### STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

### DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

March 31, 2022

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

### **QUARTERLY STATEMENT**

FOR THE QUARTER ENDIN	G	March 31, 2022		_
	OF TH	IE CONDITION AND AFFAIR	RS OF	
E	Rochester Area School H	ealth Plan II Municipal C	Cooperative Health B	enefit Plan
	A Municipal Cooperative Healt made to the New York State	th Benefit Plan organized und		
Date Certified As An MCHBP:	January 1, 2018	B		
Commenced Business:	January 1, 2004			
Mailing Address:	3599 Big Ridge Road, Spe	ricerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Road, Spe			
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Road, Spe	ncerport, NY 14559		
Name of Administrator:				
Name of Statement Contact Person:	Jennifer Talbot			
Statement Contact Person E-mail	jennifer.talbot@monroe2bo	oces.org	Telephone Number:	585-352-2441
Service Areas (Counties):	Monroe			
		OFFICERS*		
President:	Scott Covell		_ Other Officers:	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo		_	Deputy Treasurer - Jennifer Talbot
Chief Financial Officer:	Steve Roland			
		GOVERNING BOARD	•	
Name	Title			Municipality
Scott Covell	Chairperson Treasurer	1	Monroe I BOCES Monroe 2 - Orleans BO	CEC
Steve Roland Lou Alaimo	Secretary		<b>Brighton Central Schoo</b>	l District
Darrin Winkley Frank Nardone	Director Director		Brockport Central Scho Churchville-Chili Centra	
John Abbott	Director		East Irondequoit Centra	al School District
Staci SanSoucie  Matthew Stevens	Director	4	East Rochester Union Fairport Central School	
Mitchell Ball Romeo Colilli	Director Director		Gates Chili Central Sch Greece Central School	
Adam Giest	Director		Hilton Central School D	listrict
Bruce Capron  Dan Driffill	Director		Honeoye Falls-Lima Ce Penfield Central School	
Darrin Kenney	Director		Pittsford Central Schoo	l District
Andrew Whitmore Rick Wood	Director Director	-	Rush-Henrietta Central Spencerport Central Sc	
Brian Freeman James Brennan	Director Director	2	Webster Central School West Irondequoit Centr	
Jessica Jackson	Director		Wheatland-Chili Centra	I School District
Charlotte Kimberly-Haag Kathy Occhioni	Director Director	1	Brighton Central School Churchville-Chili Central	
Dwayne Cerbone	Director a second	İ	Pittsford Central Schoo	I District
Scott Steinberg Bill Gregory	Director		West Irondequoit Centr SAANYS	al School District
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	AND THE PERSON AND TH			
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	<u> </u>		1	d the transfer to come to
STATE OF New York				
COUNTY	OF Monroe	1		
				Convene
Scott Covell Steve Roland		Lou Alaimo Corresponding person havir		_, Secretary,
records of the MCHBP) of the and says that they are the above described o		Ith Plan II Municipal Cooperati		_, being duly swom, each for himself deposes
assets were the absolute property of the said	MCHBP, free and clear from	any tiens or claims thereon,	except as herein stated, a	and that
this Statement, together with related exhibits, statement of all the assets and liabilities and				
its income and deductions therefrom for the p				
Subscribed And Swom To Before Me This	5th	Day of		President
May	2.022_			Secretary
(Month)	(Year)	-		Stany
Thelance /	Jeckson		<del>, T</del>	Chief Financial Officer
NOTARY PUBLI	С	_		(Corporate Seal)
(Seal)		ELANIE M. DICKSON		(Corporate Seal)
Control of the Control	Notary	Public, State of New	York	
	Qua	No. 01DI6084720 dified in Monroe Coun	ity .	
	Commis	sion Expires Dec. 16,	2022	
- the state of the	(a) to this are existent for the	2	Vec I 1	No.f. 1
	(a) Is this an original filing?		Yes [ ]	No [ ]
	(b) If no:	(i) state the amendment nu	imber	
		(ii) date filed		

(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.

