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

June 30, 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

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

${\tt MUNICIPAL\ COOPERATIVE\ HEALTH\ BENEFIT\ PLANS\ (MCHBP) -NEW\ YORK\ DATA\ REQUIREMENTS}$

QUARTERLY STATEMENT

FOR THE QUARTER ENDING		June 30, 2019		_
	OF THE	E CONDITION AND AFFAIR	is of	
B				St. Plan
<u>Rc</u>	ochester Area School He	ealth Plan II Municipal C (Name)	ooperative Health Be	enefit Plan
	Municipal Cooperative Health made to the New York State			
Date Certified As An MCHBP:	January 1, 2018			
Commenced Business:	January 1, 2004			
Mailing Address:	3599 Big Ridge Rd, Spence	rport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Rd, Spence	rport, NY 14559		
Telephone Number:	585 352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Rd, Spence	rport, NY 14559		
Name of Statement Contact Person	Many Dath Lythan			
Name of Statement Contact Person: Statement Contact Person E-mail	Mary Beth Luther mluther@monroe2boces.org	n	Telephone Number:	585 352-2441
Service Areas (Counties):	Monroe	<u>y</u>	_ relephone reamber.	300 332-2 11 1
		OFFICERS*		
President:	Scott Covell		Other Officers:	Vice Chairperson: John Abbott
Secretary:	Lou Alaimo		_	Deputy Treasurer: Mary Beth Luther
Chief Financial Officer:	Steve Roland		_	Bopatycasa.o.; many Boar Zaano.
Office Financial Officer.	Oleve Roland			
		GOVERNING BOARD	•	
Name Scott Covell	<u>Title</u> Chairperson		Monroe I BOCES	<u>Municipality</u>
Steve Roland	Treasurer		Monroe 2 - Orleans BO	
Lou Alaimo Darrin Winkley	Secretary Director		Brighton Central Schoo Brockport Central Scho	
Frank Nardone	Director		Churchville-Chili Centra	al School District
John Abbott David Green	Director Director		East Irondequoit Centra East Rochester Union F	
Matthew Stevens	Director		Fairport Central School	District
Lauren Poehlman Romeo Colilli	Director Director		Gates Chili Central Sch Greece Central School	
Scott Massie	Director		Hilton Central School D	
Bruce Capron Mark Sansouci	Director Director		Honeoye Falls-Lima Ce Penfield Central School	
Darrin Kenney Andrew Whitmore	Director Director		Pittsford Central School Rush-Henrietta Central	
Rick Wood	Director		Spencerport Central Sc	hool District
Brian Freeman James Brennan	Director Director		Webster Central School West Irondequoit Central	
Jessica Jackson	Director		Wheatland-Chili Centra	I School District
Charlotte Kimberly-Haag Kathy Occhioni	Director Director		Brighton Central Schoo Churchville-Chili Centra	
Dwayne Cerbone	Director		Pittsford Central School	I District
Scott Steinberg Bill Gregory	Director Director		West Irondequoit Central SANNYS	al School District
STATE OF New York				
COUNTY OF	Monroe			
Scott Covell	, President,	Lou Alaimo	a charge of the financial	_, Secretary,
Steve Roland records of the MCHBP) of the		Corresponding person havin ealth Plan II Municipal Coo		F , being duly sworn, each for himself deposes
and says that they are the above described offi assets were the absolute property of the said k this Statement, together with related exhibits, s statement of all the assets and liabilities and of	MCHBP, free and clear from a chedules and explanations th	ny liens or claims thereon, e erein contained, annexed or	except as herein stated, a referred to is a full and to	nd that rue
its income and deductions therefrom for the pe	riod reported, according to the	e best of their information, kr	nowledge and belief, resp	pectively.
Subscribed And Sworn To Before Me This		Day of		President
(Month)	(Year)			Secretary
				Chief Financial Officer
NOTARY PUBLIC	;			(Ourself Carl)
(Seal)				(Corporate Seal)
			V	
	(a) Is this an original filing?		Yes []	No [X]

(b) If no:

2018 Revision - (10/12/18 Edition)

(i) state the amendment number

(iii) number of pages attached

(ii) date filed

^{*}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.

