# STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

# DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
Name of MCHBP

FOR THE FISCAL QUARTER ENDING

September 30, 2020

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

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

# **QUARTERLY STATEMENT**

FOR THE QUARTER ENDING		September 30, 2020		-
	OF THE	E CONDITION AND AFFAIR	S OF	
<u>Rc</u>	chester Area School He	alth Plan II Municipal C (Name)	ooperative Health Be	enefit Plan
	Municipal Cooperative Health made to the New York State	n Benefit Plan organized und		
D. ( 0 //5 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
Date Certified As An MCHBP:	January 1, 2018			
Commenced Business:	January 1, 2004			
Mailing Address:	3599 Big Ridge Rd, Spence			
Address of Main Administrative Office:	3599 Big Ridge Rd, Spence			
Telephone Number:	585 352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:  Name of Administrator:	3599 Big Ridge Rd, Spence	TPOIT, IN F 14559		
Name of Statement Contact Person:	Mary Beth Luther			
Statement Contact Person E-mail	mluther@monroe2boces.or	a	Telephone Number:	585 352-2441
Service Areas (Counties):		9		000 002 2 1 1 1
,		OFFICERS*		
President:	Scott Covell		Other Officers:	Vice Chairperson: John Abbott
Secretary:	Lou Alaimo		-	Deputy Treasurer: Mary Beth Luther
Chief Financial Officer:	Steve Roland		-	Doparty Troubard. Many Both Edition
Chief i mandai Chieci.	Oleve Roland			
		GOVERNING BOARD*	•	
Name Scott Covell	<u>Title</u>	l	Monroe I BOCES	<u>Municipality</u>
Steve Roland	Chairperson Treasurer		Monroe 2 - Orleans BO	CES
Lou Alaimo Darrin Winkley	Secretary Director		Brighton Central School Brockport Central School	
Frank Nardone	Director		Churchville-Chili Centra	I School District
John Abbott Staci SanSoucie	Director Director		East Irondequoit Centra East Rochester Union F	
Matthew Stevens	Director		Fairport Central School	District
Mitchell Ball Romeo Colilli	Director Director		Gates Chili Central School Greece Central School	
Scott Massie	Director		Hilton Central School Di	strict
Bruce Capron # Dan Driffill	Director Director		Honeoye Falls-Lima Ce Penfield Central School	
Darrin Kenney	Director		Pittsford Central School	District
Andrew Whitmore Rick Wood	Director Director		Rush-Henrietta Central Spencerport Central Sc	
Brian Freeman James Brennan	Director Director		Webster Central School West Irondequoit Centra	
Jessica Jackson	Director		Wheatland-Chili Central	School District
Charlotte Kimberly-Haag Kathy Occhioni	Director Director		Brighton Central School Churchville-Chili Centra	
Dwayne Cerbone	Director		Pittsford Central School	District
Scott Steinberg Bill Gregory	Director Director		West Irondequoit Centra SANNYS	al School District
STATE OF New York				
	Managa			
COUNTY OF	Monroe			
Scott Covell Steve Roland	, President,	Lou Alaimo Corresponding person havin	a charge of the financial	_, Secretary,
records of the MCHBP) of the	Rochester Area School Heal	th Plan II Municipal Cooperati	ve Health Benefit Plan	, being duly sworn, each for himself deposes
and says that they are the above described offi assets were the absolute property of the said N				
this Statement, together with related exhibits, s statement of all the assets and liabilities and of its income and deductions therefrom for the pe	chedules and explanations the the condition and affairs of the	erein contained, annexed or said MCHBP as of the rep	referred to is a full and tr orting period stated above	ue e, and of
Subscribed And Sworn To Before Me This		Day of		President
				Secretary
(Month)	(Year)			Chief Financial Officer
NOTARY PUBLIC				
(Seal)				(Corporate Seal)
	(a) Is this an original filing?		Yes [X]	No [ ]
	(b) If no:	(i) state the amendment nur	mber	
	(2) 11 110.	.,		
		(ii) date filed		

NY1

(iii) number of pages attached

<sup>\*</sup>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.

