

**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 YEAR ENDING

December 31, 2018

To be filed 120 days from fiscal year 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

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 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 A 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*

Table with 3 columns: Name, Title, Municipality. Lists board members and their respective roles and municipalities.

STATE OF New York

COUNTY OF Monroe

Scott Covell, President, Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each depose and say 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 12th Day of APRIL 2019
Notary Public, State of NY Monroe Co. Reg #01SA8098741 My Commission Expires May 14, 2019

(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.

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 2018

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(Name)

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Date Certified As A MCHBP: January 1, 2018
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 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
Scott Covell	Chairperson
Steve Roland	Treasurer
Lou Alaimo	Secretary
Darin Winkley	Director
Frank Nardone	Director
John Abbott	Director
David Green	Director
Matthew Stevens	Director
James Fishers	Director
Romeo Colla	Director
Scott Masella	Director
Bruce Capron	Director
Mark Saracoud	Director
Darin Kenney	Director
Andrew Whitmore	Director
Rick Wood	Director
Brian Freeman	Director
James Brennan	Director
Jessica Jackson	Director
Charlotte Kimberly-Hess	Director
Kathy Oochioni	Director
Duayne Carbone	Director
Scott Steinberg	Director
Bill Gregory	Director

Municipality
Monroe 1 BOCES
Monroe 2 - Orleans BOCES
Brighton Central School District
Brookport Central School District
Churchville-Chili Central School District
East Irondequoit Central School District
East Rochester Union Free School District
Fairport Central School District
Gates Chili Central School District
Greece Central School District
Hilton Central School District
Honeoye Falls-Lima Central School District
Parsippany Central School District
Pittsford Central School District
Rush Henrietta Central School District
Spencerport Central School District
Webster Central School District
West Irondequoit Central School District
Wheatland-Chili Central School District
Brighton Central School District
Churchville-Chili Central School District
Pittsford Central School District
West Irondequoit Central School District
BANNYS

STATE OF New York

COUNTY OF Monroe

Scott Covell, President, Lou Alaimo, Secretary,
Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each depose and say 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 12th Day of April, 2019
 (Month) (Year)
A Maria Venette
 NOTARY PUBLIC
 (Seal)

N/A President
Jaw Secretary
N/A Chief Financial Officer
 (Corporate Seal)



(a) Is this an original filing? Yes [X] No []

(b) If no: (i) state the amendment number _____
 (ii) date filed _____
 (iii) number of pages attached _____

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999)	-	-
2.2 Common stocks (Schedule B line 0399999)	-	-
3. Real estate (Schedule J line 0199999)	-	-
4.1 Cash (Schedule A Line 0399999)	82,618,981	62,837,476
4.2 Cash equivalents (Schedule A Line 0499999)	4,397,200	4,140,300
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999)	87,016,181	66,977,776
5. Premiums receivable (Schedule C, NY 10)	12,424,683	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)	99,440,864	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)	99,440,864	76,386,433
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. _____		
1602. _____		
1603. _____		
1604. _____		
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F, NY11)	29,324,100	30,095,351
1.2 Additional amount required by Section 4706(a)(1)	-	-
1.3 Total claims payable	29,324,100	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)	1,100,843	1,162,465
12. Claim stabilization reserve	4,338,058	4,196,115
13. Unearned premiums	-	-
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 16)	34,763,001	35,453,931
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	52,006,865	29,075,975
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	12,670,998 ✓	11,856,527
22. Total capital and surplus (Lines 17 to 21)	64,677,863	40,932,502
23. Total liabilities, capital, and surplus (Lines 16 + 22)	99,440,864 ✓	76,386,433
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. _____		
1002. _____		
1003. _____		
1004. _____		
1005. _____		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page NY3, item 10)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. _____		
1502. _____		
1503. _____		
1504. _____		
1505. _____		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page NY3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. _____		
1702. _____		
1703. _____		
1704. _____		
1705. _____		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page NY3, item 17)	-	-

* As reported on Prior Year End filed Annual Statement.

