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

2018 Revision -- (10/12/18 Edition)

QUARTERLY STATEMENT

FOR THE QUARTER ENDIN	ıG	September 30, 2018		-
	OF THE	CONDITION AND AFFAIR	AS OF	
	-			to Division
<u>!</u>	Rochester Area School Hea	alth <u>Plan II Municipal C</u> (Name)	Cooperative Health Be	enetit Plan
	A Municipal Cooperative Health made to the New York State C			
Date Certified As An MCHBP:	January 1, 2018		5 - SP-18/81	
Commenced Business:				
Mailing Address:	3599 Big Ridge Rd, Spencer	port, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Rd, Spencer	port, NY 14559		
Telephone Number:	585 352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Rd, Spencer	port, NY 14559		100
Name of Administrator;	Many Both Lighton	<u> </u>		
Name of Statement Contact Person: Statement Contact Person E-mail	Mary Beth Luther mluther@monroe2boces.org	100.000.000	Telephone Number:	585 352-2441
Service Areas (Counties):	Monroe		Total Trainers	
Service Areas (Counties).	MOTIO	OFFICERS*		
President:	Scott Covell	00	Other Officers	Vice Chairperson: John Abbott
			- and onesid	Deputy Treasurer: Mary Beth Luther
Secretary:	Lou Alaimo		_	Copaly Houselds Mary Dell' Called
Chief Financial Officer:	Steve Roland			
		GOVERNING BOARD)*	
Name	Title			Municipality
Scott Covell Steve Roland	Chairperson Treasurer		Monroe I BOCES Monroe 2 - Orleans BO	CES
Lou Alaimo	Secretary		Brighton Central Schoo	l District
Darrin Winkley Frank Nardone	Director Director		Brockport Central Scho Churchville-Chili Centra	
John Abbott	Director		East Irondoquoit Centre	al School District
David Green Matthew Stevens	Director Director		East Rochester Union I Fairport Central School	
James Fichera	Director		Gates Chill Central Sch	nool District
Romeo Colilii Scott Massie	Director Director		Greece Central School Hilton Central School D	
Bruce Capron	Director		Honeoye Falls-Lima Ca	entral School District
Mark Sansouci Darrin Kenney	Director Director		Penfield Central School Pittsford Central School	
Andrew Whitmore	Director		Rush-Henrietta Central	School District
Rick Wood Brian Freeman	Director Director		Spencerport Central School Webster Central School	
James Brennan	Director		West Irondequoit Centr	
Jassica Jackson Charlotte Kimberty Hang	Director		Wheatland-Chill Centra Brighton Central School	
Kathy Occhion	Director		Churchville-Chili Centra	A Mary A C A
Dwayne Cerbone Scott Steinberg	Director Director		West Irondoquoit Centr	
Bill Gregory	Director		SANNYS	
The state of the s				963
STATE OF New York				
COUNTY	OF Monroe			
	, President,			_ , Secretary,
Steve Roland	Chief Financial Officer (or	Corresponding person have	ring charge of the financial	t tt., being duly sworn, each for himself deposes
records of the MCHBP) of the and says that they are the above described	officers of the said MCHBP, and	that on the reporting pend	od stated above, all of the	herein
assets were the absolute property of the sa this Statement, together with related exhibit	id MCHBP, free and clear from a	iny liens or claims thereon.	, except as herein stated, :	and that
etatement of all the assets and liabilities an	d of the condition and affairs of II	ne said MCHBP as of the r	reporting period stated abo	ove, and of
its income and deductions therefrom for the	period reported, according to th	e best of their information,	Kriowieuge and belief, 163	pectively.
Subscribed And Swom To Before Me This	10	Day of		President
November	2018			Secretary
(Month)	(Year)		Story.	Chief Financial Officer
During M	· Co		01	
NOTARY PUB (Seal)	BLIC		_	(Corporate Seal)
V	U			(acres asset)
Virginia M. Critchley Notary Public-State of New York				
No. 01CR6085159				
Qualified in Monroe County	8			
nission Expires	₽			
2.5	(a) Is this an original filing?		Yes [X]	No []
	(b) If no:	(i) state the amendment r		

"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.

2018 Revision - (10/12/18 Edition)

(iii) number of pages attached

QUARTERLY STATEMENT

۶	OR THE QUARTER ENDING	September 30, 2018	
		OF THE CONDITION AND AFFAIRS OF	
	Rochester	Area School Health Plan II Municipal Cooperative Health Benefit Plants (Name)	<u>an</u>
		Cooperative Health Benefit Plan organized under the laws of the State of New York State Department of Financial Services pursuant to the laws thereof.	
		1	

