# 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, 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

2019 Revision -- (10/11/19 Edition)

# QUARTERLY STATEMENT

FOR THE QUARTER ENDING

September 30, 2019

OF THE CONDITION AND AFFAIRS OF

#### Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

(Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP:	January 1, 2018		
Commenced Business:	January 1, 2004		
Mailing Address:	3599 Big Ridge Rd, Spencerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Rd, Spencerport, NY 14559		
Telephone Number:	585 352-2400 Employer's ID Num	ber: <u>82-273</u>	38684
Principal Location of Books and Records:	3599 Big Ridge Rd, Spencerport, NY 14559		
Name of Administrator:			
Name of Statement Contact Person:	Mary Beth Luther		
Statement Contact Person E-mail	mluther@monroe2boces.org	Telephone Number: 585 35	52-2441
Service Areas (Counties):			
	OFFICERS	*	
President:	Scott Covell	Other Officers: Vice C	hairperson: John Abbott
Secretary:	Lou Alaimo	Deputy	y Treasurer: Mary Beth Luther
Chief Financial Officer:	Steve Roland		
	GOVERNING B	DARD*	
Name	<u>Title</u>		<u>Municipality</u>

Hame	1100
Scott Covell	Chairperson
Steve Roland	Treasurer
Lou Alaimo	Secretary
Darrin Winkley	Director
Frank Nardone	Director
John Abbott	Director
David Green	Director
Matthew Stevens	Director
Lauren Poehlman	Director
Romeo Colilli	Director
Scott Massie	Director
Bruce Capron	Director
Mark Sansouci	Director
Darrin Kenney	Director
Andrew Whitmore	Director
Rick Wood	Director
Brian Freeman	Director
James Brennan	Director
Jessica Jackson	Director
Charlotte Kimberly-Haag	Director
Kathy Occhioni	Director
Dwayne Cerbone	Director
Scott Steinberg	Director
Bill Gregory	Director

Municipality	
Monroe I BOCES	
Monroe 2 - Orleans BOCES	
Brighton Central School District	
Brockport Central School District	
Churchville-Chili Central School District	
East Irondequoit Central School District	
East Rochester Union Free School District	
Fairport Central School District	
Gates Chili Central School District	
Greece Central School District	
Hilton Central School District	
Honeoye Falls-Lima Central School District	
Penfield Central School District	
Pittsford Central School District	
Rush-Henrietta Central School District	
Spencerport Central School District	
Webster Central School District	
West Irondequoit Central School District	
Wheatland-Chili Central School District	
Brighton Central School District	
Churchville-Chili Central School District	
Pittsford Central School District	
West Irondequoit Central School District	
SANNYS	

STATE OF New York

# COUNTY OF Monroe

Scott Covell Steve Roland records of the MCHBP) of the and says that they are the above described offici assets were the absolute property of the said M this Statement, together with related exhibits, so statement of all the assets and liabilities and of t its income and deductions therefrom for the peri	Rochester Area School Heal cers of the said MCHBP, and CHBP, free and clear from a chedules and explanations the the condition and affairs of the	any liens or claims thereon, e herein contained, annexed or he said MCHBP as of the rep	ve Health Benefit Plan stated above, all of the h xcept as herein stated, al referred to is a full and tr porting period stated abov	nd that rue re, and of	or himself deposes
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	nber		
		(ii) date filed			

(iii) number of pages attached

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

2019 Revision - (10/11/19 Edition)

STATEMENT	۵S	OF
STATEMENT	70	0

September 30, 2019 (Quarter Ending)

### REPORT #1 - PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	35,499,005	-
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	54 004 005	
4.1 Cash (Schedule A Line 0399999, Page NY 8)	54,264,965	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)	58,581,865	87,016,181
5. Premiums receivable (Schedule C, NY 10)	6,395,123	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)	100,475,993	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		
<ol> <li>Electronic data processing equipment and software</li> </ol>		
<ol> <li>Furniture and equipment, including health care delivery assets</li> </ol>		
<ol> <li>Further and equipment, including health care delivery assets</li> <li>Health care and other amounts receivable</li> </ol>		
<ol> <li>Aggregate write-in for other than invested assets</li> </ol>		
17. Total Assets(Lines 9 to 16)	100,475,993	99,440,864
17. Total Assets(Lines 9 to To)	100,475,995	99,440,004
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		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

