134.73                      | 131.88             |
| 9. Outside referrals  | -                           | -                         | -                  | -                           | -                  |
| 10. Emergency room and out-of-are   | 6,081,631                   | 6,239,452                 | 8,286,479          | 16.68                       | 17.02              |
| 11. Prescription drugs  | 48,952,147                  | 45,540,936                | 61,390,062         | 134.24                      | 126.08             |
| 12. Aggregate write-ins for other hospital and medical  | 324,027                     | 1,666,572                 | 2,126,180          | 0.89                        | 4.37               |
| 13. Incentive pool, withhold adjustments and bonus amounts  | -                           | -                         | -                  | -                           | -                  |
| 14. Aggregate write-ins for other expenses  | 1,237,941                   | -                         | -                  | 3.39                        | -                  |
| 15. Subtotal (Lines 7 to 14)  | 160,418,013                 | 156,379,095               | 207,867,494        | 439.92                      | 426.92             |
| Less:   |                             |                           |                    |                             |                    |
| 16. Net reinsurance recoveries  | -                           | -                         | -                  | -                           | -                  |
| 17. Total hospital and medical (Lines 15-16)  | 160,418,013                 | 156,379,095               | 207,867,494        | 439.92                      | 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  | 24,655                      | 26,815                    | 49,180             | 0.07                        | 0.10               |
| 19.6 Administration Fees  | 5,938,854                   | 7,198,823                 | 9,602,232          | 16.29                       | 19.72              |
| 19.7 Consulting Fees  | 19,156                      | 56,628                    | 87,065             | 0.05                        | 0.18               |
| 19.8 Aggregate write-ins for other administrative expenses  | 2,942,634                   | 3,380,916                 | 4,461,495          | 8.07                        | 9.16               |
| 19.9 Total administrative expenses  | 8,925,099                   | 10,663,181                | 14,199,972         | 24.48                       | 29.16              |
| 20. Increase in reserves for A&H contracts  | -                           | -                         | -                  | -                           | -                  |
| 21. Total underwriting deductions (Lines 17 to 20)  | 169,343,111                 | 167,042,276               | 222,067,466        | 464.40                      | 456.08             |
| 22. Net underwriting gain or (loss) (Lines 6 - 21)  | 23,104,394                  | 10,866,147                | 15,086,472         | 63.36                       | 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) | 23,104,394                  | 10,866,147                | 15,086,472         | 63.36                       | 30.98              |
| 28. Federal income taxes incurred   | -                           | -                         | -                  | -                           | -                  |
| 29. Net income (loss) (Lines 27 - 28)   | 23,104,394                  | 10,866,147                | 15,086,472         | 63.36                       | 30.98              |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>                         |                             |                           |                    |                             |                    |
| 0401. Change in Non-Admitted Receivables  | 2,316,664                   | -                         | -                  | 6.35                        | -                  |
| 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)  | 2,316,664                   | -                         | -                  | 6                           | -                  |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL</b>                                |                             |                           |                    |                             |                    |
| 1201. Other Hospital and Medical  | 1,912,119                   | 1,666,572                 | 2,126,180          | 5.24                        | 4.37               |
| 1202. Change in Claims Payable  | (1,588,092)                 | -                         | -                  | (4.36)                      | -                  |
| 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)   | 324,027                     | 1,666,572                 | 2,126,180          | 1                           | 4                  |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES</b>  |                             |                           |                    |                             |                    |
| 1401. Stop-Loss Premium   | 1,208,485                   | -                         | -                  | 3.31                        | -                  |
| 1402. Change in Stabilization Reserve   | 29,456                      | -                         | -                  | 0.08                        | -                  |
| 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)   | 1,237,941                   | -                         | -                  | 3                           | -                  |
| <b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>                           |                             |                           |                    |                             |                    |
| 19.801. PCORI and Reinsurance Fees  | 7,403                       | 222,136                   | 244,403            | 0.02                        | 0.50               |
| 19.802. CLA   | 2,866,195                   | 3,014,085                 | 4,014,485          | 7.86                        | 8.24               |
| 19.803. AEA Fees  | 62,596                      | 62,614                    | 84,873             | 0.17                        | 0.17               |
| 19.804. BOCES Fee   | -                           | 59,996                    | 80,273             | -                           | 0.16               |
| 19.805. Miscellaneous Expenses  | 6,440                       | 22,085                    | 37,461             | 0.02                        | 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)                                       | 2,942,634                   | 3,380,916                 | 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<br>Total      | 2<br>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  | 23,104,394      | 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)   | 817,214         |                 |
| 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                               | (817,214)       | 3,800,000       |
| 47. Net change in capital and surplus (Lines 31 to 46)                                 | 23,104,394      | 2,782,278       |
| 48. Capital and surplus end of reporting period (Line30 + 47)**                        | 64,036,896      | 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  | (817,214)       |                 |
| 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)                        | (817,214)       | 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? 