STA	TEM	IENT	AS	OF

June 30, 2019 (Quarter Ending)

2019 OF THE

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
. Bonds (Schedule B line 0199999, Page NY 9)	-	
. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	
. Real estate		
.1 Cash (Schedule A Line 0399999, Page NY 8)	94,218,196	82,618,98
.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	4,316,900	4,397,20
.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	98,535,096	87,016,18
. Premiums receivable (Schedule C, NY 10)	7,145,400	12,424,68
. Other invested assets	-	
. Receivable for securities	-	
. Aggregate write-in for invested assets		
Subtotal cash and invested assets (Lines 1 to 8)	105,680,496	99,440,86
Investment income due and accrued	-	
1. 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 2.1 Current federal income tax recoverable and interest	-	
thereon		
2.2 Net deferred tax asset	-	
3. Electronic data processing equipment and software	-	
Electronic data processing equipment and software Furniture and equipment, including health care delivery assets		
5. Health care and other amounts receivable 5. Health care and other amounts receivable		
Aggregate write-in for other than invested assets		
7. Total Assets(Lines 9 to 16)	105,680,496	99,440,864
7. Total Assets(Ellies 5 to 10)	103,000,430	99,440,00-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR NVESTED ASSETS 801. 802. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page 899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
601		

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

STATEMENT AS OF

(Quarter Ending)

OF THE

(Name)

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)	22,677,779	18,792,064
1.2 Additional amount required by Section 4706(a)(1)	10,532,036	10,532,036
1.3 Total claims payable	33,209,815	29,324,100
Premiums received in advance	-	
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	-	<u>-</u>
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)	327,237	1,100,843
12. Claim stabilization reserve	4,742,907	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)	38,279,959	34,763,001
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		-
19. Unassigned funds (surplus)	54,729,539	52,006,865
20. Surplus notes		-
21. Surplus per Section 4706(a)(5) **	12,670,998	12,670,998
22. Total capital and surplus (Lines 17 to 21)	67,400,537	64,677,863
23. Total liabilities, capital, and surplus (Lines 16 + 22)	105,680,496	99,440,864
1001.		
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)		
1399. 101AL3 (Items 1301 tillu 1303 plus 1396) (Fage 3, Item 13)	-	-
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)	-	

 $^{^{\}star}\,$ As reported on Prior Year End filed Annual Statement.

 $^{^{\}star\star}$ Calculation of current year reserves shown on NY14 (Schedule K).

June 30, 2019 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Quarter Ending) (Name)