OF THE

STATEMENT AS OF	September 30, 2019 (Quarter Ending)	OF THE	Plan (Name)	
	REPORT #1 — PART B:	LIABILITI	ES AND SURPLUS	
			Current Quarter	Previous Year *
			1 Total	2 Total
1.1 Unpaid claims (Schedule	e F Line 4, Col D + E, Page NY 11)		24,378,589	18,792,064
1.2 Additional amount requir	red by Section 4706(a)(1)		10,532,036	10,532,036
1.3 Total claims payable			34,910,625	29,324,100
2. Premiums received in ac	lvance			
<ol> <li>General expenses due o</li> </ol>				-
	ax payable and interest thereon			
4.2 Net deferred tax liability				
<ol> <li>Ceded reinsurance prem</li> </ol>	niums navable			
	ained for the account of others			
<ol> <li>Anounts wanneld of lote</li> <li>Borrowed money and int</li> </ol>				
<ol> <li>Borrowed money and ma</li> <li>Payable for securities</li> </ol>				
9. Funds held under reinsu	rance treaties			
10. Aggregate write-ins for o				
11. Accounts payable (Sche			328,167	1,100,843
12. Claim stabilization reserv				
	/e		4,781,141	4,338,058
13. Unearned premiums				-
14. Loans and notes payable				-
15. Aggregate write-ins for c			-	
16. Total liabilities (Lines 1.3			40,019,934	34,763,001
17. Aggregate write-ins for s			-	•
<ol><li>Gross paid-in and contribution</li></ol>				· · · · · · · · · · · · · · · · · · ·
19. Unassigned funds (surpl	us)		47,785,061	52,006,865
20. Surplus notes				•
21. Surplus per Section 470			12,670,998	12,670,998
22. Total capital and surplus			60,456,059	64,677,863
<ol> <li>Total liabilities, capital, ar</li> </ol>	nd surplus (Lines 16 + 22)		100,475,993	99,440,864
1003. 1004. 1005. 1098. Summary of remaining	g write-ins for Item 10 from overflow page thru 1005 plus 1098) (Page 3, item 10)			
DETAILS OF WRITE-INS AG LIABILITIES 1501.	GGREGATED AT ITEM 15 FOR CURRENT			
1502.				
503.				
504.				
505.				
	write-ins for Item 15 from overflow page		-	
599. TOTALS (Items 1501 t	thru 1505 plus 1598) (Page 3, item 15)		-	
<b>UNDS</b> 701. 702.	GGREGATED AT ITEM 17 FOR SPECIAL SU	IRPLUS		
703				
704.				
1705.				
798. Summary of remaining	write-ins for Item 17 from overflow page thru 1705 plus 1798) (Page 3, item 17)		-	

\* As reported on Prior Year End filed Annual Statement.

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

September 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 Tatal	2 Tatal	3	4	5
1. Member Months	Total 362,131	Total 364,650	Total 485,867	PMPM XXX	PMPM XXX
2. Net premium income: 2.1 Basic	131,894,356	133,074,281	177,393,967	364.22	365.11
2.2 Drugs	56,526,153	57,031,835	76,025,986	156.09	156.47
<ol> <li>2.3 Total</li> <li>Change in unearned premium reserves and reserve for rate credits:</li> </ol>	188,420,509	190,106,116	253,419,953	520.31	521.58
3.1 Basic 3.2 Drugs	-	-	-	-	-
3.3 Total	- (256,936)	2,316,664	-	- (0.71)	- 4.77
<ol> <li>Aggregate write-ins for other health care related revenues</li> <li>Non-health revenues</li> </ol>	(256,936) 23,984	2,316,664	2,318,754 34,789	(0.71) XXX	4.77 XXX
6. Total revenues (Items 2 to 5)	188,187,557	192,447,505	255,773,496	519.67	526.43
Hospital and Medical:					
7. Hospital/medical benefits	68,408,263	54,693,690	73,337,912	188.90	150.94
<ol> <li>Other professional services</li> <li>Outside referrals</li> </ol>	49,551,655	49,128,577	65,257,382	136.83	134.31
10. Emergency room and out-of-area 11. Prescription drugs	6,657,042 52,541,244	6,081,631 48,952,147	7,959,510 66,523,979	18.38 145.09	16.38 136.92
12. Aggregate write-ins for other hospital and medical	7,205,447	324,027	5,316,498	19.90	10.94
<ol> <li>Incentive pool, withhold adjustments and bonus amounts</li> <li>Aggregate write-ins for other expenses</li> </ol>	443,083	29.456	- 141,943	- 1.22	- 0.29
15. Subtotal (Lines 7 to 14)	184,806,734	159,209,528	218,537,224	510.33	449.79
16. Net reinsurance recoveries	846,405	(1,208,485)		2.34	(2.86
<ol> <li>Total hospital and medical (Lines 15-16)</li> <li>Claims adjustment expenses, including cost containment expenses</li> </ol>	183,960,329	160,418,013	219,927,684	507.99	452.65
19. General administrative expenses			-	-	-
19.1 Compensation 19.2 Interest expense			-	-	-
19.3 Occupancy, depreciation, and amortization 19.4 Marketing			-	-	-
19.5 Professional Fees	84,830	24,655	34,999	0.23	0.07
19.6 Administration Fees 19.7 Consulting Fees	5,690,401	<u>5,938,654</u> 19,156	8,130,550 19,156	15.71	16.73 0.04
19.8 Aggregate write-ins for other administrative expenses	2,673,801	2,942,634	3,915,747	7.38	8.06
19.9 Total administrative expenses 20. Increase in reserves for A&H contracts	8,449,032	8,925,098	12,100,452	- 23.33	
21. Total underwriting deductions (Lines 17 to 20)	192,409,361	169,343,111	232,028,136	531.33	477.55
<ol> <li>Net underwriting gain or (loss) (Lines 6 - 21)</li> <li>Net investment income earned</li> </ol>	(4,221,804)	23,104,394	23,745,361	(11.66) -	48.87
<ol> <li>Net realized capital gains or (losses) less capital gains taxes</li> <li>Net investment gains or (losses) (Lines 23 + 24)</li> </ol>			-	-	-
26. Aggregate write-ins for other income or expenses	-	-	-	-	-
<ol> <li>Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)</li> </ol>	(4,221,804)	23,104,394	23.745.361	(11.66)	48.87
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(4,221,804)	23,104,394	23,745,361	(11.66)	48.87
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0401. Change in Non-Admitted Receivables	(256,936)	2,316,664	2,318,754	(0.71)	4.77
04020403.		-			-
0404		-		-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	(256,936)	2,316,664	2,318,754	(1)	5
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL 1201. Other Hospital and Medical	2,652,651	1,912,119	2,600,095	7.33	5.35
1202. Change in Claims Payable	4,552,796	(1,588,092)	2,716,403	12.57	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)	7,205,447	324,027	5,316,498	20	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	443,083	29,456	141,943	1.22	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)	443,083	29,456	141,943	1	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees 19.802. Covered Lives Assessment	73,159 2,938,400	7,403 2,866,195	7,403 3,811,675	0.20	0.02
19.803. AEA Fees	71,741	62,596	90,229	0.20	0.19
19.804. Miscellaneous Expenses 19.805. Prior Year Claims Adjustment	<u>30,797</u> (473,220)	6,440	6,440	0.09 (1.31)	0.01
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	32,924	-	-	0	-
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	2,673,801	2,942,634	3,915,747	7	8
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					_
2602.		-		-	-
2603 2604.		-		-	-
2605. 2698. Summary of remaining write-ins for Item 26 from overflow page	-	-			