Date Certified As An MCHBP:	January 1, 2018			<u></u>
Commenced Business:				
Mailing Address:	3599 Big Ridge Rd, Spencer	port, NY 14559		
Address of Main Administrative Office:	3599 Blg Ridge Rd, Spencer	port, NY 14559		
Telephone Number:	585 352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Rd, Spencer	port, NY 14559		
Name of Administrator:			·-	<u> </u>
Name of Statement Contact Person:	Mary Beth Luther	1		
Statement Contact Person E-mail	mluther@monroe2boces.org	<u> </u>	Telephone Number:	585 352-2441
Service Areas (Counties):	Monroe		70	
* NE:		OFFICERS*		
President	Scott Covell		Other Officers	Vice Chairperson: John Abbott
			_	Deputy Treasurer: Mary Beth Luther
Secretary:	Lou Alaimo		_	Deputy Treasurer, Mary Deut Couler
Chief Financial Officer:	Steve Roland			
		GOVERNING BOARD	•	
Name	Title		Monroe I DOCCO	Municipality
Scott Coveil Steve Roland	Chairperson Treasurer		Monroe I BOCES Monroe 2 - Orleans BO	CES
Lou Alaimo	Secretary		Brighton Central School	l District
Darrin Winkley	Director Director		Brockport Central Scho Churchville-Chili Centra	
Frank Nardone John Abbott	Director	Di sa	East Irondequoit Centra	al School District
David Green	Director	V.1	East Rochester Union I	Free School District
Matthew Stevens James Fichera	Director Director		Fairport Central School Gates Chili Central Sch	
Romeo Colill	Director		Greece Central School	
Scott Massie Bruce Capron	Director Director		Hilton Central School D Honeoya Falls-Lima Ce	
Mark Sansouci	Director	l'	Penfield Central Schoo	
Darrin Kenney	Director		Pittsford Central School	
Andrew Whitmore Rick Wood	Director Director		Rush-Henrietta Central Spencerport Central Sc	
Brian Freeman	Director		Webster Central School	N District
James Brennan	Director Director		West Irondequoit Centre Wheatland-Chill Centre	
Jessica Jackson Charlotte Kimberly-Haag	Director		Brighton Central School	
Kathy Occhioni	Director		Churchville-Chili Centra	
Dwayne Cerbone Scott Steinberg	Director Director		Pittsford Central School West Irondequoit Central	
Bill Gregory	Director		SANNYS	
Scott Covell Steve Roland records of the MCHBP) of the and says that they are the above described assets were the absolute property of the sa	Chief Financial Officer (or Rochester Area School He d officers of the said MCHBP, and aid MCHBP, free and clear from a	ealth Plan It Municipal Co I that on the reporting perion on liens or claims thereon,	operative Health Benefi od stated above, all of the except as herein stated,	t], being duly swom, each for himself deposes herein and that
this Statement, together with related exhibit statement of all the assets and liabilities an its income and deductions therefrom for the Subscribed And Sworn To Before Me This	nd of the condition and affairs of the period reported, according to the	ne said MCHBP as of the r	eporting period stated abo	ove, and bt
November	2018	l.		Secretary Chief Financial Officer
(Month)	ilic felt	\supset		
NOTARY PUE		>		(Corporate Seal)
RONA'L DEMINO RONA'L DEMINO Notary Public, State of New York County of Monroe Reg # 01DE6254598		>	Yes [X]	
RONA'L DEMINO RONA'L DEMINO Notary Public, State of New York County of Monroe Reg # 01DE6254598	k	(i) state the amendment n	4 17 7	(Corporate Seal)
RONA'L DEMINO RONA'L DEMINO Notary Public, State of New York County of Monroe Reg # 01DE6254598	(a) Is this an original filing?		4 17 7	(Corporate Seal)

"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.

2018 Revision - (10/12/18 Edition)

(iii) number of pages attached

CTATEMENT	40	OΕ
STATEMENT	ΑЭ	vr

September 30, 2018	
(Quarter Ending)	

(Name)

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)		
2.2 Common stocks (Schedule B line 0399999, Page NY 9)		
3. Real estate	94 100 506	62,837,476
4.1 Cash (Schedule A Line 0399999, Page NY 8) 4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	84,122, <u>526</u> 4,397,200	4,140,300
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8) 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		· · · · ·
Sectionic data processing equipment and software		
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
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR		
INVESTED ASSETS		
0801.		
0802.		<u>-</u> -
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)	-	·
101ALS (Items 0001 tind 0003 pids 0090) (1 age 2, item 0)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS		
1601.		
1602.		
1603.		
1604.		
1605.		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	N÷
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)		

OF THE

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

STATEMENT AS OF

September 30, 2010 (Quarter Ending) OF TH

(Name

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1 Total	2 Total
Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	28,717,347	30,095,35
Additional amount required by Section 4706(a)(1)	-	
Total claims payable	28,717,347	30,095,35
Premiums received in advance		
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		
Payable for securities		
Funds held under reinsurance treaties		
, Aggregate write-ins for other liabilities , Accounts payable (Schedule G, NY12)	318,685	1,162,46
Claim stabilization reserve	4,225,571	4,196,11
. Uneamed premiums		
Loans and notes payable	-	· -
Aggregate write-ins for current liabilities	-	
. Total liabilities (Lines 1.3 to 15)	33,261,603	35,453,93
. Aggregate write-ins for special surplus funds		-
s, Gross paid-in and contributed surplus s. Unassigned funds (surplus)	51,363,155	29,075,97
Surplus notes	31,000,100	20,0.0,0.
Surplus per Section 4706(a)(5) **	12,673,741	11,856,52
. Total capital and surplus (Lines 17 to 21)	64,036,896	40,932,50
Total liabilities, capital, and surplus (Lines 16 + 22)	97,298,499	76,386,43
001,		
JUS		
004.		
004 005		
104. 105. 198. Summary of remaining write-ins for Item 10 from overflow page		
003. 004. 005. 098. Summary of remaining write-ins for Item 10 from overflow page 099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	*	
104	s	
104	s	
104. 105. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1001.	s	
104. 105. 108. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1001. 1002. 1003.	s	
104. 105. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1001. 1002. 1003.	s	
104. 108. Summary of remaining write-ins for Item 10 from overflow page 109. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1001. 1002. 1003. 1004.	s	
104. 105. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 101. 102. 103. 104. 105. 108. Summary of remaining write-ins for Item 15 from overflow page	s	
04. 05. 99. Summary of remaining write-ins for Item 10 from overflow page 99. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 01. 02. 03. 04. 05. 98. Summary of remaining write-ins for Item 15 from overflow page	s	
04. 98. Summary of remaining write-ins for Item 10 from overflow page 99. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 102. 103. 104. 105. 108. Summary of remaining write-ins for Item 15 from overflow page 109. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS	s	
104. 105. 108. Summary of remaining write-ins for Item 10 from overflow page 109. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 101. 102. 103. 104. 105. 1098. Summary of remaining write-ins for Item 15 from overflow page 109. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS JINDS	s	
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104. 105. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1002. 1003. 1004. 1005. 1009. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS 1010. 1	s	
104. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1001. 1002. 1003. 1004. 1005. 1009. Summary of remaining write-ins for Item 15 from overflow page 1009. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS 1008. 1009	s	
104. 105. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 1002. 1003. 1004. 1009. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS UNDS 1001. 1002. 1003. 1004. 1005. 1006.	s	
104. 105. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIE 101. 102. 103. 104. 105. 107. 108. Summary of remaining write-ins for Item 15 from overflow page 1099. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS 101. 102. 103. 104.	s	