STATEMENT AS OF

September 30, 2020 OF THE (Quarter Ending)

(Name)

#### REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	37,985,390	17,844,124
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)	78,362,403	77,614,966
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	4,680,200	4,316,900
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	83,042,603	81,931,866
5. Premiums receivable (Schedule C, NY 10)	10,319,149	3,919,344
6. Other invested assets		
7. Receivable for securities		
Aggregate write-in for invested assets	-	<del>-</del>
9. Subtotal cash and invested assets (Lines 1 to 8)	131,347,142	103,695,334
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		
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)	131,347,142	103,695,334
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)	_	_
0033. 10 1ALO (16113 0001 till 0000 pid3 0030) (1 age 2, 1611 0)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS		
1601.		
1000		
1602 1603.		
1001		
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)	-	<del>-</del>
1033. 101AL3 (Items 1001 tillu 1003 plus 1030) (Faye 2, Item 10)	-	-

 $<sup>^{\</sup>ast}\,$  As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF

\_ OF THE REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	31,878,599	31,840,194
1.2 Additional amount required by Section 4706(a)(1)	159,924	159,924
1.3 Total claims payable	32,038,523	32,000,118
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		
Ceded reinsurance premiums payable		
6. Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
Payable for securities     Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	_	
11. Accounts payable (Schedule G, NY12)	392,374	358,979
12. Claim stabilization reserve	4,414,941	4,727,182
13. Unearned premiums	1,111,011	1,727,102
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	36,845,838	37,086,279
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	81,021,211	54,037,624
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	13,480,093	12,571,430
22. Total capital and surplus (Lines 17 to 21)	94,501,304	66,609,055
23. Total liabilities, capital, and surplus (Lines 16 + 22)	131,347,142	103,695,334
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.		
<b>FUNDS</b> 1701 1702.		
1701.		
1701 1702		
1701		
1701. 1702. 1703. 1704.	-	
1701. 1702. 1703. 1704. 1705.	-	-

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.

<sup>\*\*</sup> 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. Member Months	1 Total 361,052	2 Total 362,131	3 Total 482,644	4 PMPM XXX	5 PMPM XXX
2. Net premium income: 2.1 Basic	141,540,973	131,894,356	176,000,022	392.02	364.66
2.2 Drugs 2.3 Total	60,660,417 202,201,390	56,526,153 188,420,509	75,428,581 251,428,603	168.01 560.03	156.28 520.94
Change in unearned premium reserves and reserve for rate credits:	202,201,000	100,420,303	231,420,003		
3.1 Basic 3.2 Drugs	-	-		-	-
3.3 Total     Aggregate write-ins for other health care related revenues	245,708	(256,936)	(254,197)	0.68	(0.53
5. Non-health revenues	1,697	23,984	24,263	XXX	XXX
5. Total revenues (Items 2 to 5)	202,448,795	188,187,557	251,198,670	560.72	520.46
Hospital and Medical: . Hospital/medical benefits	60,182,347	68,408,263	88,872,421	166.69	184.14
Other professional services	45,086,060	49,551,655	66,459,819	124.87	137.70
Outside referrals     Emergency room and out-of-area	6,099,192	6,657,042	8,773,928	16.89	18.18
Prescription drugs     Aggregate write-ins for other hospital and medical	51,794,495 1,781,875	52,541,244 7,205,447	69,931,418 5,310,842	143.45 4.94	144.8 11.0
Incentive pool, withhold adjustments and bonus amounts		-		-	-
Aggregate write-ins for other expenses     Subtotal (Lines 7 to 14)	(312,241) 164,631,728	443,083 184,806,734	389,124 239,737,551	(0.86) 455.98	0.8° 496.72
ess: 6. Net reinsurance recoveries	(497,991)	846,405	2,196,533	(1.38)	4.5
7. Total hospital and medical (Lines 15-16)	165,129,719	183,960,329	237,541,018	457.36	492.1
Claims adjustment expenses, including cost containment expenses     General administrative expenses		-	-	-	-
19.1 Compensation 19.2 Interest expense		-	-	-	-
19.3 Occupancy, depreciation, and amortization		-	-	-	-
19.4 Marketing 19.5 Professional Fees	36,514	84,830	111,131	0.10	0.23
19.6 Administration Fees 19.7 Consulting Fees	6,648,219	5,690,401	8,267,419	18.41	17.1
19.8 Aggregate write-ins for other administrative expenses	3,088,226	2,673,801	3,694,482	8.55	7.6
19.9 Total administrative expenses  O. Increase in reserves for A&H contracts	9,772,959	8,449,032	12,073,032	27.07	25.0
<ol> <li>Total underwriting deductions (Lines 17 to 20)</li> <li>Net underwriting gain or (loss) (Lines 6 - 21)</li> </ol>	174,902,678 27,546,117	192,409,361 (4,221,804)	249,614,050 1,584,620	484.43 76.29	517.1 3.2
3. Net investment income earned	346,133	(1,==1,001)	346,572	0.96	0.7
<ol> <li>Net realized capital gains or (losses) less capital gains taxes</li> <li>Net investment gains or (losses) (Lines 23 + 24)</li> </ol>	346,133	-	346,572	0.96	0.7
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)	27,892,250	(4,221,804)	1,931,192	77.25	4.00
28. Federal income taxes incurred 29. Net income (loss) (Lines 27 - 28)	27,892,250	(4,221,804)	- 1,931,192	77.25	4.00
1401. <u>Change in Non-Admitted Receivables</u> 1402	245,708	(256,936)	(254,197)	0.68 - - -	(0.53 - - -
04050498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-		-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	245,708	(256,936)	(254,197)	1	(*
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER					
HOSPITAL AND MEDICAL 1201. Other Hospital and Medical	2,813,142	2,652,651	2,794,747	7.79	5.79
202. Change in Claims Payable 203.	(1,031,267)	4,552,796	2,516,095	(2.86)	5.2
204.		-	-	-	-
205 298. Summary of remaining write-ins for Item 12 from overflow page	_	-	-		-
299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	1,781,875	7,205,447	5,310,842	5	1.
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER					
EXPENSES 401. Change in Stabilization Reserve	(312,241)	443,083	389,124	(0.86)	0.8
402.		-	-	-	-
404.		-	-	-	-
1405 1498. Summary of remaining write-ins for Item 14 from overflow page	_	-	-		-
499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	(312,241)	443,083	389,124	(1)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER					
9.801. PCORI and Reinsurance Fees	75,249	73,159	73,159	0.21	0.1
9.802. Covered Lives Assessment 9.803. AEA Fees	2,910,636 61,808	2,938,400 71,741	3,917,442 98,068	8.06 0.17	8.13 0.2
9.804. Miscellaneous Expenses 9.805. Prior Year Claims Adjustment	5,868	30,797	46,109 (473,220)	0.02	0.1
9.898. Summary of remaining write-ins for Item 19.8 from overflow page	34,665	(473,220) 32,924	32,924	0	. (
9.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	3,088,226	2,673,801	3,694,482	9	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER					
NCOME OR EXPENSES			_	-	_
					-
1601. 1602. 1603.			-	_	-
2602. 2603. 2604.			-	-	-
2602. 2603.	-	-	-	- - -	