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September 30, 2019 (Quarter Ending)

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

\_\_\_OF THE \_\_\_

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
<ol> <li>Capital and surplus prior reporting year</li> </ol>	64,677,863	40,932,502
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(4,221,804)	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)	(4,221,804)	23,745,361
48. Capital and surplus end of reporting period (Line30 + 47)**	60,456,059	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		(04.4.7.1)
4601. Change in Surplus	\$	(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)	-	(814,471)

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

STATEMEN	NT AS OF	September 30, 2		OF THE	Rochester Area School Health	Plan	ve Health Benefit
		(Quarter Endin		L INTERROGATORIE	s	(Name)	
1. a)		change been made since the last repo nt; plan document or the number of pa				Yes [ ]	No [ X ]
b)	-	when was the filing request to change				Date:	
	i)	If "approved", when was the filing rec	uest approved?			Date: Date:	
						Date: Date:	
	ii)	If not "approved" yet, what is the state	us of the filing request an	d the status date?		Date	
					-	Date: Date: Date:	N/A
c)	lf "Yes", a	ttach current copies of the documents	s if they have not been pr	eviously submitted.			
2.a) b)		of what date the latest financial examination as of date that the latest financial examination of the second s		-		Date:	05/30/19
2)		This date should be the date of the e				Date:	12/31/18
3. a)		erson, while an officer, director or trus vered by this statement, any commiss				Yes [ ]	No [ X ]
b)	lf "Yes", g	ive particulars:					
						_	
4. a)	Was mon	ey loaned, directly or indirectly, during	g the period covered by th	nis report to any employe	e, officer, or director of the	-	
	MCHBP?	If "Yes", please complete the schedu	le below.			Yes [ ]	No [X]
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	Amount of Loan Principal Outstanding at Quarter End	Date Original Loan Was Issued
					Amount		
	[	Totals					
b)		ey loaned, directly or indirectly, prior t e, officer, or director of the MCHBP? If			nt still outstanding, to any	Yes [ ]	No [ X ]
	[				3	4 Amount of Loan	5 Date Original
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
		<b>T</b> +					
5. a)	-	Totals al officer of the MCHBP covered by a	fidelity bond?			Yes [X]	No [ ]
5. a) b)	Is the fisc					Yes [X]	No [ ]
,	Is the fisc If "Yes", g	al officer of the MCHBP covered by a	amount of coverage:			Yes [ X ]	No[]
,	Is the fisc If "Yes", g	al officer of the MCHBP covered by a ive name of the surety company, and	amount of coverage:			Yes [X]	No [ ]
,	Is the fisc If "Yes", g	al officer of the MCHBP covered by a ive name of the surety company, and	amount of coverage: - \$5,000,000	ng period in the actual po	ssession of the	Yes [X] Yes [X]	No[]
b) 6. a) b)	Is the fisc If "Yes", g Traveller! Were all t MCHBP c If "No", gi	al officer of the MCHBP covered by a ive name of the surety company, and <u>s Casualty and Surety Co of America</u> <u>s Casualty and Suret</u>	amount of coverage: - <u>\$5,000,000</u> s owned as of the reportin				
b) 6. a)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gi Excluding were all s with a que	al officer of the MCHBP covered by a ive name of the surety company, and <u>s Casualty and Surety Co of America</u> <u>s Casualty and Surety Co of America</u> the stocks, bonds, and other securities on the said date? ve location: real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accor	amount of coverage: - \$5,000,000 - sowned as of the reporting N/A wiscally in the reporting er ned throughout the current dance with Section 1, III -	ntity's offices, vaults or sa nt year held pursuant to a - General Examination C	ifety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o	Yes [ X ]	
b) 6. a) b)	Is the fisc If "Yes", g Traveller! Were all t MCHBP c If "No", gir Excluding were all s with a que Critical Fu	al officer of the MCHBP covered by a ive name of the surety company, and <u>s Casualty and Surety Co of America</u> <u>s Casualty and Surety Co of America</u> <u>he stocks, bonds, and other securities</u> , <u>s Casualty and Surety Co of America</u> <u>s Casualty and S</u>	amount of coverage: \$5,000,000 s owned as of the reporting N/A rsically in the reporting er ned throughout the current dance with Section 1, III - prements of the NAIC <i>Fi</i>	ntity's offices, vaults or sant year held pursuant to a - General Examination C nancial Condition Examin	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o ters Handbook?	Yes [X] - of Yes [X]	
b) 6. a) b) 7. a)	Is the fisc If "Yes", g Traveller! Were all t MCHBP c If "No", gir Excluding were all s with a que Critical Fu	al officer of the MCHBP covered by a ive name of the surety company, and <u>s Casualty and Surety Co of America</u> <u>s Casualty and Surety Co of America</u> <u>s Casualty and Surety Co of America</u> <u>s Casualty and Surety Co of America</u> the stocks, bonds, and other securities, ureal estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in according anctions, Custodial or Safekeeping Ag- ements that conform to the requirement <u>1</u>	amount of coverage: - <u>\$5,000,000</u> - <u>\$5,000,000</u> - s owned as of the reporting 	ntity's offices, vaults or sant year held pursuant to a - General Examination C nancial Condition Examin	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o ters Handbook?	Yes [X] - of Yes [X]	No [ ]
b) 6. a) b) 7. a)	Is the fisc If "Yes", g Traveller! Were all t MCHBP c If "No", gir Excluding were all s with a que Critical Fu	al officer of the MCHBP covered by a ive name of the surety company, and s Casualty and Surety Co of America casualty and Surety Co of America and the stocks, bonds, and other securities on the said date? ve location: u real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in according inctions, Custodial or Safekeeping Ager ements that conform to the requirement 1 Name of Custodian(s) M & T Bank. JPMorgan Chase Bank	amount of coverage: - \$5,000,000 - \$5,000,	titly's offices, vaults or sa nt year held pursuant to a - General Examination C <i>inancial Condition Examin</i> Condition Examiners Ha NY 14614 Rochester, NY 14604	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o ners Handbook? ndbook, complete the following	Yes [X] - of Yes [X]	No [ ]
b) 6. a) b) 7. a)	Is the fisc If "Yes", g Traveller! Were all t MCHBP c If "No", gir Excluding were all s with a que Critical Fu	al officer of the MCHBP covered by a ive name of the surety company, and s Casualty and Surety Co of America. A casualty and Surety Co of America. the stocks, bonds, and other securities on the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accor unctions, Custodial or Safekeeping Ac iments that conform to the requirement 1 Name of Custodian(s) M & T Bank	amount of coverage: - \$5,000,000 - \$5,000,	htity's offices, vaults or sa nt year held pursuant to a - General Examination C nancial Condition Examin Condition Examiners Ha NY 14614	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o ners Handbook? ndbook, complete the following	Yes [X] - of Yes [X]	No [ ]