^{*} 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 2	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year
. Member Months	1 Total 364,650	2 Total 365,262	3 Total 486,903	PMPM XXX	PMPM XXX
. 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	156.40	146.11
2.3 Total Change in unearned premium reserves and reserve for rate credits:	190,106,116	177,890,011	237,130,536	521.34	487.0
3.1 Basic	-		-		-
3.2 Drugs 3.3 Total	-	-	-	-	
Aggregate write-ins for other health care related revenues	2,316,664	54	-	6.35	
Non-health revenues Total revenues (Items 2 to 5)	24,725 192,447,505	18,413 177,908,424	23,402 237,153,938	XXX 527.76	XXX 487.0
ospital and Medical:					
Hospital/medical benefits	54,693,690	54,286,251	71,853,732	149.99	147.5
Other professional services Outside referrals	49,128,577	48,645,883	64,211,041	134.73	131.8
Emergency room and out-of-are	6,081,631	6,239,452	8,286,479	16.68	17.0
Prescription drugs Aggregate write-ins for other hospital and medical	48,952,147 324,027	45,540,936 1,666,572	61,390,062 2,126,180	134.24 0.89	126.0 4.3
3. Incentive pool, withhold adjustments and bonus amounts	202			-	-
Aggregate write-ins for other expenses Subtotal (Lines 7 to 14)	1,237,941 160,418,013	156,379,095	207.867.494	3.39 439.92	426.9
958:					
Net reinsurance recoveries Total hospital and medical (Lines 15-16)	160,418,013	156,379,095	207,867,494	439.92	426.9
Claims adjustment expenses, including cost containment expenses	100,410,010	100,010,000	201,001,10	-	-
9. 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.
19.6 Administration Fees 19.7 Consulting Fees	5,938,654 19,156			16.29 0.05	19.3
19.8 Aggregate write-ins for other administrative expenses	2,942,634	3,380,916		8.07	9.
19.9 Total administrative expenses	8,925.099	10,663,181	14,199,972	24.48	29.
Increase in reserves for A&H contracts Total underwriting deductions (Lines 17 to 20)	169,343,111	167,042,276	222,067,466	464.40	
2. Net underwriting gain or (loss) (Lines 6 - 21)	23,104,394	10,866,147	15,086,472	63.36	30.1
Net investment income earned Net realized capital gains or (losses) less capital gains taxes				-	=
5. Net investment gains or (losses) (Lines 23 + 24)		-	-	-	-
Aggregate write-ins for other income or expenses Net income or (foss) 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	30.9
Federal income taxes incurred Net income (loss) (Lines 27 - 28)	23,104,394	10,866,147	15,086,472	63.36	30.9
ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 401. Change in Non-Admitted Receivables 402.	2,316,664			6.35	
403.				-	-
404. 405.					<u> </u>
498. Summary of remaining write-ins for Item 4 from overflow page 499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	2,316,664		-	- 6	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER IOSPITAL AND MEDICAL					
201. Other Hospital and Medical	1,912,119	1,666,572	2,126,180	5.24	4.5
202. Change in Claims Payable 203.	(1,588,092)			(4.36	-
204.					-
205. 298. Summary of remaining write-ins for Item 12 from overflow page					-
299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	324,027	1,666,572	2,126,180	1	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
401. Stop-Loss Premium	1,208,485 29,456	-	-	3.31 0.08	:
402. Change in Stabilization Reserve	29,436			0.08	
404.				:	
495. Summary of remaining write-ins for Item 14 from overflow page			<u> </u>		
499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	1,237,941		-	3	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER DMINISTRATIVE EXPENSES 9.801. PCORI and Reinsurance Fees	7,403	222,136	244,403	0.02	0.
9.802, CLA	2,866,195	3,014,085	4,014,485	7.86	8.
9.803. AEA Fees 9.804. BOCES Fee	62,596	62,614 59,996		0.17	0,
9.805. Miscellaneous Expenses	6,440	22,085		0.02	0,
9.898. Summary of remaining write-ins for Item 19.8 from overflow page 9.899. 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	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER					
601. 602.		+		-	
503.				-	-
604. 605.		-			
698. Summary of remaining write-ins for Item 26 from overflow page			-	-	
699, TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)		-	-	,	
		1	1		

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

September 30, 2018 (Quarter Ending)

satth Plan II Mui Benefit Plan (Name)

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

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
30. Capital and surplus prior reporting year	Total 40,932,502	Total 38,150,224
GAINS AND LOSSES TO CAPITAL & SURPLUS:	40,302,302	00,100,221
B1. Net income or (loss) from Line 29	23,104,394	15,086,472
32. Change in valuation basis of aggregate policy and claim reserve	20,101,001	10,000,11
33. Change in net unrealized capital gains and losses less capital gains tax		
34. Change in net deferred income tax	İ	
35. Change in nonadmitted assets	İ	2,321,493
36. Change in unauthorized reinsurance		
37. Change in surplus notes		
88. Cumulative effect of changes in accounting principles		
9. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus		
IO. Surplus adjustments:		
40.1 Paid in		
40.2 Transferred from capital		
Dividends to participating municipal corporations (or school districts)		
12. Change in surplus per Section 4706(a)(5)	817,214	
Change in retained earnings/fund balance		
14. Interest on surplus notes		
15. Aggregate write-ins for changes in other net worth items		(18,425,687
6. 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
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN		
OTHER NET WORTH ITEMS		
4501. Change in Claims Payable	1.	\$ (846,156
4502. Change in Claims Payable Change in Claims Stabilization Reserve	 	3 (646,156 (17,579,531
4502. Charige in Claims Stabilization neserve		(17,575,531
1503. 1504.		
1505.		
IS98. Summary of remaining write-ins for Item 46 from overflow page	-	
1599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45)		(18,425,687
nos. To the (tiens 4501 tille 4505 plus 4550) (rage 3, tien 45)		(10,420,007
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR		
LOSSES) IN SURPLUS	1	
4601. Change in General Reserve	1.	\$ 3,800,000
1602. Change in Surplus	(817,214)	0,000,000
6603.	(0.1,214)	
1604.	1	
1605.	-	
1698. 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
	(5.7)2.77)	5,300,000