|                      |              |
|----------------------|--------------|
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|------------------------------|--|------------------------------|--|
- 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 <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|---|-----------------------------|---|-----------------------------|
- 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  No
- b) If No, give details: \_\_\_\_\_
13. a) Was the MCHBP's prior year's annual statement amended? Yes  No
- 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  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? \_\_\_\_\_
- 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
- 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  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  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
- 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           |                  | XXX           | XXX                          |  |  | 45,658,545    |
| M & T - Savings  |      | XXX           |                  | XXX           | XXX                          | 1,635  |  | 455,681       |
| JPMorgan Chase - Savings   |      | XXX           |                  | XXX           | XXX                          | 7,621  |  | 38,006,300    |
|  |      | 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                          | 9,256  | -  | 84,122,526    |
| 0299999 Cash in Company's Office                                       | XXX  | XXX           | XXX              | XXX           | XXX                          | XXX  | XXX  |               |
| 0399999 Total -- Cash  | XXX  | XXX           | XXX              | XXX           | XXX                          | 9,256  | -  | 84,122,526    |
| Description -- Cash Equivalent   | XXX  | XXX           | XXX              | XXX           | XXX                          | XXX  | XXX  | XXX           |
| Rashp II Required Cash Advance with Excellus                           |      |               |                  |               |                              |  |  | 4,397,200     |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
|  |      |               |                  |               |                              |  |  |               |
| 0499999 Total -- Cash Equivalent                                       | XXX  | XXX           | XXX              | XXX           |                              |  |  | 4,397,200     |
| 0599999 Total -- Cash and Cash Equivalent                              | XXX  | XXX           | XXX              | XXX           | \$                           | \$ 9,256   | \$   | \$ 88,519,726 |
| NOTE: Negotiable certificates of deposit to be reported in Schedule B. |      |               |                  |               |                              |  |  |               |



STATEMENT AS OF September 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            | 2          | 3          | 4            | 5            | 6            |
|--|--------------|------------|------------|--------------|--------------|--------------|
|  | 1-30 Days    | 31-60 Days | 61-90 Days | Over 90 Days | Non-Admitted | Admitted     |
| Fairport CSD                                 | 1,428,137    |            |            |              | -            | \$ 1,428,137 |
| Hilton CSD                                   | 929,930      | 916,068    | 912,060    |              | -            | 2,758,058    |
| Pittsford CSD                                | 1,618,911    |            |            |              | -            | 1,618,911    |
| Webster CSD                                  | 1,729,165    |            |            | 2,829        | 2,829        | 1,729,165    |
|  |              |            |            |              | -            | -            |
|  |              |            |            |              | -            | -            |
|  |              |            |            |              | -            | -            |
|  |              |            |            |              | -            | -            |
|  |              |            |            |              | -            | -            |
|  |              |            |            |              | -            | -            |
| 0199999 Individually Listed Receivables      | 5,706,143    | 916,068    | 912,060    | 2,829        | 2,829        | 7,534,271    |
| 0299999 Receivables Not Individually Listed  | \$ 1,244,503 |            |            | 2,000        | 2,000        | 1,244,503    |
| 0399999 Gross Premiums Receivable            | 6,950,646    | 916,068    | 912,060    | 4,829        | 4,829        | 8,778,774    |
| 0499999 Less Allowance for Doubtful Accounts |              |            |            |              |              |              |
| 0599999 Premiums Receivable                  |              |            |            |              | 4,829        | 8,778,774    |