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 Total	2 Total	3 Total	4 PMPM	5 PMPM
Member Months Net premium income: 2.1 Basic	241,873 88,393,034	243,876 89,164,806	485,867 177,393,967	XXX 365.45	XXX 365.11
2.2 Drugs 2.3 Total	37,882,729 126,275,763	38,213,488 127,378,294	76,025,986 253,419,953	156.62 522.07	156.47 521.58
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 revenues5. Non-health revenues	22,282	2,318,664 14,791	2,318,754 34,789	XXX	4.77 XXX
6. Total revenues (Items 2 to 5)	126,298,045	129,711,749	255,773,496	522.17	526.43
Hospital and Medical: 7. Hospital/medical benefits	45,515,314	34,984,474	73,337,912	188.18	150.94
Other professional services Outside referrals	33,048,243	32,097,532	65,257,382	136.63	134.31
Emergency room and out-of-are Prescription drugs	4,494,424 33,781,698	4,037,141 32,259,442	7,959,510 66,523,979	18.58 139.67	16.38 136.92
12. Aggregate write-ins for other hospital and medical13. Incentive pool, withhold adjustments and bonus amounts	1,392,115	(1,269,074)	5,316,498	5.76	10.94
14. Aggregate write-ins for other expenses15. Subtotal (Lines 7 to 14)	404,849 118,636,643	5,167 102,114,682	141,943 218,537,224	1.67 490.49	0.29 449.79
Less: 16. Net reinsurance recoveries	540,831	(812,651)	(1,390,460)	2.24	(2.86)
17. Total hospital and medical (Lines 15-16)18. Claims adjustment expenses, including cost containment expenses19. General administrative expenses	118,095,812	102,927,333	219,927,684	488.26	452.65
19.1 Compensation 19.2 Interest expense	-	-	-		-
19.3 Occupancy, depreciation, and amortization 19.4 Marketing	-	-	-	-	-
19.5 Professional Fees 19.6 Administration Fees	70,998 3,810,220	22,064 3,993,661	34,999 8,130,550	0.29 15.75	0.07 16.73
19.7 Consulting Fees19.8 Aggregate write-ins for other administrative expenses	1,598,341	18,606 1,967,774	19,156 3,915,747	- 6.61	0.04 8.06
19.9 Total administrative expenses 20. Increase in reserves for A&H contracts	5,479,559	6,002,105	12,100,452	22.65	24.90
21. Total underwriting deductions (Lines 17 to 20)22. Net underwriting gain or (loss) (Lines 6 - 21)	123,575,371 2,722,674	108,929,438 20,782,311	232,028,136 23,745,361	510.91 11.26	477.55 48.87
23. Net investment income earned24. 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	-	-	-	-	-
 Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26) 	2,722,674	20,782,311	23,745,361	11.26	48.87
28. Federal income taxes incurred29. Net income (loss) (Lines 27 - 28)	2,722,674	20,782,311	23,745,361	11.26	48.87
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables 0402.	-	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	1,732,997	1,169,968	2,600,095	7.16	5.35
1202. <u>Change in Claims Payable</u> 1203 1204.	(340,882)	(2,439,042)	2,716,403	(1.41)	5.59
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)	1,392,115	(1,269,074)	5,316,498	6	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER					
EXPENSES 1401. Change in Stabilization Reserve	404,849	5,167	141,943	1.67	0.29
1402. 1403.			-	-	-
1404.			-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page 1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	404,849	5,167	141,943	2	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER					
ADMINISTRATIVE EXPENSES 19.801. PCORI and Reinsurance Fees	-	7,403	7,403	<u>-</u>	0.02
19.802. Covered Lives Assessment 19.803. AEA Fees	1,960,111 47,728	1,919,573 40,798	3,811,675 90,229	8.10 0.20	7.85 0.19
19.804. Miscellaneous Expenses 19.805. Prior Year Claims Adjustment	30,798 (473,220)	-	6,440	0.13 (1.96)	0.01
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)	32,924 1,598,341	1,967,774	3,915,747	7	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)	-	-	-	-	-

 $^{^{\}star}\,$ As reported on Prior Year End filed Annual Statement.

_ OF THE _

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

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

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	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	2,722,674	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)	-	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	-	(814,471)
47. Net change in capital and surplus (Lines 31 to 46)	2,722,674	23,745,361
48. Capital and surplus end of reporting period (Line30 + 47)**	67,400,537	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 4602. 4603. 4604. 4605. 540 550 550 550 550 550 550 550 550 550	\$ -	\$ (814,471)
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	(814,471)
		7: -1,7

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

OF THE

STATEMENT AS OF

June 30, 2019 (Quarter Ending)

GENERAL INTERROGATORIES (Continued)