✓ ** Calculation of current year reserves shown on NY16 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year	Previous Year *	Current Year	Previous Year *
	1 Total	2 Total	3 PMPM	4 PMPM
1. Member Months	485,867	486,903	XXX	XXX
2. Net premium income:				
2.1 Basic	177,393,967	165,991,375	365.11	340.91
2.2 Drugs	76,025,986	71,139,161	156.47	146.11
2.3 Total	253,419,953	237,130,536	521.58	487.02
3. Change in unearned premium reserves and reserve for rate credits:				
3.1 Basic	-	-	-	-
3.2 Drugs	-	-	-	-
3.3 Total	-	-	-	-
4. Aggregate write-ins for other health care related revenues	2,318,754	-	4.77	-
5. Non-health revenues	34,789	23,402	XXX	XXX
6. Total revenues (Items 2 to 5)	255,773,496	237,153,938	526.43	487.07
Hospital and Medical:				
7. Hospital/medical benefits	73,337,912	71,853,732	150.94	147.57
8. Other professional services	65,257,382	64,211,041	134.31	131.88
9. Outside referrals	-	-	-	-
10. Emergency room and out-of-area	7,959,510	8,286,479	16.38	17.02
11. Prescription drugs	66,523,979	61,390,062	136.92	126.08
12. Aggregate write-ins for other hospital and medical	5,316,498	2,126,180	10.94	4.37
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
14. Aggregate write-ins for other expenses	141,943	-	0.29	-
15. Subtotal (Lines 7 to 14)	218,537,224	207,867,494	449.79	426.92
Less:				
16. Net reinsurance recoveries	(1,390,460)	-	(2.86)	-
17. Total hospital and medical (Lines 15-16)	219,927,684	207,867,494	452.65	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	34,999	49,180	0.07	0.10
19.6 Administration Fees	8,130,550	9,602,232	16.73	19.72
19.7 Consulting Fees	19,156	87,065	0.04	0.18
19.8 Aggregate write-ins for other administrative expenses	3,915,747	4,461,495	8.06	9.16
19.9 Total administrative expenses	12,100,452	14,199,972	24.90	29.16
20. Increase in reserves for A&H contracts	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	232,028,136	222,067,466	477.55	456.08
22. Net underwriting gain or (loss) (Lines 6 - 21)	23,745,361	15,086,472	48.87	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)	23,745,361	15,086,472	48.87	30.98
28. Federal income taxes incurred	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	23,745,361	15,086,472	48.87	30.98
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0401. Change in Non-Admitted Receivables	2,318,754	-	4.77	-
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 NY4, Item 4)	2,318,754	-	5	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1201. Other Hospital and Medical	2,600,095	2,126,180	5.35	4.37
1202. Change in Claims Payable	2,716,403	-	5.59	-
1203. _____	-	-	-	-
1204. _____	-	-	-	-
1205. _____	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12)	5,316,498	2,126,180	11	4
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				
1401. Change in Stabilization Reserve	141,943	-	0.29	-
1402. _____	-	-	-	-
1403. _____	-	-	-	-
1404. _____	-	-	-	-
1405. _____	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14)	141,943	-	0	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.801. PCORI and Reinsurance Fees	7,403	244,403	0.02	0.50
19.802. CLA	3,811,675	4,014,485	7.85	8.24
19.803. AEA Fees	90,229	84,873	0.19	0.17
19.804. BOCES Fee	-	80,273	-	0.16
19.805. Miscellaneous Expenses	6,440	37,461	0.01	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 NY4, item 19.8)	3,915,747	4,461,495	8	9
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES				
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 NY4, item 26)	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	40,932,502	38,150,224
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	23,745,361	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)	814,471	-
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	(814,471)	3,800,000
47. Net change in capital and surplus (Lines 31 to 46)	23,745,361	2,782,278
48. Capital and surplus end of reporting year (Line 30 + 47)**	64,677,863	40,932,502
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. Change in Claims Payable	\$ -	\$ (846,156)
4502. Change in Claims Stabilization Reserve	-	(17,579,531)
4503. _____		
4504. _____		
4505. _____		
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page NY5, item 45)	-	(18,425,687)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in General Reserve	\$ -	\$ 3,800,000
4602. Change in Surplus	(814,471)	-
4603. _____		
4604. _____		
4605. _____		
4698. Summary of remaining write-ins for Item 47 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	(814,471)	3,800,000