### **QUARTERLY STATEMENT**

FOR THE QUARTER ENDING	March 31, 2022	
		_

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

	made to the New York State	Department of Financial Serv	rices pursuant to the law	s thereof.
Date Certified As An MCHBP:	January 1, 2018			
Commenced Business:	January 1, 2004			
Mailing Address:	3599 Big Ridge Road, Spen	cerport, NY 14559		
Address of Main Administrative Office:	3599 Big Ridge Road, Spen	cerport, NY 14559		
Telephone Number:	585-352-2400	Employer's ID Number:		82-2738684
Principal Location of Books and Records:	3599 Big Ridge Road, Spen	cerport, NY 14559		
Name of Administrator:	v ————————————————————————————————————			
Name of Statement Contact Person:	Jennifer Talbot			
Statement Contact Person E-mail	jennifer.talbot@monroe2boo	es.org	Telephone Number:	585-352-2441
Service Areas (Counties):	Monroe			
		OFFICERS*		
President:	Scott Covell	******	Other Officers:	Vice Chairperson - John Abbott
Secretary:	Lou Alaimo			Deputy Treasurer - Jennifer Talbot
·			•	
Chief Financial Officer:	Steve Roland			
		GOVERNING BOARD*		
Name	Title			Municipality
Scott Covell	Chairperson		Monroe I BOCES	OFF
Steve Roland Lou Alaimo	Treasurer Secretary		Monroe 2 - Orleans BO Brighton Central School	
Darrin Winkley	Director.		<b>Brockport Central Scho</b>	ol District
Frank Nardone John Abbott	Director  Director		Churchville-Chili Centra East Irondequoit Centra	
Staci SanSoucie	Director		East Rochester Union F	
Matthew Stevens Mitchell Ball	Director		Fairport Central School Gates Chili Central Sch	
Romeo Colilli	Director		Greece Central School	
Adam Giest	Director Director		Hilton Central School D Honeoye Falls-Lima Ce	
Bruce Capron Dan Driffill	Director		Penfield Central School	
Damin Kenney	Director		Pittsford Central School Rush-Henrietta Central	
Andrew Whitmore Rick Wood	Director Director		Spencerport Central Sc	
Brian Freeman	Director		Webster Central Schoo	
James Brennan Jessica Jackson	Director Director		West Irondequoit Centra Wheatland-Chili Centra	
Charlotte Kimberly-Haag	Director		<b>Brighton Central Schoo</b>	I District
Kathy Occhioni	Director		Churchville-Chili Central Pittsford Central School	
Dwayne Cerbone Scott Steinberg	Director Director		West Irondequoit Centr	
Bill Gregory	Director		SAANYS	(iii)
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1001			21 111 1	- <u>1 E.A.</u>
177	The state of the s		aid.	TO THE STREET OF THE PARTY OF T
STATE OF New York COUNTY C	DF Monroe	i .		
Scott Covell	, President,	Lou Alaimo		_ , Secretary,
Steve Roland		Corresponding person having		, being duly swom, each for himself deposes
records of the MCHBP) of the and says that they are the above described or		th Plan II Municipal Cooperate that on the reporting period		
assets were the absolute property of the said	MCHBP, free and clear from a	any liens or claims thereon, e	xcept as herein stated, a	and that
this Statement, together with related exhibits, statement of all the assets and liabilities and of				
its income and deductions therefrom for the p				pectively
Subscribed And Sworn To Before Me This	2nd	Day of	AUN-C	President
Subscribed And Swort To before the This	ZIIG	Duy or	1 10,	
Alau (Month) Duot	(Year)			Secretary  Chief Financial Officer
NOTARY PUBL	IC	•		(Correcto Soul)
Qualified in Monro My Commission Expires	e County Apr 10, 2025			(Corporate Seal)
	(a) Is this an original filing?		Yes [ ]	No [ ]
	(b) If no:	(i) state the amendment nur	mber	
3 7				
3 / 17 / 6	/ ==	(ii) date filed		
		(iii) number of pages attach	ed	1122-00

<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.