b) 6. a) b) 7. a)	Is the fisc If "Yes", g Traveller! Were all t MCHBP c If "No", gir Excluding were all s with a que Critical Fu	al officer of the MCHBP covered by a ive name of the surety company, and s Casualty and Surety Co of America casualty and Surety Co of America and the stocks, bonds, and other securities on the said date? ve location: u real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in according inctions, Custodial or Safekeeping Ager ements that conform to the requirement 1 Name of Custodian(s) M & T Bank. JPMorgan Chase Bank	amount of coverage: - \$5,000,000 - \$5,000,	titly's offices, vaults or sa nt year held pursuant to a - General Examination C <i>inancial Condition Examin</i> Condition Examiners Ha NY 14614 Rochester, NY 14604	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o ners Handbook? ndbook, complete the following	Yes [X] - of Yes [X]	No [ ]
b) 6. a) b) 7. a)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a qua Critical Fu For agree	al officer of the MCHBP covered by a ive name of the surety company, and s Casualty and Surety Co of America casualty and Surety Co of America and the stocks, bonds, and other securities on the said date? ve location: u real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in according inctions, Custodial or Safekeeping Ager ements that conform to the requirement 1 Name of Custodian(s) M & T Bank. JPMorgan Chase Bank	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- ned throughout the currend dance with Section 1, III - preements of the NAIC Financial - Custodian's Address 28 E Main St Rochester, 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent	titly's offices, vaults or sa nt year held pursuant to a - General Examination C <i>inancial Condition Examin</i> Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o ners Handbook ? ndbook, complete the following	Yes [ X ] - Yes [ X ] ;	No [ ]
b) 6. a) b) 7. a) b)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a qua Critical Fu For agree	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America. Casualty and Surety Co of America. The stocks, bonds, and other securities on the said date? ve location: real estate and investments held phy tocks, bonds and other securities, ow alfied bank or trust company in accor- nuctions, Custodial or Safekeeping Ac- ments that conform to the requirement Name of Custodian(s) M & Morgan Casua Bank JPMorgan Securities LLC reements that do not conform to the n nd a complete explanation: 1 Name(s)	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- ned throughout the currend dance with Section 1, III - preements of the NAIC Financial - Custodian's Address 28 E Main St Rochester, 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent	titly's offices, vaults or sa nt year held pursuant to a - General Examination C <i>inancial Condition Examin</i> Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ters Handbook</i> ? ndbook, complete the following 0001	Yes [ X ] - Yes [ X ] ;	No [ ]
b) 6. a) b) 7. a) b)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a qua Critical Fu For agree	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America. Casualty and Surety Co of America. Casualty and Surety Co of America. The stocks, bonds, and other securities in the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accor inctions, Custodial or Safekeeping Ac ments that conform to the requirement 1 Name of Custodian(s) M & T Bank. JPMorgan Chase Bank JPMorgan Securities LLC reements that do not conform to the n nd a complete explanation: 1	amount of coverage: - \$5,000,000 - \$5,000,	htity's offices, vaults or sa nt year held pursuant to a General Examination C <i>nancial Condition Examin</i> Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0 Financial Condition Exar	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ters Handbook</i> ? ndbook, complete the following 0001	Yes [ X ] - Yes [ X ] ;	No [ ]
b) 6. a) b) 7. a) b)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a qua Critical Fu For agree	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America. Casualty and Surety Co of America. The stocks, bonds, and other securities on the said date? ve location: real estate and investments held phy tocks, bonds and other securities, ow alfied bank or trust company in accor- nuctions, Custodial or Safekeeping Ac- ments that conform to the requirement Name of Custodian(s) M & Morgan Casua Bank JPMorgan Securities LLC reements that do not conform to the n nd a complete explanation: 1 Name(s)	amount of coverage: - \$5,000,000 - \$5,000,	htity's offices, vaults or sa nt year held pursuant to a General Examination C <i>nancial Condition Examin</i> Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0 Financial Condition Exar	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ters Handbook</i> ? ndbook, complete the following 0001	Yes [ X ] - Yes [ X ] ;	No [ ]
b) 6. a) b) 7. a) b)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a que Critical FL For agreee	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America. A casualty and Surety Co of America. The stocks, bonds, and other securities on the said date? ve location: real estate and investments held phy tocks, bonds and other securities, ow alfield bank or trust company in accor- nuctions, Custodial or Safekeeping Ac- ments that conform to the requirement 1 Name of Custodian(s) M & Morgan Chase Bank JPMorgan Securities LLC reements that do not conform to the r nd a complete explanation: 1 Name(s) N/A chase or sale of all investments of the	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- ned throughout the current dance with Section 1, III - preements of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester, 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent 	htity's offices, vaults or sant year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0 Financial Condition Exam 3 Complete Explanation(s	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ers Handbook</i> ? ndbook, complete the following 2001	Yes [ X ]         -         of         Yes [ X ]         ;:         name,         -         -	No[]
b) 6. a) b) 7. a) b)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", git Excluding were all s with a qua Critical Fu For agreee	al officer of the MCHBP covered by a ive name of the surety company, and s Casualty and Surety Co of America. Casualty and Surety Co of America. the stocks, bonds, and other securities in the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accor inctions, Custodial or Safekeeping Ac ments that conform to the requirement 1 Name of Custodian(s) M & T Bank. JPMorgan Chase Bank JPMorgan Chas	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- ned throughout the current dance with Section 1, III - preements of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester, 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent 	htity's offices, vaults or san t year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0 Financial Condition Exar 3 Complete Explanation(s) y either the Board of Gov	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ers Handbook</i> ? ndbook, complete the following 2001	Yes [ X ] - Yes [ X ] ;	No [ ]