* As reported on Prior Year End filed Annual Statement.

✓ Must agree with Page NY 3 Line 22

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
	Total	Total
Cash from Operations		
1. Premiums collected net of reinsurance	252,724,771	238,012,190
2. Net investment income	-	23,475
3. Miscellaneous income	34,789	1,938,273
4. Total (Lines 1 through 3)	252,759,560	239,973,938
5. Benefit and loss related payments	219,964,056	217,289,708
6. Expenses paid and aggregate write-ins for deductions	11,942,628	14,765,963
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	-	-
8. Total (Lines 5 through 7)	231,906,684	232,055,671
9. Net cash from operations (Line 4 minus Line 8)	20,852,876	7,918,267
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	-	-
10.2 Stocks	-	-
10.3 Real estate	-	-
10.4 Net gains or (losses) on cash, cash equivalents and short-term investments	-	-
10.5 Miscellaneous proceeds	-	-
10.6 Total investment proceeds (Lines 10.1 to 10.5)	-	-
11. Cost of investments acquired (long-term only):		
11.1 Bonds	-	-
11.2 Stocks	-	-
11.3 Real estate	-	-
11.4 Miscellaneous applications	-	-
11.5 Total investments acquired (Lines 11.1 to 11.4)	-	-
12. Net increase (decrease) in contract loans and premium notes	-	-
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	-	-
Cash from Financing and Miscellaneous Sources		
14. Cash provided (applied):		
14.1 Surplus notes	-	-
14.2 Capital and paid in surplus	-	-
14.3 Borrowed funds	-	-
14.4 Dividends to participants	-	-
14.5 Other cash provided (applied)	(814,471)	-
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line 14.4 plus Line 14.5)	(814,471)	-
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines 13 and 15)	20,038,405	7,918,267
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	66,977,776	59,059,509
17.2 End of year (Line 16 plus Line 17.1) *	87,016,181	66,977,776

* Line 17.2 should be the same amount reported on NY2, Line 4.3

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations? Yes [] No [X]

b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services? Date: N/A

i) If "approved", when was the filing request approved? Date: N/A
Date: N/A
Date: N/A
Date: N/A

ii) If not "approved" yet, what is the status of the filing request and the status date? Date: N/A
Date: N/A
Date: N/A
Date: N/A

c) If "Yes", attach current copies of the documents if they have not been previously submitted.

2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. Date: N/A

b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released. Date: N/A

3. Has the MCHBP an established procedure for annual disclosure to its Board of Governors of any material interest or affiliation on the part of any of its officers, directors or responsible employees which is in, or is likely to conflict with the official duties of such person? Yes [X] No []

4. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity? Yes [] No [X]

b) If "Yes", give particulars:
N/A
N/A

5. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Year End
N/A				
0599999. Totals				

6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes [X] No []

b) If "Yes", give name of surety company, amount of coverage and the effective period of the fidelity bond:
Traveler's Casualty and Surety Co of America - \$5,000,000

7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the statement date? Yes [X] No []

b) If "No", give location: N/A

8. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F, Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
M&T Bank	28 E Main St Rochester, NY 14614