March 31	1, 2022
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### REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	Killer Land St. San	
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	A CONTRACTOR OF THE PARTY OF TH	<u> </u>
2.2 Common stocks (Schedule B line 0399999, Page NY 9)		
3. Real estate	54,923,278	50,551,136
4.1 Cash (Schedule A Line 0399999, Page NY 8) 4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	79,320,136	79,130,060
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	134.243,414	129,681,196
5. Premiums receivable (Schedule C, NY 10)	3,696,967	4,243,742
6. Other invested assets	0,000,000	1,210,112
7. Receivable for securities		
Aggregate write-in for invested assets		
Subtotal cash and invested assets (Lines 1 to 8)	137,940,381	133,924,938
10. Investment income due and accrued	_	
11. Reinsurance:	an an arean the contraction and	as the owner, the employ where the contraction
11.1 Amounts recoverable from reinsurers		
11.2 Funds held by or deposited with reinsured companies	and the state of t	A STATE OF THE PARTY OF THE PAR
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	chill I I I I I I I I I I I I I I I I I I	
14. Furniture and equipment, including health care delivery assets		a na sa
15. Health care and other amounts receivable		
16. Aggregate write-in for other than invested assets	107.040.001	100 004 000
17. Total Assets(Lines 9 to 16)	137,940,381	133,924,938
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)		

OF THE

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

STATEMENT AS OF

March 31, 2022 (Quarter Ending)

OF THE

### REPORT #1 — PART B: LIABILITIES AND SURPLUS

	<u> </u>	
	Current Quarter	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11) 1.2 Additional amount required by Section 4706(a)(1)	31,074,085	36,642,906 1
1.3 Total claims payable	31,074,086	36,642,907
2. Premiums received in advance	4,863,613	2,744,168
General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		Things I be merely the managed by
Ceded reinsurance premiums payable	, la	
Amounts withheld or retained for the account of others		The second of th
7. Borrowed money and interest thereon		
8. Payable for securities		1 2 2
9. Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	200 704	265 160
Accounts payable (Schedule G, NY12)     Claim stabilization reserve	336,724 5,152,384	365,162 5,269,120
13. Unearned premiums	5,152,364	5,269,120
14. Loans and notes payable	No. 2012 1 April 1 Apr	
15. Aggregate write-ins for current liabilities		
16. Total liabilities (Lines 1.3 to 15)	41,426,807	45,021,357
17. Aggregate write-ins for special surplus funds	7 - 1	
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	82,018,649	75,348,841
20. Surplus notes	A TRANSPORT OF THE PROPERTY AND SERVICE	
21. Surplus per Section 4706(a)(5) **	14,494,926	13,554,740
22. Total capital and surplus (Lines 17 to 21)	96,513,574	88,903,581
23. Total liabilities, capital, and surplus (Lines 16 + 22)	137,940,381	133,924,938
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	All street and the st	
LIABILITIES		
1501.		
1502.		
1503.	L L	A BLOCK
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.		Line Tale 42
1703.	Carrier and the second	
1704.		
1705.		The second secon
1798. Summary of remaining write-ins for Item 17 from overflow page 1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)		

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

<sup>\*\*</sup> Calculation of current year reserves shown on NY14 (Schedule K).