b) 6. a) b) 7. a) b) c) 8. a)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a qua Critical Fu For agrees For agrees Is the pur committee If "No", sta Has any p	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America. A casualty and Surety Co of America. The stocks, bonds, and other securities in the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accor inctions, Custodial or Safekeeping Ac ments that conform to the requirement 1 Name of Custodian(s) M & T Bank JPMorgan Chase Bank JPMorgan Ch	amount of coverage: - \$5,000,000 - \$5,000,	htity's offices, vaults or sant year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0 Financial Condition Exam Complete Explanation(s 3 Complete Explanation(s 9 y either the Board of Gov	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing of <i>ers Handbook</i> ? ndbook, complete the following 0001	Yes [ X ]         -         of         Yes [ X ]         ;:         name,         -         -	No[]
b) 6. a) b) 7. a) b) c) c) 8. a) b) 9. a)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a quue Critical Fu For agrees	al officer of the MCHBP covered by a ive name of the surety company, and s Casualty and Surety Co of America. Casualty and Surety Co of America. the stocks, bonds, and other securities in the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accor inctions, Custodial or Safekeeping Ac imments that conform to the requirement 1 Name of Custodian(s) M & T Bank. JPMorgan Chase Bank JPMorgan Ch	amount of coverage: - \$5,000,000 - \$5,000,	htity's offices, vaults or sant year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-0 Financial Condition Exam Complete Explanation(s 3 Complete Explanation(s 9 y either the Board of Gov	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing of <i>ers Handbook</i> ? ndbook, complete the following 0001	Yes [ X ] - of Yes [ X ] : : name, ] ] Yes [ ]	No [ ]
b) 6. a) b) 7. a) b) c) c) 8. a) b) 9. a) b)	Is the fisc If "Yes", g Travellers Were all t MCHBP c If "No", gi Excluding were all s with a quu Critical Fu For agree	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America.	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- ned throughout the current dance with Section 1, III - preements of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester, 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent 	htity's offices, vaults or san t year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 ler, Brooklyn, NY 11245-0 Financial Condition Exar 3 Complete Explanation(s 3 Complete Explanation(s 4 y either the Board of Gov reasurer ed any claim of any natur	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ters Handbook</i> ? ndbook, complete the following 0001 niners Handbook, provide the t	Yes [ X ] - of Yes [ X ] : : name, ] ] Yes [ ]	No [ ]
b) 6. a) b) 7. a) b) c) c) 8. a) b) 9. a)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a quu Critical FL For agrees For all ag location a Is the pur committee If "No", st: Has any p MCHBP v If "Yes", g N/A Has the M	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America Casualty and Surety Co of America the stocks, bonds, and other securities in the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow alified bank or trust company in accon- nuctions, Custodial or Safekeeping Ac- ements that conform to the requirement 1 Name of Custodian(s) M & T Bank JPMorgan Chase Bank JPMorgan Securities LLC reements that do not conform to the r- nd a complete explanation: 1 NAME chase or sale of all investments of the e thereof? ate who has the authority: present or former officer, director or an which is not included in the financial st	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- ned throughout the current dance with Section 1, III - preements of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester, 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent 	htity's offices, vaults or san t year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 ler, Brooklyn, NY 11245-0 Financial Condition Exar 3 Complete Explanation(s 3 Complete Explanation(s 4 y either the Board of Gov reasurer ed any claim of any natur	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing o <i>ters Handbook</i> ? ndbook, complete the following 0001 niners Handbook, provide the t	Yes [ X ] - of Yes [ X ] : : name, ] ] Yes [ ]	No [ ]
b) 6. a) b) 7. a) b) c) c) 8. a) b) 9. a) b)	Is the fisc If "Yes", g Traveller's Were all t MCHBP c If "No", gir Excluding were all s with a quu Critical FL For agrees For all ag location a Is the pur committee If "No", st: Has any p MCHBP v If "Yes", g N/A Has the M entity dur	al officer of the MCHBP covered by a jive name of the surety company, and s Casualty and Surety Co of America Casualty and Surety Co of America all officer of the surety Co of America the stocks, bonds, and other securities in the said date? ve location: I real estate and investments held phy tocks, bonds and other securities, ow allified bank or trust company in according inctions, Custodial or Safekeeping Ac- iments that conform to the requirement 1 Name of Custodian(s) M & T Bank JPMorgan Chase Bank JPMorgan Chase Bank JPMorgan Chase Bank JPMorgan Chase Bank JPMorgan Chase Bank JPMorgan Securities LLC 1 Name(s) N/A chase or sale of all investments of the e thereof? ate who has the authority: present or former officer, director or an which is not included in the financial st ive details: 1 CHBP been subject to any administr- ing the reporting period? ive details (You need not report an according the security of the security	amount of coverage: - \$5,000,000 - \$ owned as of the reporting s owned as of the reporting er- med throughout the currer dance with Section 1, III - preements of the NAIC Financial 2 Custodian's Address 28 E Main St Rochester, 1 1 S Clinton Ave Floor 7, 4 Chase Metrotech Cent 	htity's offices, vaults or san t year held pursuant to a General Examination C nancial Condition Examin Condition Examiners Ha NY 14614 Rochester, NY 14604 er, Brooklyn, NY 11245-( Financial Condition Exam Financial Condition Exam Gomplete Explanation(s 3 Complete Explanation(s 4 y either the Board of Gov teasurer ed any claim of any natur lesist orders, fines or sus	fety deposit boxes, direct custodial agreement onsiderations, F. Outsourcing or <i>ers Handbook</i> ? ndbook, complete the following 0001 niners Handbook, provide the r	Yes [ X ]       -       of       Yes [ X ]       ;:       name,       ]       Yes [ ]       -       Yes [ ]       -	No [ ]