1. a)	What is the percentage that the MCHBP uses for its claims payable reserve?		Hospital	and Medical	Prescriptio
b)	Is the percentage used for claims payable reserve equal to the <u>minimum</u> requirement of 25% as per				
,	Insurance Law § 4706(a)(1)?		Yes []	No [X]	Yes [] No [
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
	ii) When was the request approved?	Date:		12/29/17	12/29
	iii) If approved, please attach a copy of the approval letter.				
. 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				_
	<u>N</u> /A				_
. 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				
	Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinal	te			
	committees thereof?		Yes [X]		No []
a)	What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departr	ments of govern	ment, if any	?	
b)	List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment with matters before legislative bodies, officers or departments of government during the period covered by this statement		n connection	1	
	1 2				
	Name Amount Paid N/A N/A				
a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insu Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during t		Yes[] s?		No [X]
b)	If a) is "Yes", provide the following:				
	i) Anticipated date of distribution.	Date:	: <u>N/A</u>		_
	ii) Anticipated amount of distribution.		N/A		_
	Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required	d by			
a)	§ 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?			10/26/17	
	ii) When was the request approved?			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 Finan	icial Services:			
	<u>N/A</u>				
	<u>N/A</u>				
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?		: <u>N/A</u>		-
	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 intents N/A	to correct this v	noiation?		
a)	N/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 Fininsurance Regulation No. 118 (11NYCRR 89.4(c))?	ancial Services	Yes[]		No []
	ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following	g information for		PA:	.wo[]
	iii) Name				
	iv) Address				
	v) Telephone Number				
	vi) Email Address				

SCHEDULE A — CASH AND CASH EQUIVALENTS

Orange	1	2	3	4	5	6	7	8	9
M & T - Checking	Description	Code		Rate of Interest	Maturity Date		Received During	Due & Accrued at end of Current	Balance
M & T - Sevings	Depository Cash	xxx	xxx	XXX	xxx	XXX	xxx	XXX	XXX
A	M & T - Checking		XXX		xxx	XXX	_	-	55,721,869
No. No.	M & T - Savings		XXX		xxx	XXX	961	-	458,300
	JPMorgan Chase - Savings		XXX		xxx	XXX	9,342	-	38,038,027
			XXX		XXX	XXX			
Note			XXX		XXX	XXX			
No. No.			XXX		xxx	XXX			
XXX			XXX		xxx	XXX			
No.			XXX		XXX	XXX			
Dispassion Cash on Deposit			XXX		xxx	XXX			
C299999 Cash in Company's Office			XXX		XXX	XXX			
Description - Cash Equivalent	0199999 Total Cash on Deposit	xxx	XXX	XXX	XXX	XXX	10,303	_	94,218,196
Description - Cash Equivalent								XXX	
Rashp II Required Cash Advance with Excellus 4,316,900 4,316,900 4,316,900 4,316,900 4,316,900 4,316,900 4,316,900 4,316,900 4,316,900 4,316,900 6,99999 Total Cash Equivalent XXX XXX XXX XXX XXX XXX XXX XXX XXX X	0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	10,303	-	94,218,196
Company	Description Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096	Rashp II Required Cash Advance with Excellus								4,316,900
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX S - \$ 10,303 \$ - \$ 98,535,096									
						\$ -	\$ 10,303	\$ -	4,316,900 \$ 98,535,096
	NOTE: Negotiable certificates of deposit to be reported	in Schedule B.							

(Quarterly Ending)

__ OF THE

SCHEDULE B — INVESTMENTS

1 CUSIP	2	3	4	5	6 Book/Adjusted	7	8 Stated Contractual
Identification	Description	Par Value	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Acquired	Stated Contractual Maturity Date
	·						·
0199999	Total bonds		\$ -	\$ -	\$ -	XXX	XXX
1 CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted Carrying Value	8 Date
Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
029999	Total Preferred Stocks		XXX	\$ -	\$ -		XXX
	Total Preferred Stocks 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 XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		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 XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX
XXX		XXX	XXX XXX		XXX	XXX	