(Quarter Ending)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

REPORT #2 STATEMENT					
	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Member Months     Net premium income:	117,108	117,733	467,394	XXX	XXX
2.1 Basic 2.2 Drugs	50,732,240 21,742,388	47,990,965 20,567,556	189,766,366 81,328,442	433.21 185.66	406.01 174.00
2.3 Total     Change in unearned premium reserves and reserve for rate credits:	72,474,628	68,558,521	271,094,808	618.87	580.01
3.1 Basic 3.2 Drugs	1. 1		E .		
3.3 Total     Aggregate write-ins for other health care related revenues		(26,885)	25,013		0.05
5. Non-health revenues	39,293	8,014	50,084	XXX	XXX
6. Total revenues (Items 2 to 5)	72,513,921	68,539,650	271,169,9051	619.21	580.17
Hospital and Medical:					
<ol> <li>Hospital/medical benefits</li> <li>Other professional services</li> </ol>	27,400,308 15,316,296	25,065,350 16,597,854	109,698,538 69,356,049	233.97 130.79	234.70 148.39
Outside referrals     Emergency room and out-of-area	1,850,959	2,079,751	8,533,036	15.81	18.26
<ul><li>11. Prescription drugs</li><li>12. Aggregate write-ins for other hospital and medical</li></ul>	19,050,996 (1,880,141)	17,273,759 (10,919)	72,577,389 5,625,347	162.68 (16.05)	
<ol> <li>Incentive pool, withhold adjustments and bonus amounts</li> <li>Aggregate write-ins for other expenses</li> </ol>	(116,736)		735,380	(1.00)	
15. Subtotal (Lines 7 to 14) Less:	61,621,682	61,425,285	266,525,739	526.20	570.24
16. Net reinsurance recoveries	(28,937)	(27,714)	(109,900)	(0.25)	
<ol> <li>Total hospital and medical (Lines 15-16)</li> <li>Claims adjustment expenses, including cost containment expenses</li> </ol>	61,650,619	61,452,999	266,635,639	526.44	570.47
General administrative expenses     19.1 Compensation		<u>.                                      </u>			- 8-8-1 - 1
19.2 Interest expense 19.3 Occupancy, depreciation, and amortization	L Val L Valence 1	a spilms same. I			
19.4 Marketing 19.5 Professional Fees	1,767	4,615	40,901	0.02	0.09
19.6 Administration Fees 19.7 Consulting Fees	2,179,344	2,325,548	9,259,769	18.61	19.81
19.8 Aggregate write-ins for other administrative expenses 19.9 Total administrative expenses	1,072,198	1,033,359	4,340,327	9.16	9.29
20. Increase in reserves for A&H contracts	3,253,309	3,363,522	13,640,997	27.78	29.19
<ul><li>21. Total underwriting deductions (Lines 17 to 20)</li><li>22. Net underwriting gain or (loss) (Lines 6 - 21)</li></ul>	64,903,928 7,609,993	64,816,521 3,723,129	280,276,636 (9,106,731)	554.22 64.98	599.66 (19.48)
Net investment income earned     Net realized capital gains or (losses) less capital gains taxes					
<ul><li>25. Net investment gains or (losses) (Lines 23 + 24)</li><li>26. Aggregate write-ins for other income or expenses</li></ul>					0.00
27. Net income or (loss) after capital gains tax and before all other	7 600 000	2 702 100		64.00	
federal income taxes (Lines 22 + 25 + 26) 28. Federal income taxes incurred	7,609,993	3,723,129	(9,106,730)	64.98	(19.48)
29. Net income (loss) (Lines 27 - 28)	7,609,993	3,723,129	(9,106,730)	64.98	(19.48)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER					
HEALTH CARE RELATED REVENUES  0401. Change in Non-Admitted Receivables		(26,885)	25,013		0.05
0402. 0403.	01 .3 11				
0404.	7				
0498. Summary of remaining write-ins for Item 4 from overflow page	1	(00.00%)		12/10/200	1
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	20 ¥4., ∆6•.	(26,885)	25,013		0.05
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER					
HOSPITAL AND MEDICAL 1201. Other Hospital and Medical	754,104	898,667	3,290,985	6.44	7.04
1202. Change in Claims Payable	(2,634,245)	(909,586)	2,334,362	(22.49)	4.99
1204 1205.		10 10 10 10 10 10 10	AND A MANAGEMENT OF SHAPE SERVICES		
1298. Summary of remaining write-ins for Item 12 from overflow page					
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	(1,880,141)	(10,919)	5,625,347	(16.05)	12.04
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER					
EXPENSES  1401. Change in Stabilization Reserve	(116,736)	419,490	735,380	(1.00)	1.57
1402.	(115)	18 the 18 test test			
1404.					
1405	E.A. San Francis				
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	(116,736)	419,490	735,380	(1.00)	1.57
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES			79 276		0.17
19.801. PCORI and Reinsurance Fees 19.802. Covered Lives Assessment	1,007,759	991,514	78,276 3,915,968	8.61	0.17 8.38
19.803. AEA Fees 19.804. Miscellaneous Expenses	32,308	38,923	145,695 21,418	0.28	0.31 0.05
19.805. DFS Audit fees 19.898. Summary of remaining write-ins for Item 19.8 from overflow page	32,131	2,922	137,552 41,418	0.27	0.29
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	1,072,198	1,033,359	4,340,327	9.16	9.29
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER					
INCOME OR EXPENSES					
2601. Change in Additional amount required by Section 4706(a)(1) 2602.	UTEN ELLEN	1 EU 14, 111	1		0.00
2603.		ر دهادها د <sup>۱۷</sup> ها ۱۳۳۱ (۱۳۳۲) ۱۳۶۶ - ا	7	-	
2605		DE STREET	No. of the contract of the		
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	2 ss XCX 5 8 7 6 5 5 4	Priviles Arguests	E		0.00

