

**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

March 31, 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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 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 An MCHBP: January 1, 2018
 Commenced Business: _____
 Mailing Address: 3599 Big Ridge Rd, Spencerport, NY 14559
 Address of Main Administrative Office: 3599 Big Ridge Rd, Spencerport, NY 14559
 Telephone Number: 585 352-2400 Employer's ID Number: 82-2738684
 Principal Location of Books and Records: 3599 Big Ridge Rd, Spencerport, NY 14559
 Name of Administrator: _____
 Name of Statement Contact Person: Mary Beth Luther
 Statement Contact Person E-mail: mluther@monroe2boces.org Telephone Number: 585 352-2441
 Service Areas (Counties): Monroe

OFFICERS*

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

GOVERNING BOARD*

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

STATE OF New York

COUNTY OF Monroe

_____, President, _____, Secretary,
 Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 13th Day of November, 2018
 (Month) (Year)
Virginia M. Critchley
 NOTARY PUBLIC (Seal)
 _____ President
 _____ Secretary
Steve Roland Chief Financial Officer
 (Corporate Seal)

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

(a) Is this an original filing? Yes [] No [X]
 (b) If no: (i) state the amendment number 1
 (ii) date filed 11/15/2018
 (iii) number of pages attached 16

*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.

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 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

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 Name of Statement Contact Person: Mary Beth Luther
 Statement Contact Person E-mail: mluther@monroe2boces.org Telephone Number: 585 352-2441
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 Secretary: Lou Alaimo Deputy Treasurer: Mary Beth Luther
 Chief Financial Officer: Steve Roland

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Scott Steinberg	Director	West Irondequoit Central School District
Bill Gregory	Director	SANNYS

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, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 7th Day of _____

November (Month) 2018 (Year)

Scott Covell President
Lou Alaimo Secretary
 _____ Chief Financial Officer

NOTARY PUBLIC
RONA L. DEMING
 Notary Public, State of New York
 County of Monroe
 Reg # 01DE6254598
 Commission Expires Jan 17, 2022

(Corporate Seal)

- (a) Is this an original filing? Yes [] No [X]
 (b) If no: (i) state the amendment number _____ 1
 (ii) date filed _____ 11/15/2018
 (iii) number of pages attached _____ 16

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

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate	-	-
4.1 Cash (Schedule A Line 0399999, Page NY 8)	71,839,283	62,837,476
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	4,397,200	4,140,300
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	76,236,483	66,977,776
5. Premiums receivable (Schedule C, NY 10)	9,620,799	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)	85,857,282	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)	85,857,282	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 Quarter	Previous Year *
	1 Total	2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	28,160,535	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)	380,315	1,162,465
12. Claim stabilization reserve	4,174,405	4,157,950
13. Unearned premiums	-	-
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 15)	32,715,255	35,415,166
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	40,319,698	29,114,740
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	12,822,330	11,856,527
22. Total capital and surplus (Lines 17 to 21)	53,142,027	40,971,267
23. Total liabilities, capital, and surplus (Lines 16 + 22)	85,857,282	76,386,433
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. _____	-	-
1002. _____	-	-
1003. _____	-	-
1004. _____	-	-
1005. _____	-	-
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. _____	-	-
1502. _____	-	-
1503. _____	-	-
1504. _____	-	-
1505. _____	-	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. _____	-	-
1702. _____	-	-
1703. _____	-	-
1704. _____	-	-
1705. _____	-	-
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	-	-