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

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	66,609,054	64,677,863
GAINS AND LOSSES TO CAPITAL & SURPLUS:	33,332,333	
31. Net income or (loss) from Line 29	27,892,250	1,931,192
32. Change in valuation basis of aggregate policy and claim reserve	27,002,200	1,001,102
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)	908.663	(99,568)
43. Change in retained earnings/fund balance	908,003	(99,508)
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	(000,000)	00.500
	(908,663)	99,568
<ul><li>47. Net change in capital and surplus (Lines 31 to 46)</li><li>48. Capital and surplus end of reporting period (Line30 + 47)**</li></ul>	27,892,250 94,501,304	1,931,192 66.609.054
46. Capital and surplus end of reporting period (Lineso + 47)	94,501,504	00,009,004
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.	\$ (908,663)	\$ 99,568
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	(908,663)	99,568

<sup>\*</sup> As reported on Prior Year End filed Annual Statement. \*\* Must agree with Page NY 3 Line 22

OF THE

STATEMENT AS OF

### GENERAL INTERROGATORIES (Continued)

11. a)	Wha	t is the percentage that the MCHBP uses for its claims payable reserve?		Hospital	and Medical	Prescription 5%
b)		percentage used for claims payable reserve equal to the <u>minimum</u> requirement of 25% as per				
		ance Law § 4706(a)(1)?		Yes [ ]	No [X]	Yes [ ] No [X
c)		s "No", did the MCHBP file a request to use a lower percentage with the Department of Financial ces as per Insurance Law § 4706(a)(1)?		Yes [X]	No [ ]	Yes [X] No [
d)	If c) i	s "Yes", answer the following: 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:				-
13. a)		the MCHBP's prior year's annual statement amended?		Yes[]		- No [ X ]
b)	If yes	s, furnish the following information regarding the last amendment to the prior year's annual statement with the MCHBP's state of domicile		,		[]
	i)	Amendment number				
	ii)	Date of amendment				
14	,					
14.		the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate nittees thereof?		Yes [X]		No [ ]
15. a)	Wha	t is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of g	overn	ment, if an	y?	\$0
b)		ne name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditt matters before legislative bodies, officers or departments of government during the period covered by this statement.	ıres ir	connection	n	
	with	1 2				
		Name Amount Paid				
16. a)		the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 9	0 days	Yes[]		No [X]
b)	If a)	s "Yes", provide the following:				
	i)	Anticipated date of distribution.	Date:	N/A		]
	ii)	Anticipated amount of distribution.		N/A		]
17. a)		the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by 15(d)(5)(B) of the New York Insurance Law?		Yes [X]		No [ ]
b)	If a)	s "Yes", answer the following:				
	i)	When was the request filed with the Department of Financial Services?	Date:		10/26/17	<del>-</del>
	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)	s "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Servi	ces:			
,	ŕ					
18. a)	Does	the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?		Yes [X]		No [ ]
b)		s "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?		Yes[]		No [ ]
c)		s "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)	,	s "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correc	t this	/iolation?		
9. 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 Ser Insurance Regulation No. 118 (11NYCRR 89.4(c))?	vices	Yes[]		No [ ]
	ii)	If answer is No, please attach the required notifications to this submission. In addition, please provide the following informat	ion foi		PA:	
	iii)	Name				
	iv)	Address				
	,	Talanhara Mirahara				
	v)	Telephone Number				
	vi)	Email Address				

#### SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	l 8	9
Description	Code	Date Acquired	Rate of Interest		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	7000	XXX	7000	XXX	XXX	7007	7000	77,155,083
M & T - Savings		XXX		XXX	XXX	116		461,007
JPMorgan Chase - Savings		XXX		XXX	XXX	24		746,313
or ivioligan criase - davings		XXX		XXX	XXX	24		740,515
		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	140	-	78,362,403
0299999 Cash in Company's Office 0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	XXX 140	XXX -	78,362,403
Description Cash Equivalent	XXX	XXX	xxx	xxx	XXX	XXX	XXX	XXX
Rashp II Required Cash Advance with Excellus								4,680,200
0499999 Total Cash Equivalent 0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 140	\$ -	4,680,200 \$ 83,042,603
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

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	Carrying Value	Acquired	Maturity Date
9127963K3	UNITED STATES TREASURY BILLS DTD 6/18/20 DUE 12/17/20						
	CUSIP: 9127963K3	18,000,000	17,989,140	17,996,439	17,989,140	6/18/2020	12/17/2020
9127963J6	UNITED STATES TREASURY BILLS DTD 9/11/20 DUE 12/10/20 CUSIP: 9127963j6	20,000,000	19,996,250	19,996,305	19,996,250	9/10/2020	12/10/2020
	COSIF. 912/903J0						
0199999	Total bonds	\$ 38,000,000	\$ 37,985,390	\$ 37,992,744	\$ 37,985,390	XXX	XXX
1 CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted	8 Date
Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
						-	
0299999 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				
0399999	Total Common Stocks		XXX	\$ -	\$ -	\$ -	XXX
0499999	Total Common & Preferred Stocks			\$ -	\$ -	\$ -	XXX

Ro	ochester Area School Health Plan II Municipal Cooperative Health Benefit
	Plan
	(Name)

# STATEMENT AS OF September 30, 2020 (Quarter Ending)

# SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

OF THE

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	2,658,097				-	\$ 2,658,097
Hilton CSD	978,234	975,693			-	1,953,927
Monroe 1 BOCES	1,732,788				-	1,732,788
Pittsford CSD	1,758,970	5,003	3,563	11,228	11,228	1,767,536
Rush-Henrietta CSD	1,445,378				-	1,445,378
					-	-
					-	-
					-	-
					-	-
					-	-
0400000 Individually Listed Descrively	0.570.407	000 000	2.502	44 000	- 44 220	0.557.700
0199999 Individually Listed Receivables	8,573,467	980,696	3,563	11,228	11,228	9,557,726
					-	
0299999 Receivables Not Individually Listed	\$ 766,982		\$ (5,559)			761,423
0299999 Neceivables Not individually Listed	γ 700,902		(0,009)		-	101,423
0399999 Gross Premiums Receivable	9,340,449	980,696	(1,996)	11,228	11,228	10,319,149
SSSSSS CISSS I ISINIANIO I RESERVADIO	0,010,110	000,000	(1,000)	11,220	11,220	10,010,110
0499999 Less Allowance for Doubtful Accounts						
o 100000 2000 / Monarioo for Boastiai / 1000airito						
0599999 Premiums Receivable					11,228	10,319,149

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

A					F	G	Н
			Claims Ung	oaid at End	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	7,760,632	61,832,040	-	16,843,644	7,760,632	16,801,639	9,041,007
2. Drug Claims	(922,590)	52,717,086	-	3,690,196	(922,590)	3,503,767	4,426,357
3. Other	3,127,866	41,645,953	_	11,344,759	3,127,866	11,534,788	8,406,922
4. TOTAL	9.965.908	156.195.079	_	31.878.599	9.965.908	31.840.194	21.874.286