			Rochester Area School Health Plan II Municipal Cooperative Health Benefit
STATEMENT AS OF	June 30, 2019	OF THE	Plan
•	(Quarter Ending)		(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
East Irondequoit CSD	808,157	808,519	-	j	-	\$ 2,429,707
Greece CSD	2,508,183				-	2,508,183
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	3,316,340	808,519	813,031	-	-	4,937,890
0299999 Receivables Not Individually Listed	\$ 1,950,575	\$ 114,760	\$ 142,175	\$ 2,739	2,739	2,207,510
0399999 Gross Premiums Receivable	5,266,915	923,279	955,206	2,739	2,739	7,145,400
04000001 All 6 B 1461A						
0499999 Less Allowance for Doubtful Accounts						
0500000 B B					0.700	7.445.400
0599999 Premiums Receivable					2,739	7,145,400

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

A					F	G	Н
			Claims Ung		Total Claims		
			of Current (Quarter Viz:	Paid During the		
	Claims Paid During the	e Current Fiscal Year	Estimated Li	ability at End	Fiscal Year and		
			of Curren	it Quarter	Claims Unpaid	Estimated	
	В	С	D	E	at End of	Liability of	
	On Claims	On Claims	On Claims		Current Quarter	Unpaid Claims	Amount
	Incurred Prior	Incurred During	Unpaid	On Claims	on Claims Incurred	at End of	Unpaid Claims
	to the Current	the Current	at End of	Incurred	in Prior Years	Previous	is Over or
Description of Claims	Fiscal Year	Fiscal Year	Previous Year	During the Year	(B + D)	Fiscal Year	(Under) Reserved
Hospital & Medical Claims	12,279,449	72,511,530	-	19,171,482	12,279,449	15,432,228	3,152,779
2. Drug Claims	471,880	33,309,818	-	3,506,297	471,880	3,359,836	2,887,956
3. Other	-	-	_	-	-	-	_
4. TOTAL	12.751.329	105.821.348	_	22.677.779	12.751.329	18.792.064	6.040.735

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	June 30, 2019	OF THE	Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
	(Quarter Ending)		(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
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Excellus - Covered Lives Assessment	326,142					326,142
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	326,142	-	-	-	-	326,142
0200000 Aggregate Accounts Not Individually Listed Due	4.005					1.005
0299999 Aggregate Accounts Not Individually Listed - Due	1,095					1,095
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	327,237	-	-	-	-	327,237

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.

${\tt SCHEDULE~I-1-PARTICIPATING~MUNICIPAL~CORPORATIONS~(OR~SCHOOL~DISTRICTS)}\\$

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

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

A	В	С	D	E	F
	Prior				
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	15,031	15,046	15,003		

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	40,347	40,326	40,162		

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

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

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

Current Quarter
19
15,003
Yes
5.0%
252,551,526
12,627,576
12,670,998
12,670,998

OVEREI O	W PAGE FOR WR	ITF-INS			
OVERILEO	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Page NY 2	Total	Total	Total	1 1011 101	1 1011 101
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806				xxx	xxx
0807.				XXX	XXX
0808. 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
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
1009.				XXX	XXX
1010	_			XXX	XXX
1030. TOTALS (ITEMS 1000 INTU 1010)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES					
1506.				XXX	XXX
1507.				XXX	XXX
1509.				XXX	XXX
1510 1598. TOTALS (Items 1506 thru 1510)		-	-	XXX	XXX
				7000	7000
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706. 1707.				XXX	XXX
1708.				XXX	XXX
1709.				XXX	XXX
1710 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.				-	-
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.				-	
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1406.				-	
1407.				-	
1409.				-	
1410				-	-
	_		-	_	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance	32,924			0	
19.807.				-	-
19.808. 19.809.				-	-
19.810.				-	
19.898. TOTALS (Items 19.806 thru 19.810)	32,924	-	-	0	
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)	-	-	-	-	
	1	İ		1	1

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

0)	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)	-				
1000. 10 11 120 (10110 1000 1110 1010)					

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