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

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

### Rochester Area School Health Plan II Mu Benefit Plan (Name) icipal Cooperative Health

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
30. Capital and surplus prior reporting year	88,903,581	98,010,311
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	7,609,993	(9,106,730)
32. Change in valuation basis of aggregate policy and claim reserve	1	
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		A
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)	ENTROPE AT	
42. Change in surplus per Section 4706(a)(5)	940,186	128,328
43. Change in retained earnings/fund balance	940,100	120,320
44. Interest on surplus notes	HARLIS TO THE TOTAL TOTA	
	The state of the s	
45. Aggregate write-ins for changes in other net worth items		
46. Aggregate write-ins for gains or (losses) in surplus	(940,186)	(128,328)
47. Net change in capital and surplus (Lines 31 to 46)	7,609,993	(9,106,730)
48. Capital and surplus end of reporting period (Line30 + 47)**	96,513,574	88,903,581
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS 4501. 4502. 4503. 4504. 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. 4604. 4605.	\$ (940,186) \$	(128,328)

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

Rochester Area School Health Plan II Municipal Cooperative Health Benefit

STATEMENT AS OF

March 31, 2022

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

### GENERAL INTERROGATORIES (Continued)

Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?    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)?    If c) is "Yes", answer the following:   When was the request filed with the Department of Financial Services?   Date:	[X] No []  08/12/15  12/29/17  [X]  [X]  (X)  if any?	
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)?  d) If c) is "Yes", answer the following: i) When was the request filed with the Department of Financial Services? Date: ii) When was the request approved? Date: 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 b) If No, give details:  13. a) Was the MCHBP's prior year's annual statement amended?  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 15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, by 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 2 Name Amount Paid  NAM  NAM  NAM  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? Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required to the New York losurance Law occurring after the submission of this statement, but before the next required to the	[X] No []  08/12/15  12/29/17  [X]  [X]  (X)  if any?	Yes [X] No [] 5
d) If c) is "Yes", answer the following: i) When was the request filled with the Department of Financial Services?  Date: ii) When was the request approved?  Date: 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?  Ves. b) If No, give details:  13. a) Was the MCHBP's prior year's annual statement amended?  If yes, furnish the following information regarding the last amendment to the prior year's annual statement filled 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?  What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, with matters before legislative bodies, officers or departments of government during the period covered by this statement.  1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	08/12/15 12/29/17 [X] [X] if any?	No [ ]  No [ ]  No [ ]  No [ ]
iii) When was the request approved?  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?  If No, give details:  13. a) Was the MCHBP's prior year's annual statement amended?  If yes, furnish the following information regarding the last amendment to the prior year's annual statement filled 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?  15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 2 Name Amount Paid  NAM  NAM  NAM  Note: Planned refunds of 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? Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required by § 4706 of the New York Insurance Law occuring after the submission of this statement.	[X] [X] if any?	No [ ]  No [ X ]  No [ X ]
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?  13. a) Was the MCHBP's prior year's annual statement amended?  14. If yes, furnish the following information regarding the last amendment to the prior year's annual statement filled with the MCHBP's state of domicile  10. Amendment number  11. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?  15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, with matters before legislative bodies, officers or departments of government during the period covered by this statement.  16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance  17. Amount Paid  18. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance  18. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance  18. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law hote: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filing, should be reported to the	[X] [X] if any?	No [ ]  No [ X ]
12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?  13. a) Was the MCHBP's prior year's annual statement amended?  15. a) Was the MCHBP's prior year's annual statement amended?  16. a) Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?  16. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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, and 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 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 days? Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, the before the next required statement filing, should be reported to the	[X] if any?	No [ X ]  No [ , ]  \$0
b) If No, give details:    13. a) Was the MCHBP's prior year's annual statement amended?   Yes	[X] if any?	No [ X ]  No [ , ]  \$0
13. a) Was the MCHBP's prior year's annual statement amended?  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?  15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 2  Name Amount Paid  N/A    Name Amount Paid   N/A	[X] if any? nection	No [ , ] \$0
b) If yes, fumish the following information regarding the last amendment to the prior year's annual statement filled 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?  15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 2  Name Amount Paid    Va.	[X] if any? nection	No [ ,] \$0
b) If yes, fumish the following information regarding the last amendment to the prior year's annual statement filled 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?  15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 2  Name Amount Paid    Va.	[X] if any? nection	No [ , ] \$0
flied with the MCHBP's state of domicile  i) Amendment number  ii) Date of amendment  Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?  15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government,  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 2  Name Amount Paid  N/A    Name Amount Paid   N/A	, if any? nection	\$0
ii) Date of amendment  Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?  What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 2 Amount Paid  N/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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the	, if any? nection	\$0
Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?  What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government,  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 2 Name Amount Paid  N/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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the	, if any? nection	\$0
tist 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,  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 2 Name Amount Paid  WA  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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the	, if any? nection	\$0
15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government,  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 2 Name Amount Paid  N/A  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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the	, if any? nection	\$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 confidence with matters before legislative bodies, officers or departments of government during the period covered by this statement.  1 2 Name Amount Paid    NAme Amount Paid   NA	nection	
with matters before legislative bodies, officers or departments of government during the period covered by this statement.  1 2 Name Amount Paid  N/A  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?  Note: Planned refunds of 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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the		No [X]
Name Amount Paid  N/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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the		No [X]
N/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?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occuring after the submission of this statement, but before the next required statement filing, should be reported to the		No [X]
Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filling, should be reported to the		No [X]
Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filling, should be reported to the	ī.i	No [X]
Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?  Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filling, should be reported to the		No [X]
Department with 30-days advance notice.		
b) If a) is "Yes", provide the following:		
i) Anticipated date of distribution. Date: NA		
ii) Anticipated amount of distribution.		1
Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by 17. a) § 4705(d)(5)(B) of the New York Insurance Law?  Yes	[ <u>×</u> ]	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	7
ii) When was the request approved? Date:	10/26/17	7.
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)?	[X]	No [ ]
b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?	I I	No [ ]
c) If b) is "Yes", answer the following		
i) When was the request filed with the Department of Financial Services?		<u>.</u>
ii) When was the request approved?	<u> </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 correct this violation	on?	
N/A		
9. a) Has the MCHBP changed its CPA since the last Annual Statement filling?		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))?	1.1	No [ ]
ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the n	iew CPA:	
iii) Name N/A - no new CPA		
iv) Address		
v) Telephone Number		
vi) Email Address		