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	September 30, 2020	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	320,789					320,789
Excellus - Admin Fees	35,844	35,741				71,585
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	356,633	35,741				392,374
0 199999 Total Accounts Payable - Individually Listed	330,033	33,741	-	-	-	392,374
0299999 Aggregate Accounts Not Individually Listed - Due						
7233333 Aggregate Accounts Not mulvidually Listed - Duc						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	356,633	35,741	-	-	-	392,374

OF THE

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

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

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

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

A	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	15,027	15,074	14,993	14,826	

#### 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	40,152	40,317	40,085	39,712	

September 30, 2020 (Quarter Ending)

OF THE

#### 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
14,826
Yes
5.0%
269,601,853
13,480,093
12,571,430
13,480,093

	l otal	l otal	l otal	PMPM	PMPM
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 8 FOR INVESTED ASSETS					
0806.				XXX	xxx
0807.				XXX	XXX
0808.				XXX	XXX
0809.				XXX	XXX
0810.				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	XXX	XXX
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				·	
ITEM 16 FOR OTHER THAN INVESTED ASSETS				·	
				1	ı

ITEM 16	FOR OTHER 1	THAN INVESTED ASSETS						
1606.							XXX	XXX
1607.			_				XXX	XXX
1608.							XXX	XXX
1609.							XXX	XXX
1610.							XXX	XXX
1698. T	OTALS (Items 1	606 thru 1610)		-	-	-	XXX	XXX
Page N'	Y 3							
DETAIL	S OF ADDITION	NAL WRITE-INS AGGREGATED AT						

ITEM 10	FOR OTHER I	LIABILITIES					
1006.						XXX	XXX
1007.						XXX	XXX
1008.						XXX	XXX
1009.						XXX	XXX
1010.						XXX	XXX
1098. T	OTALS (Items 1	006 thru 1010)	-	-	-	XXX	XXX
	·						
		NAL WRITE-INS AGGREGATED AT					

ITEM 1	5 FOR CURREN	T LIABILITIES				
1506.					XXX	XXX
1507.					XXX	XXX
1508.					XXX	XXX
1509.					XXX	XXX
1510.					XXX	XXX
1598. T	OTALS (Items 1	506 thru 1510)	-	-	XXX	XXX
	,	,				

Page N1 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

DETAIL	S of addition	IAL WRITE-INS AGGREGATED AT						ı
ITEM 4	FOR OTHER HE	EALTH CARE RELATED REVENUES						l
0406.						-	-	ı
0407.						-	-	ı
0408.						_	_	ı
0409.						-	-	ı
0410.						-	-	ı
0498. T	OTALS (Items 0	406 thru 0410)	_	-	-	-	-	ı
		<u>'</u>						ı
Page N	Y 4							ı
DETAIL	S OF ADDITION	IAL WRITE-INS AGGREGATED AT						l

ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1206.			-	-
1207.				-
1208.			•	-
1209.			•	-
1210.			•	-
1298. TOTALS (Items 1206 thru 1210)	-	-	١	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				-
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES			-	-
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES 1406.			-	-

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. Liability and Fiduciary Insurance	34.665	32,924	32.924	0	0
19.807	34,003	32,924	32,324	-	-
19.808.				•	-
19.809.				-	-
19.810 19.898. TOTALS (Items 19.806 thru 19.810)	34.665	32,924	32,924	-	- 0
10.000. 10 11.20 (1.0110 10.000 11.11 10.010)	01,000	02,021	02,021		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					

ITEM 26	FOR OTHER IN	NCOME OR EXPENSES					
2606.						-	-
2607.		-				-	-
2608.						-	
2609.						-	
2610.						-	
2698. TO	OTALS (Items 26	606 thru 2610)	-	-	-	-	-

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.

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

STATEMENT AS OF September 30, 2020

	Current Quarter	Previous Year *
	1	3
	Total	Total
age NY5		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
EM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
506.		
507.		
508.		
509.		
510.		
598. TOTALS (Items 4506 thru 4510)	_	
,		
age NY5		
age NY5 FTAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 46 FOR GAINS OR (LOSSES) IN SURPLUS 06		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT  EM 46 FOR GAINS OR (LOSSES) IN SURPLUS  107.  108.		
age NY5 ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT 'EM 46 FOR GAINS OR (LOSSES) IN SURPLUS 306. 507. 608. 309.		

<sup>\*</sup> As reported on Prior Year End filed Annual Statement.