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

1977

OF THE

GENERAL	INTERRO	BATORIES

	en was the filing request to change	•	nents filed with the Depart	ment of Financial Services?	Date	
i) If	"approved", when was the filing re	quest approved?			Dati Dati Dati Dati	B:
ig If	not "approved" yet, what is the sta	tus of the filing request an	d the status date?		Dati Dati	
- 1					Date Date	9:
If "Yes" att	ach current copies of the documen	ts if they have not been po	eviously submitted.		54	
	what date the latest financial exam	#D	797		Date	e: N/A
	s of date that the latest financial ex			tate or the		
company* or released	This date should be the date of the	examined balance sheet	and not the date the repor	t was completed	Date	a: N/A
	rson, while an officer, director or tru					
	ered by this statement, any commis	ision on the business trans	sactions of the reporting e	nuty?	Yes []	No [X]
If "Yes", giv	e particulars.					
					-	
Was money	y loaned, directly or indirectly, durin	ng the period covered by th	is report to any employee	officer or director of the	Carren -	
	"Yes", please complete the sched				Yes []	No [X]
		1		3	4 Amount of Loan	Date Ori
	1 Name of Borrower	Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loai Was Iss
		1				
1000	otals	1.6				
	y loaned, directly or indirectly, prior officer, or director of the MCHBP?			still outstanding, to any	Yes []	No [X]
		T			4	5
	. 1	2	3	3 Original Loan	Amount of Loan Principal Outstanding	Date Ori
	Name of Borrower	Position with MCHBP	Description of Loan	Amount	at Quarter End	Was Iss
			The second secon			
E						
Is the fiscal	otals officer of the MCHBP covered by re name of the surety company, an	,			Yes [X]	No []
Is the fiscal	officer of the MCHBP covered by	,			Yes [X]	Nō []
Is the fiscal	officer of the MCHBP covered by	,			Yes { X	No ()
Is the fiscal	officer of the MCHBP covered by re name of the surety company, an	d amount of coverage:	on paried in the artisal pos	seasing of the	Yes (X)	No ()
Is the fiscal If "Yes", giv	officer of the MCHBP covered by	d amount of coverage:	ng period in the actual pos	session of the	Yes [X]	No[]
Is the fiscal If "Yes", giv	officer of the MCHBP covered by re name of the surety company, an estocks, bonds, and other security the said date?	d amount of coverage:	ng period in the actual pos	session of the		No[]
ts the fiscal if "Yes", give Were all the MCHBP on If "No", give	officer of the MCHBP covered by re name of the surety company, an estocks, bonds, and other securitithe said date?	d amount of coverage: es owned as of the reporting en	ntity's offices, vaults or sa	fety deposit boxes,		No []
Were all the MCHBP on If "No", give Excluding r were all sto with a quality.	officer of the MCHBP covered by re name of the surety company, an estocks, bonds, and other security the said date?	d amount of coverage: es owned as of the reportir hysically in the reporting er and throughout the currer refance with Section 1, III	ntity a offices, vaults or sa It year held pursuant to a General Examination Co	fety deposit boxes, direct austodial agreement risiderations, F. Outsourcing o	Yes (X)	No[]
ts the fiscal If "Yes", giv Were all th MCHBP on If "No", give Excluding to with a quali Critical Fun	officer of the MCHBP covered by re name of the surety company, an estocks, bonds, and other securities the said date? elecation: real estate and investments held plocks, bonds and other securities, grided bank or trust company in accept	d amount of coverage: es owned as of the reporting en amount the current redance with Section 1, III regreements of the NAIC Figurements of the NAIC	ntity's offices, vaults or sa it year held pursuant to a General Examination Co nancial Condition Examin	fety deposit boxes, direct austodial agreement insiderations, F. Outsourcing of ers Handbook?	Yes [X]	No []
ts the fiscal If "Yes", giv Were all th MCHBP on If "No", give Excluding to with a quali Critical Fun	e stocks, bonds, and other securiti- the said date? e location: eleal estate and investments held plucks, bonds and other securities, or filled bank or trust company in according. Custodial or Safekeeping A ents that conform to the requirements	d amount of coverage: es owned as of the reporting envened throughout the current dance with Section 1, III - tigreements of the NAIC Financial	ntity's offices, vaults or sa it year held pursuant to a General Examination Co nancial Condition Examin	fety deposit boxes, direct austodial agreement insiderations, F. Outsourcing of ers Handbook?	Yes [X]	No []
Were all the MCHBP on If "No", give Excluding rewre all sto with a qualification.	officer of the MCHBP covered by re name of the surety company, an estocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or filled bank or trust company in secondations, Custodial or Safekeeping A sents that conform to the requirements that conform to the requirements.	d amount of coverage: es owned as of the reporting ended throughout the currendance with Section 1, III - typerements of the NAIC Financial	ntity's offices, vaults or sa nt year held pursuant to a General Examination Co nancial Condition Examin Condition Examiners Han	fety deposit boxes, direct austodial agreement insiderations, F. Outsourcing of ers Handbook?	Yes [X]	No []
Were all the MCHBP on If "No", give Excluding rewre all sto with a qualification.	e stocks, bonds, and other securiti- the said date? e location: real estate and investments held pl coks, bonds and other securities; e location: real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities.	es owned as of the reporting en med throughout the currer reference with Section 1, III agreements of the NAIC Financial 2. Custodian's Address	ntity's offices, vaults or sa nt year held pursuant to a General Examination Co nancial Condition Examin Condition Examiners Han	fety deposit boxes, direct austodial agreement insiderations, F. Outsourcing of ers Handbook?	Yes [X]	No []
Were all the MCHBP on If "No", give Excluding rewre all sto with a qualification.	e stocks, bonds, and other securiti- the said date? e location: real estate and investments held pl coks, bonds and other securities; e location: real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities.	es owned as of the reporting en med throughout the currer reference with Section 1, III agreements of the NAIC Financial 2. Custodian's Address	ntity's offices, vaults or sa nt year held pursuant to a General Examination Co nancial Condition Examin Condition Examiners Han	fety deposit boxes, direct austodial agreement insiderations, F. Outsourcing of ers Handbook?	Yes [X]	No []