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

| A<br>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<br>Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D) | G<br>Estimated Liability of Unpaid Claims at End of Previous Fiscal Year | H<br>Amount Unpaid Claims is Over or (Under) Reserved |
|------------------------------|--|--|--|---|---|--|---|
|                              | B<br>On Claims Incurred Prior to the Current Fiscal Year | C<br>On Claims Incurred During the Current Fiscal Year | D<br>On Claims Unpaid at End of Previous Year  | E<br>On Claims Incurred During the Year |   |  |   |
| 1. Hospital & Medical Claims | 4,545,619  | 58,141,820   | -  | 14,173,630                              | 4,545,619   | 13,430,043   | 8,884,424   |
| 2. Drug Claims               | 2,370,485  | 49,294,864   | -  | 3,435,746                               | 2,370,485   | 2,687,100  | 316,615   |
| 3. Other                     | 2,568,474  | 46,560,104   | -  | 11,107,971                              | 2,568,474   | 13,978,208   | 11,409,734  |
| 4. TOTAL                     | 9,484,578  | 153,996,788  | -  | 28,717,347                              | 9,484,578   | 30,095,351   | 20,610,773  |

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

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

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

STATEMENT AS OF September 30, 2018  
(Quarter Ending)

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

### SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

| Account  | 1<br>1-30 Days | 2<br>31-60 Days | 3<br>61-90 Days | 4<br>91 - 120 Days | 5<br>Over 120 Days | 6<br>Total |
|--|----------------|-----------------|-----------------|--------------------|--------------------|------------|
| Excellus - Covered Lives Assessment  | 318,685        |                 |                 |                    |                    | 318,685    |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
|  |                |                 |                 |                    |                    | -          |
| 0199999 Total Accounts Payable - Individually Listed                         | 318,685        | -               | -               | -                  | -                  | 318,685    |
| 0299999 Aggregate Accounts Not Individually Listed - Due                     |                |                 |                 |                    |                    | -          |
| 0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due |                |                 |                 |                    |                    | -          |
| 9999999 Total Accounts Payable   | 318,685        | -               | -               | -                  | -                  | 318,685    |

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<br>Prior<br>Year End | C<br>1st Quarter | D<br>2nd Quarter | E<br>3rd Quarter | F<br>4th Quarter |
|--|------------------------|------------------|------------------|------------------|------------------|
| Number of Participating Municipal Corporations | 19                     | 19               | 19               | 19               |                  |

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

| A   | B<br>Prior<br>Year End | C<br>1st Quarter | D<br>2nd Quarter | E<br>3rd Quarter | F<br>4th Quarter |
|---|------------------------|------------------|------------------|------------------|------------------|
| Number of employees and retirees enrolled | 15,084                 | 15,183           | 15,073           | 15,094           |                  |

**SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)**

| A                             | B<br>Prior<br>Year End | C<br>1st Quarter | D<br>2nd Quarter | E<br>3rd Quarter | F<br>4th Quarter |
|-------------------------------|------------------------|------------------|------------------|------------------|------------------|
| Number of total lives covered | 40,439                 | 40,703           | 40,444           | 40,516           |                  |

## 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   | 15,094          |
| 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  | 253,474,821     |
| 6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income         | 12,673,741      |
| 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 | 12,673,741      |





OVERFLOW PAGE FOR WRITE-INS

|  | Current Quarter<br>1<br>Total | Prior Year to Date<br>2<br>Total | Previous Year *<br>3<br>Total | Current Quarter<br>4<br>PMPM | Previous Year *<br>5<br>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               | 3               |
|  | Total           | Total           |
| <b>Page NY5</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 NY5</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.