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

9. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? Yes [] No [X]

b) If "No", state who has the authority: Treasurer and Deputy Treasurer

10. a) Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? Yes [] No [X]

b) If "Yes", give details:
N/A

11. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting year? Yes [] No [X]

b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)
N/A

12. a) What is the percentage that the MCHBP uses for its claims payable reserve? Hospital and Medical 17% Prescription 5%

b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)? Yes [] No [X] Yes [] No [X]

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

d) If c) is "Yes", answer the following:
i) When was the request filed with the Department of Financial Services? Date: 08/12/15 08/12/15
ii) When was the request approved? Date: 12/29/17 12/29/17

GENERAL INTERROGATORIES (Continued)

13 a) Provide the following information on the MCHBP's general liability insurance coverage:

- i) Name of Carrier: New York State Insurance Reciprocal
- ii) Limits of Coverage: General Liability: \$1,000,000 Excess Umbrella: \$15,000,000
- iii) Expiration Date: 7/1/19

14 Complete the Itemization of Stop-Loss Fund Recoveries schedule below.

	Itemization of Stop-Loss Fund Recoveries		
	1 Current Year	2 Prior Year	3 Projected
1. Aggregate Stop-Loss Coverage Per Insurance Law § 4707(a)(1)	0	None	None
2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	0	None	None
3. Total	0	0	0

15 a) Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:

- i) Name of Carrier: Excelius Blue Cross Blue Shield
- ii) Limits of Coverage: Contact Period: 1/1/2018 - 12/31/2018
Specific Deductible: \$1,000,000 with \$50,000 Aggregating Specific Deductible Incurred 1/1/2018-12/31/2018 Paid 1/1/2018-6/30/2019 Lifetime Limit per perso
Aggregate Stop-Loss: Monthly aggregate factor \$1,687.51 per employee composite Minimum annual deductible: \$273,595,970 with \$1 million limitation of liab
- iii) Expiration Date: 12/31/2018
- iv) Please attach a copy of the stop-loss policy.
- v) Please attach a copy of the actuary's certification of expected claims for current fiscal year.
- b) If the MCHBP does not have this coverage, explain:
N/A

16 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: N/A

17 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 N/A
- ii) Date of amendment N/

18 a) What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Raymond F. Wager, CPA, P.C.
100 Chestnut Street, Suite 1200
Rochester, NY 14604

b) Has the independent certified public accountant or accounting firm changed since the prior years annual audit? Yes No

c) 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

d) If answer is No, please attach the required notifications to this submission.

19 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Robert Jordan, A.S.A., M.A.A.A., F.C.A Arthur J. Gallagher 125-310 Village Boulevard Princeton, NJ 08540-5753

20 Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes No

21. a) Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

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

1 Name	2 Amount Paid
<u>N/A</u>	<u>N/A</u>

22. 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 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

23. 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: 10/27/17
- iii) If approved, please attach a copy of the approval letter.

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

N/A
N/A

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 Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M & T - Checking		XXX		XXX	XXX			44,144,937
M & T - Savings		XXX		XXX	XXX			456,198
JPMorgan Chase - Savings		XXX		XXX	XXX			39,017,847
		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			82,618,981
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX			82,618,981
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	\$	\$	\$	\$ 87,016,181
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE B — INVESTMENTS

1	2	Codes			5	6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				16	17	18	19	20	21	22	23
		3	4	Code				8	9			12	13	14	15								
CUSIP Identification	Description		Foreign	Bond Characteristics	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Foreign Exchange Change in B/A, C, Y.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date	Date Acquired	
01999998	From Overflow Page (NY 19)																						
01999999	Total Bonds					\$																	
1																							
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate per Share	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Unrealized Valuation Increase/ (Decrease)	Amount Received During Year	Nonamortized Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Years' (Amount) Accretion	Years' Other Than Temporary Impairment	Change in B/A, C, Y. Common	Total Change in B/A, C, Y. Preferred Stocks	Foreign Exchange Change in B/A, C, Y.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired	
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02999998	From Overflow Page (NY 20)																						
02999999	Total Preferred Stocks																						
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
03999998	From Overflow Page (NY 21)																						
03999999	Total Common Stocks																						
04999999	Total Common & Preferred Stocks																						