STATEMENT AS		l Munici me)	ipal Cooperative H	lealth Ber	nefit Plan
	GENERAL INTERROGATORIES (Continued)				
			Hospital and I		Prescription
11. a)	What is the percentage that the MCHBP uses for its claims payable reserve?			17%	5%
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 [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	Þ[]	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		100[77]		
_,					
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	govern	ment, 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 expend with matters before legislative bodies, officers or departments of government during the period covered by this statement.	itures ir	n connection		
	1 2				
	Name Amount Paid				
16. a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next	90 day	Yes[] s?		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 Ser	vices:			
	<u>N/A</u>				
	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	: <u>N/A</u>		
	ii) When was the request approved?	Date	: <u>N/A</u>		
	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 corre	ect this	violation?		
	<u>N/A</u>				
	<u>N/A</u>				
19. a)	Has the MCHBP changed its CPA since the last Annual Statement filing?		Yes [ ]		No [ X ]
	<ul> <li>If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial S Insurance Regulation No. 118 (11NYCRR 89.4(c))?</li> </ul>	ervices	Yes [ ]		No [ ]
	ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following inform	ation fo	r the new CPA:		
	iii) Name				
	iv) Address				
	v) Talashasa Number				
	v) Telephone Number				
	vi) Email Address				

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

#### SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	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	ххх	XXX	XXX
M & T - Checking		ххх		xxx	xxx			51,265,941
M & T - Savings		ххх		xxx	xxx	1,064		459,364
JPMorgan Chase - Savings		ххх		xxx	XXX	638		2,539,660
		ххх		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	1,702	-	54,264,965
0299999 Cash in Company's Office 0399999 Total Cash	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX 1,702	ХХХ	54,264,965
Description Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX
Rashp II Required Cash Advance with Excellus	7000	1000	7000	7007				4,316,900
								1,010,000
0499999 Total Cash Equivalent	xxx	xxx	xxx	xxx	-	-	-	4,316,900
0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$-	\$ 1,702	\$ -	\$ 58,581,865
NOTE: Negotiable certificates of deposit to be reported in	n Schedule B.							

TATEMENT	AS	OF

September 30, 2019 (Quarterly Ending)

# SCHEDULE B — INVESTMENTS

OF THE

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
	UNITED STATES TREASURY BILLS DTD 06/20/2019 DUE 06/18/2020						
912796SV2	CUSIP: 912796SV2	18,000,000	17,677,005	17,677,005	17,677,005	7/1/2019	6/18/2020
	UNITED STATES TREASURY BILLS						
	UNITED STATES TREASURY BILLS DTD 06/27/2019 DUE 12/26/2019						
912796SY6	CUSIP: 912796SY6	18,000,000	17,822,000	17,822,000	17,822,000	7/1/2019	12/26/2019
0199999	Total bonds	\$ 36,000,000	\$ 35,499,005	\$ 35,499,005	\$ 35,499,005	XXX	XXX
1	2	3	4	5	6	7	8
1 CUSIP		3 Number of	4 Par Value		Fair	7 Book/Adjusted	Date
Identification XXX	Description	Shares	per Share	Actual Cost	Value	Carrying Value XXX	Acquired XXX
	List Preferred Stocks	XXX	XXX	XXX	XXX	***	***
0200000	Total Broformad Stacks		~~~	¢	\$	¢	~~~~
0299999 XXX	Total Preferred Stocks List Common Stocks	XXX	XXX XXX	\$ - XXX	\$ - XXX	\$- XXX	XXX XXX
			XXX				
			XXX XXX				
			XXX				
			XXX XXX				
			XXX				
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			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 XX				
			XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
	Total Common Storks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
0399999	Total Common Stocks Total Common & Preferred Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	\$ - \$ - \$ -	\$ 5 5 5 5 7	\$ - \$ -	

