

**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

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 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		
8. Aggregate write-in for invested assets	-	-
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		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		
16. Aggregate write-in for other than invested assets	-	-
17. Total Assets(Lines 9 to 16)	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)	-	-

DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER
THAN INVESTED ASSETS

1601. _____		
1602. _____		
1603. _____		
1604. _____		
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter		Previous Year *	
	1	2	1	2
	Total		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	
2. Premiums received in advance				
3. General expenses due or accrued				
4.1 Current federal income tax payable and interest thereon				
4.2 Net deferred tax liability				
5. Ceded reinsurance premiums payable				
6. Amounts withheld or retained for the account of others				
7. Borrowed money and interest thereon				
8. Payable for securities				
9. Funds held under reinsurance treaties				
10. Aggregate write-ins for other liabilities	-		-	
11. Accounts payable (Schedule G, NY12)	392,374		358,979	
12. Claim stabilization reserve	4,414,941		4,727,182	
13. Unearned premiums				
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	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES				
1001. _____				
1002. _____				
1003. _____				
1004. _____				
1005. _____				
1098. Summary of remaining write-ins for Item 10 from overflow page			-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)			-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES				
1501. _____				
1502. _____				
1503. _____				
1504. _____				
1505. _____				
1598. Summary of remaining write-ins for Item 15 from overflow page			-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)			-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS				
1701. _____				
1702. _____				
1703. _____				
1704. _____				
1705. _____				
1798. Summary of remaining write-ins for Item 17 from overflow page			-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)			-	-

* As reported on Prior Year End filed Annual Statement.

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

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	361,052	362,131	482,644	XXX	XXX
2. Net premium income:					
2.1 Basic	141,540,973	131,894,356	176,000,022	392.02	364.66
2.2 Drugs	60,660,417	56,526,153	75,428,581	168.01	156.28
2.3 Total	202,201,390	188,420,509	251,428,603	560.03	520.94
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.3 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	245,708	(256,936)	(254,197)	0.68	(0.53)
5. Non-health revenues	1,697	23,984	24,263	XXX	XXX
6. Total revenues (Items 2 to 5)	202,448,795	188,187,557	251,198,670	560.72	520.46
Hospital and Medical:					
7. Hospital/medical benefits	60,182,347	68,408,263	88,872,421	166.69	184.14
8. Other professional services	45,086,060	49,551,655	66,459,819	124.87	137.70
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	6,099,192	6,657,042	8,773,928	16.89	18.18
11. Prescription drugs	51,794,495	52,541,244	69,931,418	143.45	144.89
12. Aggregate write-ins for other hospital and medical	1,781,875	7,205,447	5,310,842	4.94	11.00
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	(312,241)	443,083	389,124	(0.86)	0.81
15. Subtotal (Lines 7 to 14)	164,631,728	184,806,734	239,737,551	455.98	496.72
Less:					
16. Net reinsurance recoveries	(497,991)	846,405	2,196,533	(1.38)	4.55
17. Total hospital and medical (Lines 15-16)	165,129,719	183,960,329	237,541,018	457.36	492.17
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses	-	-	-	-	-
19.1 Compensation	-	-	-	-	-
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-	-
19.4 Marketing	-	-	-	-	-
19.5 Professional Fees	36,514	84,830	111,131	0.10	0.23
19.6 Administration Fees	6,648,219	5,690,401	8,267,419	18.41	17.13
19.7 Consulting Fees	-	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	3,088,226	2,673,801	3,694,482	8.55	7.65
19.9 Total administrative expenses	9,772,959	8,449,032	12,073,032	27.07	25.01
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	174,902,678	192,409,361	249,614,050	484.43	517.18
22. Net underwriting gain or (loss) (Lines 6 - 21)	27,546,117	(4,221,804)	1,584,620	76.29	3.28
23. Net investment income earned	346,133	-	346,572	0.96	0.72
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	346,133	-	346,572	0.96	0.72
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
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables	245,708	(256,936)	(254,197)	0.68	(0.53)
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
0404. _____	-	-	-	-	-
0405. _____	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	245,708	(256,936)	(254,197)	1	(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
1202. Change in Claims Payable	(1,031,267)	4,552,796	2,516,095	(2.86)	5.21
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)	1,781,875	7,205,447	5,310,842	5	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	(312,241)	443,083	389,124	(0.86)	0.81
1402. _____	-	-	-	-	-
1403. _____	-	-	-	-	-
1404. _____	-	-	-	-	-
1405. _____	-	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	(312,241)	443,083	389,124	(1)	1
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	75,249	73,159	73,159	0.21	0.15
19.802. Covered Lives Assessment	2,910,636	2,938,400	3,917,442	8.06	8.12
19.803. AEA Fees	61,808	71,741	98,068	0.17	0.20
19.804. Miscellaneous Expenses	5,868	30,797	46,109	0.02	0.10
19.805. Prior Year Claims Adjustment	-	(473,220)	(473,220)	-	(0.98)
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	34,665	32,924	32,924	0	0
19.899. 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	8
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. _____	-	-	-	-	-
2602. _____	-	-	-	-	-
2603. _____	-	-	-	-	-
2604. _____	-	-	-	-	-
2605. _____	-	-	-	-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	-	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter		Previous Year *	
	1	2	1	2
	Total		Total	
30. Capital and surplus prior reporting year	66,609,054		64,677,863	
GAINS AND LOSSES TO CAPITAL & SURPLUS:				
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				
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				
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	(908,663)		99,568	
47. Net change in capital and surplus (Lines 31 to 46)	27,892,250		1,931,192	
48. Capital and surplus end of reporting period (Line30 + 47)**	94,501,304		66,609,054	
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	\$ (908,663)		\$ 99,568	
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)	(908,663)		99,568	