STATEMENT AS OF December 31, 2018
(Year 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				5	6
	1-30 Days	31-60 Days	61-90 Days	Over 90 Days		
Ice Central School District	2,502,356				-	\$ 2,502,356
Monroe 2 Orleans BOCES	1,103,523	1,153,968			-	2,257,491
Webster Central School District	1,730,011	1,947,830		739	739	3,577,841
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	5,335,890	3,001,799	-	739	739	8,337,688
0299999 Receivables Not Individually Listed	\$ 4,086,995			2,000	2,000	4,086,995
0399999 Gross Premiums Receivable	9,422,884	3,001,799	-	2,739	2,739	12,424,683
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					2,739	12,424,683

**N.Y. SCHEDULE F — CLAIMS PAYABLE ANALYSIS
(ON A FISCAL YEAR BASIS)**

Calculation of Unpaid Claims Reserves at Year End

Unpaid claims reserve = [(percent approved by the department expressed as a decimal)*(Paid claims CY - Unpaid claims PY)] / (1-percent approved by the department expressed as a decimal)

	A	B	C	
	Hospital, Medical and Other	Prescription	Total	
Reserve requirement	17%	5%	XXXXXXX	As Approved by the Department of Financial Services (Formerly the Insurance Department)
Paid claims CY	\$ 88,775,630	\$ 66,523,979	\$ 220,698,935	From Section I, Col B, Line 4 below
Unpaid claims PY	\$ 13,430,043	\$ 2,687,100	\$ 30,095,351	From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Result	\$ 15,432,229	\$ 3,359,836	\$ 18,792,065	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 25,964,264	\$ 3,359,836	\$ 29,324,100	To be reported on page NY 3 Line 1.1. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Total Additional Amount Required by Section 4706(a)(1)	\$ -	\$ -	\$ -	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 25,964,264	\$ 3,359,836	\$ 29,324,100	To be reported on Page NY 3 line 1.3

SECTION I — CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year (B - C + D)
1. Hospital & Medical Claims - Per Actuary	88,775,630	13,430,043	15,432,228	90,777,815
2. Drug Claims - Per Actuary	66,523,979	2,687,100	3,359,836	67,196,715
3. Other - Per Actuary	65,399,325	13,978,208	10,532,036	61,953,153
4. Total	220,698,935	30,095,351	29,324,100	219,927,684

✓ Must equal hospital and medical expenses incurred which are reported on Report #2, page NY4, Line 17

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims - Per Actuary	-	15,432,228	15,432,228
2. Drug Claims - Per Actuary	-	3,359,836	3,359,836
3. Other - Per Actuary	-	10,532,036	10,532,036
4. Total	-	29,324,100	29,324,100

✓ Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	G** Estimated Liability of Unpaid Claims at End of Previous Year	H Amount Unpaid Claims Is Over or (Under) Reserved	
	Description of Claims	B	C	D				E
		On Claims Incurred Prior to Current Year	On Claims Incurred During the Year	On Claims Unpaid at End of Previous Year				On Claims Incurred During the Year
1. Hospital & Medical Claims	4,467,866	84,307,765	-	15,432,228	4,467,866	13,430,043	8,962,177	
2. Drug Claims	2,374,173	64,149,806	-	3,359,836	2,374,173	2,687,100	312,927	
3. Other	2,620,881	62,778,444	-	10,532,036	2,620,881	13,978,208	11,357,327	
4. TOTAL	9,462,920	211,236,015	-	29,324,100	9,462,920	30,095,351	20,632,431	

✓ Must equal Section 1, Col. B.

✓** Must equal Section 1, Col. C.

✓ NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.

STATEMENT AS OF December 31, 2018
 (Year 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.