September 30, 2019

OF THE

Plan (Name)

(Quarter Ending)

## 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
Brighton CSD	856,242				-	\$ 856,242
Fairport CSD	1,424,544				-	1,424,544
Gates-Chili CSD	1,025,094				-	1,025,094
Hilton CSD	922,453				-	922,453
Monroe 1 BOCES	1,661,881				-	1,661,881
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	5,890,213				-	- 5,890,213
	5,090,215	-	-	-	-	5,690,213
0299999 Receivables Not Individually Listed	\$ 504,910			\$ 259,675	259,675	504,910
	φ 504,510			φ 200,010	233,013	
0399999 Gross Premiums Receivable	6,395,123	-	-	259,675	259,675	6,395,123
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					259,675	6,395,123

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OF THE

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

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

A	Claims Paid During th	e Current Fiscal Year	Claims Unp of Current C Estimated Lia	Quarter Viz: ability at End	F Total Claims Paid During the Fiscal Year and	G	н
	В	С	of Curren D	t Quarter E	Claims Unpaid at End of	Estimated 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
Description of Claims	to the Current Fiscal Year	the Current Fiscal Year	at End of Previous Year	Incurred During the Year	in Prior Years (B + D)	Previous Fiscal Year	is Over or (Under) Reserved
	i iscai i eai	Tiscal Teal	FIEVIOUS TEAL	During the real	(0+0)	Tiscai Teai	(Under) Reserved
1. Hospital & Medical Claims	12,415,913	114,853,698	-	20,825,791	12,415,913	15,432,228	3,016,315
2. Drug Claims	1,901,214	50,640,030		3,552,798	1,901,214	3,359,836	1,458,622
3. Other		-	-	-	-	-	-
4. TOTAL	14,317,127	165,493,728	-	24,378,589	14,317,127	18,792,064	4,474,937

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.

September 30, 2019 (Quarter Ending)

OF THE

# 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	328,167					328,167
						-
						-
						-
						-
						-
						-
						-
						-
						-
						<u> </u>
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	328,167	-	-	-	-	328,167
0299999 Aggregate Accounts Not Individually Listed - Due						
102393939 Aggregate Accounts Not individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	328,167					328,167

STATEMENT AS OF	September 30, 2019	OF THE	Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
	(Quarter Ending)	•	(Name)

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	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	15,003	14,896	

#### SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	В	С	D	E	F
	Prior				
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	40,347	40,326	40,162	39,965	

September 30, 2019 (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)

- Felcentage used to calculate the calpus per costant more (a)(b)
   Annualized Net premium income
   Surplus per Section 4706(a)(5) using Annualized Net Premium Income
   Surplus per Section 4706(a)(5) From last Fiscal Year Statement
   Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1
- 19 14,896 Ye 5.0% 251,227,345 12,561,367 12 12,670,998