Were all the MCHBP on If "No", give Excluding rewre all sto with a qualification.	e stocks, bonds, and other securiti- the said date? e location: real estate and investments held pl coks, bonds and other securities; e location: real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities, or real estate and investments held pl coks, bonds and other securities.	es owned as of the reporting en med throughout the currer reference with Section 1, III agreements of the NAIC Financial 2. Custodian's Address	ntity's offices, vaults or sa nt year held pursuant to a General Examination Co nancial Condition Examin Condition Examiners Han	fety deposit boxes, direct austodial agreement insiderations, F. Outsourcing of ers Handbook?	Yes [X]	No []
ts the fiscal the "Yes", give when the second in the MCHBP on the MCHB	e stocks, bonds, and other security the said date? e location: real estate and investments held plocks, bonds and other securities, or diffied bank or trust company in accordions. Custodial or Safekeeping Aments that coefform to the requirements that do not conform to the	d amount of coverage: es owned as of the reporting enumed throughout the currendance with Section 1, III regreements of the NAIC Financial Custodian's Address 28 E Main St Rochester	ntity's offices, vaults or sant year held pursuant to a General Examination Conancial Condition Examin Condition Examiners Han	fety deposit boxes, direct sustodial agreement nsiderations, F. Outsourcing s ers Handbook? dbook, complete the following	Yes [X]	No []
ts the fiscal the "Yes", give when the second in the MCHBP on the MCHB	e stocks, bonds, and other securiti- the said date? e location: e location: filled bank or trust company in securities, or cities, bonds and other securities, or cities, bonds and other securities, or cities, bonds and other securities, or cities, bank or trust company in secu- citions, Custodial or Safekeeping A nents that coefform to the requirement Name of Custodian(s) MT Bank	d amount of coverage: es owned as of the reporting enumed throughout the currendance with Section 1, till exprements of the NAIC Financial Custodian's Address 28 E Main St Rochester	ntity's offices, vaults or sant year held pursuant to a General Examination Conancial Condition Examin Condition Examiners Han	fety deposit boxes, direct sustodial agreement nsiderations. F. Outsourcing e ers Handbook? dibook, complete the following	Yes [X]	No []
ts the fiscal the "Yes", give when the second in the MCHBP on the MCHB	e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or office bank or trust company in accordions. Custodial or Safekeeping Aments that coefform to the requirements that coefform to the requirements that coefform to the coefform to the requirements that coefform to the requirements that coefform to the requirements that do not conform to the	d amount of coverage: es owned as of the reporting enumed throughout the currendance with Section 1, III regreements of the NAIC Financial Custodian's Address 28 E Main St Rochester	ntity's offices, vaults or sent year held pursuant to a General Examination Conancial Condition Examin Condition Examiners Han NY 14614	fety deposit boxes, direct custodial agreement insiderations, F. Outsourcing of ers Handbook? dibook, complete the following	Yes [X]	No []
ts the fiscal the "Yes", give when the second in the MCHBP on the MCHB	e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or office bank or trust company in accordions. Custodial or Safekeeping A nemts that conform to the requirements that conform to the requirements that conform to the requirements that conform to the conform to the company in securities.	es owned as of the reporting er wind throughout the currendance with Section 1, III - largements of the NAIC Financial 2. Custodian's Address 28 E Main St Rochester requirements of the NAIC	ntity's offices, vaults or sant year held pursuant to a General Examination Conancial Condition Examiners Han NY 14614 Financial Condition Exam	fety deposit boxes, direct custodial agreement insiderations, F. Outsourcing of ers Handbook? dibook, complete the following	Yes [X]	No[]
ts the fiscal the "Yes", give when the second in the MCHBP on the MCHB	e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or office bank or trust company in accordions. Custodial or Safekeeping A nemts that conform to the requirements that conform to the requirements that conform to the requirements that conform to the conform to the company in securities.	es owned as of the reporting er wind throughout the currendance with Section 1, III - largements of the NAIC Financial 2. Custodian's Address 28 E Main St Rochester requirements of the NAIC	ntity's offices, vaults or sant year held pursuant to a General Examination Conancial Condition Examiners Han NY 14614 Financial Condition Exam	fety deposit boxes, direct custodial agreement insiderations, F. Outsourcing of ers Handbook? dibook, complete the following	Yes [X]	No []
ts the fiscal the "Yes", give the fiscal the MCHBP on the	e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or office bank or trust company in accordions. Custodial or Safekeeping A nemts that conform to the requirements that conform to the requirements that conform to the requirements that conform to the conform to the company in securities.	es owned as of the reporting er wind throughout the currendance with Section 1, III - largements of the NAIC Financial 2. Custodian's Address 28 E Main St Rochester requirements of the NAIC	ntity's offices, vaults or sant year held pursuant to a General Examination Conancial Condition Examiners Han NY 14614 Financial Condition Exam	fety deposit boxes, direct custodial agreement insiderations, F. Outsourcing of ers Handbook? dibook, complete the following	Yes [X]	No[]
ts the fiscal If "Yes", giv Were all th MCHBP on If "No", give Excluding r were all sto with a qualific Critical Fun For agreem	e stocks, bonds, and other securiti- the said date? e location: e location: e location: Name of Custodian(s) MT Bank rements that do not conform to the dia complete explanation:	d amount of coverage: es owned as of the reporting enumed throughout the currendance with Section 1, till greenents of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester requirements of the NAIC	ntity's offices, vaults or sant year held pursuant to a General Examination Conancial Condition Examiners Han NY 14614 Financial Condition Examination fety deposit boxes, direct custodial agreement insiderations, F. Outsourcing of ers Handbook? dibook, complete the following	Yes [X]	No []	