	1	2	3	4	5	6
	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Account						
Excellus - Covered Lives Assessment	314,001					314,001
Excellus - Admin Fees	786,842					786,842
01999999 Total Accounts Payable - Individually Listed	1,100,843	-	-	-	-	1,100,843
02999999 Aggregate Accounts Not Individually Listed - Due						
03999999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						
99999999 Total Accounts Payable	1,100,843					1,100,843

N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year 2018	C 2017	D 2016	E 2015	F 2014
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	99,440,864	76,386,433	Pre-Article 47 COA	Pre-Article 47 COA	Pre-Article 47 COA
2. Total Liabilities	34,763,001	35,453,931			
3. Total Capital and Surplus	64,677,863	40,932,502			
4. Contingency Reserve	12,670,998	11,856,527			
5. Total Net Worth	64,677,863	40,932,502			
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	253,419,953	237,130,536			
7. Total Revenues	255,773,496	237,153,938			
8. Total Hospital and Medical expenses	219,927,684	207,867,494			
9. Total Administration expenses	12,100,452	14,199,972			
10. Net Income	23,745,361	15,086,472			
11. Member Months	485,867	486,903			
12. Net Premium Income (PMPM)	521.58	487.02	#DIV/0!	#DIV/0!	#DIV/0!
13. Total Revenues(PMPM)	526.43	487.07	#DIV/0!	#DIV/0!	#DIV/0!
14. Total Hospital And Medical Expenses (PMPM)	452.65	426.92	#DIV/0!	#DIV/0!	#DIV/0!
15. Total Administration Expenses (PMPM)	24.90	29.16	#DIV/0!	#DIV/0!	#DIV/0!
16. Net Income (PMPM)	48.87	30.98	#DIV/0!	#DIV/0!	#DIV/0!
FORMULAS					
17. Other Invested Assets/Total Assets	0.00	0.00			
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.87	0.88			
19. Total Administration Expenses / Total Revenues	0.05	0.06			
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	9,462,920				
21. Estimated Liability of Unpaid Claims— Previous Year	30,095,351				

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

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

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	15,084	15,183	15,073	15,094	15,031

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	40,347

STATEMENT AS OF December 31, 2018 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

SCHEDULE J — REAL ESTATE

1	Location		4	5	6	7	8	9	Change in Book/Adjusted Carrying Value Less			14	15	
	2	3							10	11	12			13
Description of Property	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A.C.V. (12-10-11)	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
0199999 Totals														

STATEMENT AS OF

December 31, 2018
(Year Ending)

OF THE

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

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

	Current Year
1. Number of participating Municipal Corporations	19
2. Number of enrolled members	15,031
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Net premium income	253,419,953
5. Surplus per Section 4706(a)(5)	12,670,998 ✓

OVERFLOW PAGE FOR WRITE-INS

	Current Year	Previous Year *	Current Year	Previous Year *
	1	2	3	4
	Total	Total	PMPM	PMPM
Page NY 2				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 8 FOR INVESTED ASSETS				
0806.			XXX	XXX
0807.			XXX	XXX
0808.			XXX	XXX
0809.			XXX	XXX
0810.			XXX	XXX
0898. TOTALS (Items 0806 thru 0810)			XXX	XXX
Page NY 2				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 16 FOR OTHER THAN INVESTED ASSETS				
1606.			XXX	XXX
1607.			XXX	XXX
1608.			XXX	XXX
1609.			XXX	XXX
1610.			XXX	XXX
1698. TOTALS (Items 1606 thru 1610)			XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 10 FOR OTHER LIABILITIES				
1006.			XXX	XXX
1007.			XXX	XXX
1008.			XXX	XXX
1009.			XXX	XXX
1010.			XXX	XXX
1098. TOTALS (Items 1006 thru 1010)			XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 15 FOR CURRENT LIABILITIES				
1506.			XXX	XXX
1507.			XXX	XXX
1508.			XXX	XXX
1509.			XXX	XXX
1510.			XXX	XXX
1598. TOTALS (Items 1506 thru 1510)			XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 17 FOR SPECIAL SURPLUS FUNDS				
1706.			XXX	XXX
1707.			XXX	XXX
1708.			XXX	XXX
1709.			XXX	XXX
1710.			XXX	XXX
1798. TOTALS (Items 1706 thru 1710)			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				
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.			-	-
1409.			-	-
1410.			-	-
1498. TOTALS (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.			-	-
19.898. TOTALS (Items 19.806 thru 19.810)			-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 26 FOR OTHER INCOME OR EXPENSES				
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 Year
		1
		Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506.		
4507.		
4508.		
4509.		
4510.		
4598.	TOTALS (Items 4506 thru 4510)	-
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4606.		
4607.		
4608.		
4609.		
4610.		
4698.	TOTALS (Items 4606 thru 4610)	-