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES (Continued)

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

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

Yes []	No [X]	Yes []	No [X]
---------	----------	---------	----------
- c) If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes [X]	No []	Yes [X]	No []
-----------	--------	-----------	--------
- d) If c) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date:

08/12/15	08/12/15
----------	----------
- ii) When was the request approved? Date:

12/29/17	12/29/17
----------	----------
- iii) **If approved, please attach a copy of the approval letter.**
12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [X] No []
- b) If No, give details: _____
13. a) Was the MCHBP's prior year's annual statement amended? Yes [] No [X]
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile
- i) Amendment number _____
- ii) Date of amendment _____
14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [X] No []
15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? _____ \$0
- b) List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.
- | 1
Name | 2
Amount Paid |
|-----------|------------------|
| | |
| | |
| | |
16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days? Yes [] No [X]
- b) If a) is "Yes", provide the following:
- i) Anticipated date of distribution. Date:

N/A

- ii) Anticipated amount of distribution.

N/A

17. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [X] No []
- b) If a) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date:

10/26/17

- ii) When was the request approved? Date:

10/27/17

- iii) **If approved, please attach a copy of the current community rating methodology as well as the approval letter.**
- c) If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)? Yes [X] No []
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law? Yes [] No []
- c) If b) is "Yes", answer the following
- i) When was the request filed with the Department of Financial Services? Date:

N/A

- ii) When was the request approved? Date:

N/A

- iii) **If approved, please attach a copy of the approval letter.**
- d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing? Yes [] No [X]
- i) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))? Yes [] No []
- ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:
- iii) Name _____
- iv) Address _____
- v) Telephone Number _____
- vi) Email Address _____

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M & T - Checking		XXX		XXX	XXX	-	-	77,155,083
M & T - Savings		XXX		XXX	XXX	116	-	461,007
JPMorgan Chase - Savings		XXX		XXX	XXX	24	-	746,313
		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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	140	-	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	XXX	XXX	XXX	XXX	-	-	-	4,680,200
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 140	\$ -	\$ 83,042,603
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

STATEMENT AS OF

September 30, 2020
(Quarter Ending)

OF THE

Rochester Area School Health Plan II Municipal Cooperative Health Benefit
Plan
(Name)**SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)**

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

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
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
					-	-
					-	-
					-	-
					-	-
					-	-
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
0399999 Gross Premiums Receivable	9,340,449	980,696	(1,996)	11,228	11,228	10,319,149
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					11,228	10,319,149

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

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	7,760,632	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.

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	15,027	15,074	14,993	14,826	

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	40,152	40,317	40,085	39,712	

STATEMENT AS OF

September 30, 2020
(Quarter Ending)

OF THE

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

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

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	19
2. Number of enrolled members	14,826
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	269,601,853
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	13,480,093
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	12,571,430
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	13,480,093

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter 1 Total	Prior Year to Date 2 Total	Previous Year * 3 Total	Current Quarter 4 PMPM	Previous Year * 5 PMPM
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 8 FOR INVESTED ASSETS					
0806.				xxx	xxx
0807.				xxx	xxx
0808.				xxx	xxx
0809.				xxx	xxx
0810.				xxx	xxx
0898. TOTALS (Items 0806 thru 0810)	-	-	-	xxx	xxx
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606.				xxx	xxx
1607.				xxx	xxx
1608.				xxx	xxx
1609.				xxx	xxx
1610.				xxx	xxx
1698. TOTALS (Items 1606 thru 1610)	-	-	-	xxx	xxx
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 10 FOR OTHER LIABILITIES					
1006.				xxx	xxx
1007.				xxx	xxx
1008.				xxx	xxx
1009.				xxx	xxx
1010.				xxx	xxx
1098. TOTALS (Items 1006 thru 1010)	-	-	-	xxx	xxx
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR CURRENT LIABILITIES					
1506.				xxx	xxx
1507.				xxx	xxx
1508.				xxx	xxx
1509.				xxx	xxx
1510.				xxx	xxx
1598. TOTALS (Items 1506 thru 1510)	-	-	-	xxx	xxx
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706.				xxx	xxx
1707.				xxx	xxx
1708.				xxx	xxx
1709.				xxx	xxx
1710.				xxx	xxx
1798. TOTALS (Items 1706 thru 1710)	-	-	-	xxx	xxx
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406.				-	-
0407.				-	-
0408.				-	-
0409.				-	-
0410.				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1206.				-	-
1207.				-	-
1208.				-	-
1209.				-	-
1210.				-	-
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 14 FOR OTHER EXPENSES					
1406.				-	-
1407.				-	-
1408.				-	-
1409.				-	-
1410.				-	-
1498. TOTALS (Items 1406 thru 1410)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.806. Liability and Fiduciary Insurance	34,665	32,924	32,924	0	0
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	34,665	32,924	32,924	0	0
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 26 FOR OTHER INCOME OR EXPENSES					
2606.				-	-
2607.				-	-
2608.				-	-
2609.				-	-
2610.				-	-
2698. TOTALS (Items 2606 thru 2610)	-	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter		Previous Year *	
	1	3	1	3
	Total		Total	
Page NY5				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS				
4506.				
4507.				
4508.				
4509.				
4510.				
4598. TOTALS (Items 4506 thru 4510)		-		-
Page NY5				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS				
4606.				
4607.				
4608.				
4609.				
4610.				
4698. TOTALS (Items 4606 thru 4610)		-		-

* As reported on Prior Year End filed Annual Statement.