ts the fiscal if "Yes", give with a qualification and the purch committee its the purch committee in the purch com	e stocks, bonds, and other securiti- the said date? e location: e location: e location: Name of Custodian(s) MT Bank rements that do not conform to the dia complete explanation:	d amount of coverage: es owned as of the reporting ended throughout the currendance with Section 1, Ill suprements of the NAIC Financial Custodian's Address 28 E Main St Rochester Location(s)	ntity's offices, vaults or sant year held pursuant to a General Examination Connected Condition Examination Examination Examiners Handler Condition Examiners Handler Examiners Handler Examiners Handler Examination Examinat	fety deposit boxes, direct custodial agreement insiderations, F. Outsourcing of ers Handbook? dibook, complete the following	Yes [X] Yes [X]	No[]
Is the fiscal If "Yes", give Were all the MCHBP on If "No", give Excluding r were all sto with a quali Critical Fun For agreem	e stocks, bonds, and other securitis the said date? e location: real estate and investments held plocks, bonds and other securities, or office bank or trust company in accordions. Custodial or Safekeeping A nents that conform to the requirements that conform to the requirements that do not conform to the d a complete explanation: 1 Name of Custodian(s) **T Bank** **T Ban	d amount of coverage: es owned as of the reporting en and throughout the currendance with Section 1, III - largerements of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester 2 Location(s) 1 Custodian's Address 28 E Main St Rochester 2 Treasurer and Deputy Treasure	ntity's offices, vaults or set tyear held pursuant to a General Examination Conancial Condition Examina Condition Examiners Han NY 14614 Financial Condition Examination Complete Explanation Set 19	fety deposit boxes, direct custodial agreement insiderations. F. Outsourcing e ers Handbook? dibook, complete the following siners Handbook, provide the in amors or a subordinate	Yes [X] Yes [X]	No[]
Is the fiscal if "Yes", give were all the MCHBP on if "No", give rere all sto with a quali Critical Fun For agreem	e stocks, bonds, and other securitive said date? e stocks, bonds, and other securitive said date? e location: real estate and investments held plucks, bonds and other securities, or filled bank or trust company in according. Custodial or Safekeeping Aments that conform to the requirements that conform to the requirements that do not conform to the dia complete explanation: 1 Name of Custodian(s) **ST Bank** **Part of Custodian(s) **ST Bank** **Part of Custodian(s) **Part	d amount of coverage: es owned as of the reporting eremed throughout the currendance with Section 1, III regreements of the NAIC Financial Custodian's Address 28 E Main St Rochester 2 Location(s) the MCHBP passed upon by Treasurer and Deputy Treasurer and	ntity's offices, vaults or set tyear held pursuant to a General Examination Conancial Condition Examina Condition Examiners Han NY 14614 Financial Condition Examination Complete Explanation Set 19	fety deposit boxes, direct custodial agreement insiderations. F. Outsourcing e ers Handbook? dibook, complete the following siners Handbook, provide the in amors or a subordinate	Yes [X] Yes [X]	No[]
Is the fiscal if "Yes", give were all the MCHBP on if "No", give rere all sto with a quali Critical Fun For agreem	e stocks, bonds, and other securitive said date? e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or filled bank or frust company in according. Custodial or Safekeeping Aments that coeform to the requirement that coeform to the requirements that do not conform to the da complete explanation: 1 Name of Custodian(s) **T Bank**	d amount of coverage: es owned as of the reporting eremed throughout the currendance with Section 1, III regreements of the NAIC Financial Custodian's Address 28 E Main St Rochester 2 Location(s) the MCHBP passed upon by Treasurer and Deputy Treasurer and	ntity's offices, vaults or set tyear held pursuant to a General Examination Conancial Condition Examina Condition Examiners Han NY 14614 Financial Condition Examination Complete Explanation Set 19	fety deposit boxes, direct custodial agreement insiderations. F. Outsourcing e ers Handbook? dibook, complete the following siners Handbook, provide the in amors or a subordinate	Yes [X]	No []
Is the fiscal if "Yes", give Were all the MCHBP on if "No", give Excluding rewere all sto with a qualification and its the purch committee if "No", stat Has any pre MCHBP who	e stocks, bonds, and other securitive said date? e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or filled bank or frust company in according. Custodial or Safekeeping Aments that coeform to the requirement that coeform to the requirements that do not conform to the da complete explanation: 1 Name of Custodian(s) **T Bank**	d amount of coverage: es owned as of the reporting eremed throughout the currendance with Section 1, III regreements of the NAIC Financial Custodian's Address 28 E Main St Rochester 2 Location(s) the MCHBP passed upon by Treasurer and Deputy Treasurer and	ntity's offices, vaults or set tyear held pursuant to a General Examination Conancial Condition Examina Condition Examiners Han NY 14614 Financial Condition Examination Complete Explanation Set 19	fety deposit boxes, direct custodial agreement insiderations. F. Outsourcing e ers Handbook? dibook, complete the following siners Handbook, provide the in amors or a subordinate	Yes [X]	No []
Is the fiscal If "Yes", give Were all the MCHBP on If "No", give Excluding reversed all stot with a qualification and If the purchase of the p	e stocks, bonds, and other securitive said date? e stocks, bonds, and other securitive said date? e location: real estate and investments held plocks, bonds and other securities, or filled bank or frust company in according. Custodial or Safekeeping Aments that coeform to the requirement that coeform to the requirements that do not conform to the da complete explanation: 1 Name of Custodian(s) **T Bank**	es owned as of the reporting en and throughout the currendance with Section 1, III - Agreements of the NAIC Financial Custodien's Address 28 E Main St Rochester Custodien's Address 28 E Main St Roc	ntity's offices, vaults or sent year held pursuant to a General Examination Conancial Condition Examiners Han NY 14614 Financial Condition Examiners Han Condition Examiners Han NY 14614 Financial Condition Examiners Han Complete Explanation(s) y either the Board of Government of the Board of Government Hand Hand Hand Hand Hand Hand Hand Hand	fety deposit boxes, direct sustodial agreement insiderations. F. Outsourcing eres Handbook? dibook, complete the following dibook, complete the following siners Handbook, provide the siners Handbook, provide the siners or a subordinate	Yes [X]	No []