* As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF December 31, 2018 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

1 CUSIP Identification XXX	2 Description	3 Code XXX	Codes			6 NAIC Designation XXX	7 Actual Cost XXX	Fair Value		10 Par Value XXX	11 Book/ Adjusted Carrying Value XXX	Changes in Book/Adjusted Carrying Value				15 Total Foreign Exchange Change in B/A, C, V. XXX	16 Rate of XXX	17 Effective Rate of XXX	Interest		20 Amount Received During Year XXX	21 Acquired XXX	22 Dates Stated Contractual Maturity Date XXX	
			4 Foreign XXX	5 Bond Characteristics XXX	8 Rate Used to Obtain Fair Value XXX			9 Fair Value XXX	12 Unrealized Valuation Increase/ (Decrease) XXX			13 Current Year's Amortization/ Accretion XXX	14 Current Year's Other Than Temporary Impairment Recognized XXX	18 When Paid XXX	19 Admitted Amount Due & Accrued XXX									
Total Overflow Bonds																								
0199998							\$	XXX	\$			\$	\$	\$	\$	\$		\$	\$		\$			\$

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS PREFERRED STOCKS)

1 CUSIP Identification XXX	2 List Preferred Stocks Description XXX	3 CUSIP		4 Foreign XXX	5 Number of Shares XXX	6 Par Value per Share XXX	7 Rate Per Share XXX	8 Book/ Adjusted Carrying Value XXX	9 Fair Value		10 Fair Value XXX	11 Actual Cost XXX	12 Declared but Unpaid XXX	Dividends		13 Amount Received During Year XXX	14 Nonadmitted Declared but Unpaid XXX	15 Unrealized Valuation Increase/ (Decrease) XXX	Change in Book/Adjusted Carrying Value			18 Total Change in B/A/C/V. Common Stocks (15-17) XXX	19 Total Change in B/A/C/V. Preferred Stocks (15+16-17) XXX	20 Total Foreign Exchange Change in B/A/C/V. XXX	21 NAIC Designation XXX	22 NAIC Market Indicator (a) XXX	23 Date Acquired XXX								
		Rate Per Share Used to Obtain Fair Value XXX	Fair Value XXX						16 Current Year's Accrual XXX	17 Current Year's Other Than Temporary Impairment Recognized XXX																									
Total Overflow Preferred Stocks						XXX	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX	\$	XXX

STATEMENT AS OF December 31, 2018 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (COMMON STOCKS)

1	2	3		4	5	6	7	8	9		10	11	12	Dividends				Change in Book/Adjusted Carrying Value			20	21	22	23								
		Code	Foreign						Fair Value	Fair Value				Actual Cost	Amount Received During Year	Nonidentical Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accrual	Current Year's Other Than Temporary Impairment Recognized	Change in B/A/C.V. Common Stocks (15-17)					Total Change in B/A/C.V. Preferred Stocks (15+16-17)	Total Foreign Exchange Change in B/A/C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired			
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Overflow Common Stocks																																