Current Quarter

			Current Quarter		Previous Year *		Previous Ye
			1 Total	2 Total	3 Total	4 PMPM	5 PMPM
ge	NY 2		Total	TOTAL	TOLAI	PIVIPIVI	PIVIPIVI
		NAL WRITE-INS AGGREGATED AT					
<b>≞™</b> 06.	8 FOR INVESTE	JASSEIS				xxx	xxx
307.						XXX	XXX
308. 309.			-			XXX XXX	XXX XXX
810.						XXX	XXX
398.	TOTALS (Items 0	806 thru 0810)	-	-	-	XXX	XXX
ade	NY 2						
EŤA	ILS OF ADDITIO	NAL WRITE-INS AGGREGATED AT					
	16 FOR OTHER	THAN INVESTED ASSETS				2004	
506. 507.			-			XXX XXX	XXX XXX
608.						XXX	XXX
609.						XXX	XXX
610. 698.	TOTALS (Items 1	606 thru 1610)	-	-	-	XXX XXX	XXX XXX
						7000	7000
		NAL WRITE-INS AGGREGATED AT					
	10 FOR OTHER						
006.		-				ххх	ххх
007.						XXX	XXX
)08. )09.						XXX XXX	XXX XXX
010.						XXX	XXX
098.	TOTALS (Items 1	006 thru 1010)	-	-	-	XXX	XXX
ade	NY 3						
		NAL WRITE-INS AGGREGATED AT					
ΈМ	15 FOR CURREN						
506.						XXX	XXX
507. 508.			-			XXX XXX	XXX XXX
509.			-			XXX	XXX
510.						XXX	XXX
598.	TOTALS (Items 1	506 thru 1510)	-	-	-	XXX	XXX
age	NY 3						
		NAL WRITE-INS AGGREGATED AT					
	17 FOR SPECIAL	SURPLUS FUNDS					
706. 707.			-			XXX XXX	XXX XXX
708.			-				XXX
100.						XXX	~~~
709.						XXX	ХХХ
709. 710. 798. age	TOTALS (Items 1 NY 4 ILS OF ADDITIO	706 thru 1710) NAL WRITE-INS AGGREGATED AT	-	-	-		
709. 710. 798. <b>age</b> ETA ETA EM 406.	NY 4 ILS OF ADDITIO	·		-	-	XXX XXX	XXX XXX
709. 710. 798. <b>age</b> ETA ETA 406. 407. 408.	NY 4 ILS OF ADDITIO	NAL WRITE-INS AGGREGATED AT		-		XXX XXX XXX -	XXX XXX
709. 710. 798. <b>age</b> ETA ETA 406. 407. 408. 409.	NY 4 ILS OF ADDITIO	NAL WRITE-INS AGGREGATED AT		-		XXX XXX XXX - - - - - - -	XXX XXX
709. 710. 798. <b>age</b> ETA 406. 407. 408. 409. 410.	NY 4 ILS OF ADDITIO 4 FOR OTHER H	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES		-		XXX XXX XXX XXX XXX	XXX XXX
709. 710. 798. <b>age</b> ETA 406. 407. 408. 409. 410. 498.	NY 4 ILS OF ADDITIO 4 FOR OTHER H	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES		-	-	XXX XXX XXX - - - - - - - - - - -	XXX XXX
709. 710. 798. <b>age</b> ETA ETA 406. 407. 408. 409. 410. 498. <b>ETA</b> ETA	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES		-	-	XXX XXX XXX - - - - - - - - - - -	XXX XXX
709. 710. 798. <b>age</b> ETA EM 406. 407. 408. 409. 410. 498. <b>ETA</b> ETA 206.	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410)		-			XXX XXX
709. 710. 798. <b>age</b> ETA ETA 406. 407. 408. 409. 410. 498. <b>age</b> ETA	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410)		-		XXX XXX XXX - - - - - - - - - - -	XXX XXX
709. 710. 798. 798. <b>ETA</b> <b>ETA</b> 106. 107. 108. 109. 109. 109. 109. 109. 109. 100. 109. 100. 109. 100. 100	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410)		-		XXX XXX XXX - - - - - - - - - - - - - -	XXX XXX
709. 710. 798. 798. <b>ETA</b> <b>ETA</b> 406. 407. 408. 409. 409. 410. 498. <b>ETA</b> 206. 207. 208. 207. 208. 209. 210.	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL				XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX
709. 710. 798. 798. <b>ETA</b> <b>ETA</b> 406. 407. 408. 409. 409. 410. 498. <b>ETA</b> 206. 207. 208. 207. 208. 209. 210.	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL				XXX XXX XXX - - - - - - - - - - - - - -	XXX XXX
709. 710. 798. 798. ETA EETA 406. 407. 408. 409. 410. 498. 410. 498. 206. 207. 208. 207. 208. 209. 210. 298.	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 TOTALS (Items 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210)				XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX
709. 710. 798. 798. <b>ETA</b> <b>ETA</b> 106. 107. 108. 109. 109. 109. 109. 109. 109. 109. 109	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 NY 4 ILS OF ADDITIO	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT				XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX
709. 710. 798. 798. <b>ETA</b> EETA 106. 107. 108. 109. 109. 109. 109. 109. 109. 109. 109	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 TOTALS (Items 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT				XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX
709. 710. 798. 798. ETA EBA 406. 407. 408. 409. 410. 409. 410. 409. 410. 409. 409. 206. 207. 208. 209. 209. 209. 209. 209. 209. 209. 209	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 NY 4 ILS OF ADDITIO	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT				XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX
709. 710. 798. <b>age</b> <b>ETA</b> <b>ETA</b> 406. 407. 408. 409. 410. 408. <b>ETA</b> 206. 207. 208. 209. 200. 200	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 NY 4 ILS OF ADDITIO	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT					XXX XXX
709. 710. 798. 798. <b>age</b> <b>ETA</b> 406. 407. 408. 409. 410. 408. 409. <b>ETA</b> 206. 207. 208. 209. 210. 2298. 2209. 210. 2298. <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>ETA</b>	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1 TOTALS (Items 1 NY 4 ILS OF ADDITIO 14 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT					XXX XXX
09. 10. 98. 98. 98. 98. 98. 98. 90. 98. 90. 98. 90. 98. 90. 98. 90. 98. 90. 98. 90. 98. 90. 98. 90. 90. 90. 90. 90. 90. 90. 90	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER 1 TOTALS (Items 1 NY 4 ILS OF ADDITIO 14 FOR OTHER 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT EXPENSES					XXX XXX
709. 710. 798. 798. <b>age</b> <b>ETA</b> <b>ETA</b> <b>ETA</b> <b>106.</b> 107. 108. 109. 108. 207. 208. 208. 207. 208. 207. 208. 208. 207. 207. 207. 207. 207. 207. 207. 207	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 NY 4 ILS OF ADDITIO 14 FOR OTHER I TOTALS (Items 1	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT EXPENSES					XXX XXX
709. 710. 798. 798. <b>age</b> <b>ETA</b> <b>EM</b> 106. 107. 108. 109. 109. 109. 109. 206. 207. 208. 206. 207. 208. 207. 208. 207. 208. 209. 200. 208. 201. 208. 201. 201. 201. 201. 201. 201. 201. 201	NY 4 ILS OF ADDITIO 4 FOR OTHER H TOTALS (Items 0 NY 4 ILS OF ADDITIO 12 FOR OTHER I TOTALS (Items 1 NY 4 ILS OF ADDITIO 14 FOR OTHER I TOTALS (Items 1 NY 4	NAL WRITE-INS AGGREGATED AT EALTH CARE RELATED REVENUES 406 thru 0410) NAL WRITE-INS AGGREGATED AT HOSPITAL AND MEDICAL 206 thru 1210) NAL WRITE-INS AGGREGATED AT EXPENSES 406 thru 1410)					XXX XXX
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STATEMENT AS OF September 30, 2019 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan (Name)

STATEMENT AS OF	September 30, 2019	Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
	(Quarter Ending)	(Name)

	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)	-	
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT FEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 606.	_	
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT IEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 306.	_	
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 46 FOR GAINS OR (LOSSES) IN SURPLUS 506		
Page NY5 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 1606. 1607. 1608. 1609. 1609. 1610. 1		