September 30, 2018 (Quarter Ending)

GENERAL INTERROGATORIES (Continued)

11. a	1)	What i	is the percentage that the N	ACHBP uses for its claims payable reserve?			17%	5%
b			percentage used for claims nce Law § 4706(a)(1)?	payable reserve equal to the minimum requ	irement of 25% as per		Yes [] No [X]	Yes[]No[X]
С			"No", did the MCHBP file a es as per Insurance Law §	request to use a lower percentage with the 4706(a)(1)?	Department of Financial		Yes[X] No[]	Yes [X] No []
d			"Yes", answer the following			Date:	08/12/15	08/12/15
			,	with the Department of Financial Services?		Date:	12/29/17	
			When was the request app			Date.	12/29/17	12/23/11
		-		a copy of the approval letter.				
12. a	,			liability for hospital and other medical service	ses on a service date basis?		Yes [X]	No []
b)}	lí No,	give details:					
13. a)	If yes,	furnish the following inform	nnual statement amended? nation regarding the last amendment to the p	orior year's annual statement		Yes []	No[X]
			rith the MCHBP's state of d	ornicie				
			Amendment number		-			
		,	Date of amendment					
14.		comm	ittees thereof?		ngs of its governing board and all subordinate before legislative bodles, officers or departments of g		Yes [X]	No []
15. 8			• •	·	perore lagistative bodies, officers of departments of g			
			natters before legislative bo	dies, officers or departments of government	during the period covered by this statement.	Jires III	CONTRECTION	
		_	1 Name	2 Amount Paid				
		-			_			
		Ŀ			-			
16. a					olus required by § 4706 of the New York Insurance pal corporations (or school districts) during the next 9	0 days	Yes []	No [X]
t	o)	lf a) is	"Yes", provide the followin	g;				
		6)	Anticipated date of distribut	tion.		Date:	N/A	
		ii) i	Anticipated amount of distri	bution.			N/A	
17. s			ne MCHBP's current commu 5(d)(5)(B) of the New York		approved by the superintendent as required by		Yes [X]	No []
t	o)	lf a) is	"Yes", answer the following	g:				
		i) 1	When was the request filed	with the Department of Financial Services?		Date:	10/26/17	
		ii) 1	When was the request app	proved?		Date:	12/29/17	
		iii) 🗐	If approved, please attach	a copy of the current community rating n	nethodology as well as the approval letter.			
c	e)	lf a) is	: "No", give particulars, inch	ading when the community rating methodolog	gy will be filed with the Department of Financial Servi	ces:		
18. 8	a)	Does	the MCHBP maintain Stop-	loss insurance as required by Insurance Lav	w Section 4707(a)?		Yes [X]	No[]
t	b)	lf a) is	"No", was a waiver grante	d pursuant to Section 4707(b) of the Insuran	ice Law?		Yes []	No[]
	c)	If to) is	"Yes", answer the followin	g				
		i) 1	When was the request filed	with the Department of Financial Services?	•	Date	<u> </u>	•
		ii)	When was the request app	proved?		Date	4	_
		ii) I	If approved, please attach	a copy of the approval letter.				
	d }	If b) is	"No", the MCHBP is in viol	lation of Section 4707(a) of the Insurance La	aw. Please explain how the MCHBP intents to correct	t this v	io alion?	
		-	1 27		· · · · · · · · · · · · · · · · · · ·			
							139-2010	0.5230
19_ a	3)		·	A since the last Annual Statement filing?			Yes []	No (X)
			If answer is Yes, did the Mi Insurance Regulation No. 1		allined in New York State Department of Financial Se	rvices	Yes[]	No []
		li)	If answer is No, please atta	ch the required notifications to this submissi	ion. In addition, please provide the following informat	ion fo	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) l	Email Address	rwager@mmb-co.com				

September 30, 2018 (Quarterly Ending)

SCHEDULE A — CASH AND CASH EQUIVALENTS

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		in the second	45,658,545
M & T - Savings		XXX		xxx	xxx	1,635		455,681
JPMorgan Chase - Savings		ххх		XXX	xxx	7,621		38,008,300
		xxx		xxx	xxx			
	- 10	XXX		xxx	xxx			
DAMES IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY OF TH		XXX		xxx	xxx			
		xxx		xxx	xxx			
		XXX	- 1	xxx	xxx			
		XXX		xxx	XXX			
		XXX		xxx	xxx			
199999 Total Cash on Deposit	xxx	XXX	xxx	xxx	xxx	9,256		84,122,526
299999 Cash in Company's Office	xxx	ххх	xxx	xxx	xxx	xxx	XXX	
399999 Total Cash	XXX	XXX	XXX	XXX	XXX	9,256	Service professional Plan.	84,122,526
Description Cash Equivalent	xxx	xxx	xxx	xxx	xxx	xxx	xxx	ххх
lasho II Required Cash Advance with Excellus							Prince	4,397,200
								11 12
New York and the section								
		2						400000000
1499999 Total Cash Equivalent	xxx	xxx	xxx	xxx	SOUTH BE			4,397,20
0599999 Total - Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$15/45/2005/2007	\$ 9,256	\$ DOWNSON PROBET.	\$ 88,519,720