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Fiscal	Prior Fiscal Year	Prior Fiscal Year*	Current Fiscal	Prior Fiscal Year*
	Year to Date	to Date	Year*	Year to Date	Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	122,331	122,310	486,903	XXX	XXX
2. Net premium income:					
2.1 Basic	44,878,154	41,857,669	165,991,375	366.86	340.91
2.2 Drugs	19,233,494	17,939,001	71,139,161	157.23	146.11
2.3 Total	64,111,648	59,796,670	237,130,536	524.08	487.02
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.3 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	2,318,664	-	-	18.95	-
5. Non-health revenues	5,205	6,852	23,402	XXX	XXX
6. Total revenues (Items 2 to 5)	66,435,517	59,803,522	237,153,938	543.08	487.07
Hospital and Medical:					
7. Hospital/medical benefits	17,636,365	18,139,248	71,853,732	144.17	147.57
8. Other professional services	15,805,624	16,110,581	64,211,041	129.20	131.88
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	1,909,718	2,101,727	8,266,479	15.61	17.02
11. Prescription drugs	16,282,208	14,878,546	61,390,062	133.10	126.08
12. Aggregate write-ins for other hospital and medical	(810,414)	530,835	2,126,180	(6.62)	4.37
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	423,436	-	-	3.46	-
15. Subtotal (Lines 7 to 14)	51,246,937	51,760,937	207,867,494	418.92	426.92
Less:					
16. Net reinsurance recoveries	-	-	-	-	-
17. Total hospital and medical (Lines 15-16)	51,246,937	51,760,937	207,867,494	418.92	426.92
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses	-	-	-	-	-
19.1 Compensation	-	-	-	-	-
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-	-
19.4 Marketing	-	-	-	-	-
19.5 Professional Fees	494	5,530	49,180	0.00	0.10
19.6 Administration Fees	1,974,445	2,415,702	9,602,232	16.14	19.72
19.7 Consulting Fees	13,000	85,439	87,065	0.11	0.18
19.8 Aggregate write-ins for other administrative expenses	991,116	1,244,518	4,461,495	8.10	9.16
19.9 Total administrative expenses	2,979,055	3,751,189	14,199,972	24.35	29.16
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	54,225,992	55,512,126	222,067,466	443.27	456.08
22. Net underwriting gain or (loss) (Lines 6 - 21)	12,209,525	4,291,396	15,086,472	99.81	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)	12,209,525	4,291,396	15,086,472	99.81	30.98
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	12,209,525	4,291,396	15,086,472	99.81	30.98
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables	2,318,664	-	-	18.95	-
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
0404. _____	-	-	-	-	-
0405. _____	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	2,318,664	-	-	19	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical	582,877	530,835	2,126,180	4.76	4.37
1202. Change in Claims Payable	(1,393,291)	-	-	(11.39)	-
1203. _____	-	-	-	-	-
1204. _____	-	-	-	-	-
1205. _____	-	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	(810,414)	530,835	2,126,180	(7)	4
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Stop-Loss Premium	401,726	-	-	3.28	-
1402. Change in Stabilization Reserve	21,710	-	-	0.18	-
1403. _____	-	-	-	-	-
1404. _____	-	-	-	-	-
1405. _____	-	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	423,436	-	-	3	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	7,403	177,683	244,403	0.06	0.50
19.802. CLA	964,496	1,010,603	4,014,485	7.88	8.24
19.803. AEA Fees	19,217	21,012	84,873	0.16	0.17
19.804. BOCES Fee	-	19,859	80,273	-	0.16
19.805. Miscellaneous Expenses	-	15,361	37,461	-	0.08
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	-	-	-	-	-
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	991,116	1,244,518	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 4, item 26)	-	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	40,932,502	38,150,224
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	12,209,525	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)	965,803	-
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	(965,803)	3,800,000
47. Net change in capital and surplus (Lines 31 to 46)	12,209,525	2,782,278
48. Capital and surplus end of reporting period (Line30 + 47)**	53,142,027	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 5, 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	(965,803)	-
4603. _____	-	-
4604. _____	-	-
4605. _____	-	-
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	(965,803)	3,800,000

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

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 (or school districts)? Yes No

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

i) If "approved", when was the filing request approved? Date: _____
Date: _____
Date: _____
Date: _____

ii) If not "approved" yet, what is the status of the filing request and the status date? _____

Date: _____
Date: _____
Date: _____
Date: _____

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. 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

b) If "Yes", give particulars:

4. 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

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

- b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes No

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes No

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

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date? Yes No

b) If "No", give location: _____

7. 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 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)

8. 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

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

9. 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

b) If "Yes", give details:

10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period? Yes No

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

GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve? 5% for prescription 17% for all other
- b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)? Yes [] No [X]
- c) If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)? Yes [X] No []
- d) If c) is "Yes", answer the following:
 i) When was the request filed with the Department of Financial Services? Date: 08/12/15
 ii) When was the request approved? Date: 12/29/17
 iii) If approved, please attach a copy of the approval letter.
12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [X] No []
- b) If No, give details: _____
13. a) Was the MCHBP's prior year's annual statement amended? Yes [] No [X]
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile
 i) Amendment number _____
 ii) Date of amendment _____
14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [X] No []
15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- b) List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.
- | 1
Name | 2
Amount Paid |
|-----------|------------------|
| | |
| | |
| | |
16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days? Yes [] No [X]
- b) If a) is "Yes", provide the following:
 i) Anticipated date of distribution. Date: N/A
 ii) Anticipated amount of distribution. N/A
17. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [X] No []
- b) If a) is "Yes", answer the following:
 i) When was the request filed with the Department of Financial Services? Date: 10/26/17
 ii) When was the request approved? Date: 12/29/17
 iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.
- c) If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)? Yes [X] No []
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law? Yes [] No []
- c) If b) is "Yes", answer the following:
 i) When was the request filed with the Department of Financial Services? Date: _____
 ii) When was the request approved? Date: _____
 iii) If approved, please attach a copy of the approval letter.
- d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing? Yes [] No [X]
- i) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))? Yes [] No []
- ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:
 iii) Name Raymond F. Wager, CPA, P.C.
 iv) Address 100 Chestnut Street, Suite 1200
 Rochester, NY 14604
 v) Telephone Number 585-423-1860
 vi) Email Address rwager@mmb-co.com

SCHEDULE A – CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository – Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M & T - Checking		XXX	0.000	XXX	XXX	-	-	33,394,823
M & T - Savings		XXX	0.100	XXX	XXX	5,205	-	38,444,460
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total – Cash on Deposit	XXX	XXX	XXX	XXX	XXX	5,205	-	71,839,283
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total – Cash	XXX	XXX	XXX	XXX	XXX	5,205	-	71,839,283
Description – Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Rashp II Required Cash Advance with Excellus			0.000			-	-	4,397,200
0499999 Total – Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	4,397,200
0599999 Total – Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 5,205	\$ -	\$ 76,236,483

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

STATEMENT AS OF March 31, 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.

	1	2	3	4	5	6
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
Greece CSD	2,552,653	-	-	-	-	\$ 2,552,653
Monroe 2 - Orleans BOCES	1,123,828	1,124,033	-	-	-	2,247,861
Webster CSD	1,808,000	1,807,145	-	2,829	2,829	3,615,145
						-
						-
						-
						-
						-
						-
						-
0199999 Individually Listed Receivables	5,484,481	2,931,177	-	2,829	2,829	8,415,658
						-
						-
0299999 Receivables Not Individually Listed	\$ 1,205,141	\$ -	\$ -	\$ -	-	1,205,141
						-
0399999 Gross Premiums Receivable	6,689,622	2,931,177	-	2,829	2,829	9,620,799
						-
0499999 Less Allowance for Doubtful Accounts						-
0599999 Premiums Receivable					2,829	9,620,799

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

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	4,485,084	15,643,876	176,364	11,992,728	4,661,448	13,430,043	8,768,595
2. Drug Claims	2,355,662	14,472,699	-	3,365,672	2,355,662	2,687,100	331,438
3. Other	2,353,624	13,451,999	182,982	12,442,789	2,536,606	13,978,208	11,441,602
4. TOTAL	9,194,371	43,568,575	359,346	27,801,189	9,553,717	30,095,351	20,541,634

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

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

SCHEDULE G — ACCOUNTS PAYABLE

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

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Excellus - Covered Lives Assessment and Corrective Reimbursement	380,315	-	-	-	-	380,315
01999999 Total Accounts Payable - Individually Listed	380,315	-	-	-	-	380,315
02999999 Aggregate Accounts Not Individually Listed - Due	-	-	-	-	-	-
03999999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	-	-	-	-	-	-
99999999 Total Accounts Payable	380,315	-	-	-	-	380,315

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

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

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

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

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

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			

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

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	19
2. Number of enrolled members	15,183
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	256,446,592
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	12,822,330
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	11,856,527
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	12,822,330

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter 1 Total	Prior Year to Date 2 Total	Previous Year * 3 Total	Current Quarter 4 PMPM	Previous Year * 5 PMPM
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 Quarter	Previous Year *
	1	3
	Total	Total
Page NYS		
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 NYS		
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.

