

**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, 2019

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

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	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)	95,644,537	82,618,981
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	4,316,900	4,397,200
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	99,961,437	87,016,181
5. Premiums receivable (Schedule C, NY 10)	4,687,326	12,424,683
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)	104,648,763	99,440,864
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)	104,648,763	99,440,864

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	2
	Total	Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	29,233,267	29,324,100
1.2 Additional amount required by Section 4706(a)(1)	-	-
1.3 Total claims payable	29,233,267	29,324,100
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)	326,228	1,100,843
12. Claim stabilization reserve	4,660,859	4,338,058
13. Unearned premiums		
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	34,220,354	34,763,001
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	57,733,105	52,006,865
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	12,695,303	12,670,998
22. Total capital and surplus (Lines 17 to 21)	70,428,409	64,677,863
23. Total liabilities, capital, and surplus (Lines 16 + 22)	104,648,763	99,440,864
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 Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	121,178	122,331	485,867	XXX	XXX
2. Net premium income:					
2.1 Basic	44,433,562	44,878,154	177,393,967	366.68	365.11
2.2 Drugs	19,042,955	19,233,494	76,025,986	157.15	156.47
2.3 Total	63,476,517	64,111,648	253,419,953	523.83	521.58
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	2,318,754	-	4.77
5. Non-health revenues	10,303	5,205	34,789	XXX	XXX
6. Total revenues (Items 2 to 5)	63,486,820	66,435,517	255,773,496	523.91	526.43
Hospital and Medical:					
7. Hospital/medical benefits	22,278,554	17,636,365	73,337,912	183.85	150.94
8. Other professional services	16,408,127	15,805,624	65,257,382	135.41	134.31
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-are	2,208,821	1,909,718	7,959,510	18.23	16.38
11. Prescription drugs	16,574,572	16,282,208	66,523,979	136.78	136.92
12. Aggregate write-ins for other hospital and medical	(3,436,475)	(810,414)	5,316,498	(28.36)	10.94
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	322,801	21,710	141,943	2.66	0.29
15. Subtotal (Lines 7 to 14)	54,356,400	50,845,211	218,537,224	448.57	449.79
Less:					
16. Net reinsurance recoveries	(389,018)	(401,726)	(1,390,460)	(3.21)	(2.86)
17. Total hospital and medical (Lines 15-16)	54,745,418	51,246,937	219,927,684	451.78	452.65
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	43,583	494	34,999	0.36	0.07
19.6 Administration Fees	1,911,502	1,974,445	8,130,550	15.77	16.73
19.7 Consulting Fees	-	13,000	19,156	-	0.04
19.8 Aggregate write-ins for other administrative expenses	1,035,771	991,116	3,915,747	8.55	8.06
19.9 Total administrative expenses	2,990,856	2,979,055	12,100,452	24.68	24.90
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	57,736,274	54,225,992	232,028,136	476.46	477.55
22. Net underwriting gain or (loss) (Lines 6 - 21)	5,750,546	12,209,525	23,745,361	47.46	48.87
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)	5,750,546	12,209,525	23,745,361	47.46	48.87
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	5,750,546	12,209,525	23,745,361	47.46	48.87
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables	-	2,318,664	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 4, Item 4)	-	2,318,664	2,318,754	-	5
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical	790,667	582,877	2,600,095	6.52	5.35
1202. Change in Claims Payable	(4,227,142)	(1,393,291)	2,716,403	(34.88)	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 4, item 12)	(3,436,475)	(810,414)	5,316,498	(28)	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	322,801	21,710	141,943	2.66	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 4, item 14)	322,801	21,710	141,943	3	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	-	7,403	7,403	-	0.02
19.802. Covered Lives Assessment	981,129	964,496	3,811,675	8.10	7.85
19.803. AEA Fees	23,896	19,217	90,229	0.20	0.19
19.804. Miscellaneous Expenses	30,746	-	6,440	0.25	0.01
19.805. _____	-	-	-	-	-
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)	1,035,771	991,116	3,915,747	9	8
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	2
	Total	Total
30. Capital and surplus prior reporting year	64,677,863	40,932,502
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	5,750,546	23,745,361
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		
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)	24,305	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	-	-
46. Aggregate write-ins for gains or (losses) in surplus	(24,305)	(814,471)
47. Net change in capital and surplus (Lines 31 to 46)	5,750,546	23,745,361
48. Capital and surplus end of reporting period (Line30 + 47)**	70,428,409	64,677,863
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. _____		
4502. _____		
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)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in Surplus	\$ (24,305)	\$ (814,471)
4602. _____		
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)	(24,305)	(814,471)

* 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 [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. Date: N/A

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 [X]

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

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 [X]

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
N/A					
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 [X]

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
N/A					
Totals					

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

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

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 [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
JPMorgan Chase Bank	1 S Clinton Ave Floor 7, Rochester, NY 14604

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		

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 [X]

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 [X]

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

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 [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

GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve?

Hospital and Medical	Prescription
17%	5%
- b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes []	No [X]	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 []	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
- 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: N/A
N/A
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 N/A
- ii) Date of amendment N/A
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 |
|--|------------|------------------|
| | <u>N/A</u> | <u>N/A</u> |
| | | |
| | | |
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: 10/27/17
- 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:
N/A
N/A
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: N/A
- ii) When was the request approved? Date: N/A
- 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?
N/A
N/A
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
- iv) Address
- v) Telephone Number
- vi) Email Address

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M & T - Checking		XXX		XXX	XXX			57,160,190
M & T - Savings		XXX		XXX	XXX	961		457,159
JPMorgan Chase - Savings		XXX		XXX	XXX	9,342		38,027,188
		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	10,303	-	95,644,537
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	10,303	-	95,644,537
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Rashp II Required Cash Advance with Excellus								4,316,900
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX				4,316,900
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$	\$ 10,303	\$	\$ 99,961,437
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

STATEMENT AS OF March 31, 2019
(Quarter Ending)

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

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
East Irondequoit CSD	811,615				-	\$ 811,615
Honeoye Falls-Lima CSD	525,989				-	525,989
Monroe 1 BOCES	1,726,092				-	1,726,092
Monroe 2 BOCES	1,108,009				-	1,108,009
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	4,171,705	-	-	-	-	4,171,705
0299999 Receivables Not Individually Listed	\$ 515,621			2,739	2,739	515,621
0399999 Gross Premiums Receivable	4,687,326	-	-	2,739	2,739	4,687,326
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					2,739	4,687,326

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	7,695,028	17,583,014	891,142	13,514,219	8,586,170	15,432,228	6,846,058
2. Drug Claims	435,179	16,139,393	-	3,397,767	435,179	3,359,836	2,924,657
3. Other	2,456,635	13,951,493	776,305	10,653,834	3,232,940	10,532,036	7,299,096
4. TOTAL	10,586,842	47,673,900	1,667,447	27,565,820	12,254,289	29,324,100	17,069,811

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

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

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

STATEMENT AS OF March 31, 2019
(Quarter Ending)

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

SCHEDULE G — ACCOUNTS PAYABLE

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

Account	1 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	326,228					326,228
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
01999999 Total Accounts Payable - Individually Listed	326,228	-	-	-	-	326,228
02999999 Aggregate Accounts Not Individually Listed - Due						-
03999999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
99999999 Total Accounts Payable	326,228	-	-	-	-	326,228

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	15,031	15,046			

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	40,347	40,326			

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	15,048
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	253,906,068
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	12,695,303
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	12,670,998
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	12,695,303

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 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.