STATEMENT AS OF

OF THE

SCHEDULE B \longrightarrow INVESTMENTS

1 CUSIP Identification	2	3	4	5	6	7	8
				ALEXANDER STEEL	6 Book/Adjusted Carrying Value	Acquired	8 Stated Contractual Maturity Date
Identification	Description	Par Value	Actual Cost	Fair Value	Carrying Value	Acquires	materity date
				- 1			
		200	-				
- 0				111111111111111111111111111111111111111	(Table 1992)		A
							1000
				1000	No.		
			- 2				2 NO. 10 Page 1
100							
							22000
		3 0	10400				
- 201/ANT		50% III.			(=) (i)		
					A STATE OF THE STA		
				3300			
	Control of the Contro			5.00		7 7	
					SECTION SECTIO	0.000	
				0.00	-		
					100		G-0388
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					6		
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				and the state of t	1		
			117			200	
				100000			-
				2	9 10 10 10 10 10	Design Control of the	
						100	
0199999	Total bonds	\$ Hardway 100 -	Single-revolution of actions -	Settle: White	S to a factor of the same of t	XXX	XXX
			100 miles	1.00			Q V.SS.
1 CUSIP Identification	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted Carrying Value	8 Date
Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
			6 6				
		24					
			0.000				7
	ON THE PARTY OF TH						
				10000			
T4036							
		_					
			(X	75775	/		
			-				N
-200			2				
							THE CONTRACT OF THE PARTY OF TH
	C. CONTROL CON				10000		
			7				
	Control of Hospital						
						long -	
	Total Preferred Stocks		XXX	\$ 1000000000000000000000000000000000000		\$	XXX
1299999 XXX	Total Preferred Stocks List Common Stocks	XXX	XXX	\$ PART AND AND AND AND AND AND AND AND AND AND	\$ XXX	\$ XXX	XXX
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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.

8,778,774	4,829	3340				0599999 Premiums Receivable
						0499999 Less Allowance for Doubtful Accounts
8,778,774	4,829	4,829	912,060	916,068	6,950,646	0399999 Gross Premiums Receivable
1,244,503	2,000	\$ 2,000			\$ 1,244,503	029999 Receivables Not Individually Listed
7,534,271	2,829	2,829	912,060	916,068	5,706,143	019999 Individually Listed Receivables
· · · · · · · · · · · · · · · · · · ·	おり 一日 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本					
•						
-						
-						
1,729,165	2,829	2,829			1,729,165	Webster CSD
1,618,911	Advantage and because the con-				1,618,911	Pittsford CSD
2,758,058	ROBERT STATE OF THE PARTY OF TH		912,060	916,068	929,930	Hilton CSD
1,428,137	- -				1,428,137	Fairport CSD
Admitted	Non-Admitted	Over 90 Days	61-90 Days	31-60 Days	1-30 Days	Name of Debtor
7	-		٥	,		

(Quarter Ending)

OF THE

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

A				170	F	G	Н
			Claims Unp	aid at End	Total Claims		
	1		of Current C		Paid During the		
	Claims Paid During the	Current Fiscal Year	Estimated Lia	•	Fiscal Year and	111	
			of Curren	t Quarter	Claims Unpaid at End of	Estimated Liability of	
	B On Claims	On Claims	On Claims	ļ ⁼	Current Quarter	Unpaid Claims	Amount
	Incurred Prior	Incurred During	Unpaid	On Claims	on Claims Incurred	at End of	Unpaid Claims
•	to the Current	the Current	at End of	Incurred	in Prior Years	Previous	is Over or
Description of Claims	Fiscal Year	Fiscal Year	Previous Year	During the Year	(B + D)	Fiscal Year	(Under) Reserved
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
A TOTAL	9.484.578	153.996.788	4	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.

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.

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	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of Participating Municipal Corporations	19	19	19	19	
				10	

SCHEDULE 1-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	15,084	15,183	15,073	15.094	
,					

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

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

STATEMENT AS OF

September 30, 2018 (Quarter Ending)

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

- 1. Number of paticipating Municipal Corporations (or school districts)
 2. Number of enrolled members
 3. Maintains Stop-loss insurance as required by 4707(a)
 4. Percentage used to calculate the Surplus per Section 4706(a)(5)
 5. Annualized Net premium income
 6. Surplus per Section 4706(a)(5)

- 6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income 7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement 8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Cı	urrent Quarter
day The	19
	15,094
	Yes
521746650	5.0%
Addition.	253,474,821
AND BEING	12,673,741
	11,856,527
	12,673,741

n II Municipal Cooperative Health t Plan ne)

PMPM Total Total Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS
0806.
0807.
0808.
0809.
0810.
0898. TOTALS (Items 0806 thru 0810) Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 1606. 1607. 1608. 1609. 1610. 1698. TOTALS (items 1606 thru 1610) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES XXX XXX XXX XXX 1006. 1007. XXX 1008. XXX 1009. 1010. 1098, TOTALS (items 1006 thru 1010) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES
1506.
1507.
1508.
1509. XXX XXX XXX XXX XXX 1510. 1598. TOTALS (Items 1506 thru 1510) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706.
1707.
1708. XXX XXX XXX XXX XXX XXX XXX Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0406, 0407. 0408. 0409. 0410. 0498. TOTALS (Items 0406 thru 0410) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL ITEM 12 FOR OTHER HOSPITAL AND 1206.
1207.
1208.
1209.
1210.
1298. TOTALS (Items 1206 thru 1210) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES
1406.
1407.
1408.
1410.
1498. TÖTÄLS (Items 1406 thru 1410) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT
ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.810. 19.810. 19.898. TOTALS (items 19.806 thru 19.810) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES 26 FOR OTHER INCOME OR E2 2606. 2607. 2608. 2609. 2610. 2698. TOTALS (Items 2606 thru 2610)

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

		Rochester Area School Health Plan II Municipal Cooperative Health Benefi
STATEMENT AS OF	September 30, 2018	Plan
	(Quarter Ending)	(Name)

OVERFLOW PAGE FOR WRITE-INS

	OVERFLOW PAGE FOR WRITE-INS	
	Current Quarter	Previous Year *
	Total	3 Total
ge NY5 ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 45 FOR CHANGES IN OTHER NET WORTH ITEMS 06. 07. 08.		
10		STATE OF THE STATE
ge NY5 ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
06. 00.		
09. 10.	S. C.	
598. TOTALS (Items 4606 thru 4610)	AND TOTAL OF THE STATE OF THE PERSONS.	Secretary Carrier Section 2 And Section 2

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