March 31, 2022 (Quarterly Ending)

### SCHEDULE A — CASH AND CASH EQUIVALENTS

	2	3	4	5	6	7	8 1	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 account		xxx	0.002	xxx	xxx	1,076		28,669,490
Chase Money Market		xxx	0.008	xxx	xxx	543		26,252,499
Five Star Money Market		xxx	0.001	xxx	xxx			1,289
		xxx		xxx	xxx			
	a minus order	xxx	100 to 10	xxx	XXX	=		
		XXX		xxx	XXX		1 U.	
		XXX		XXX	XXX			
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		xxx		xxx	xxx			
		xxx	-	xxx	xxx			
0199999 Total Cash on Deposit	xxx	XXX	xxx	xxx	XXX	1.010	DELY.AVE	54,923,278
						1,619		34,923,278
0299999 Cash in Company's Office 0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	XXX 1,619	XXX -	54,923,278
Description Cash Equivalent	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx
Five Star CDARS Placements	No. of Consession		0.19%60%	3 . T.		37,675	ANTES	49,058,525
Five Star CD Placements	en sa mana mana	× 24.4	0.19%40%			•		25,005,311
RASHP II Required Cash Advance with Excellus			N/A			E C		5,256,300
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					TID (2.1)	A Marian Marian	17111111	
0400000 Tatal Coah Faringlant	xxx	xxx	xxx	xxx		37,675		79,320,136
0499999 Total Cash Equivalent 0599999 Total Cash and Cash Equivalent	- XXX	XXX	<del>XXX</del>	XXX	\$	\$ 39,294	.\$ -	\$ 134,243,414
						,		
NOTE: Negotiable certificates of deposit to be reported in Schedul	e B.							

STATEMENT AS OF \_

March 31, 2022 (Quarterly Ending)

### SCHEDULE B — INVESTMENTS

1 CUSIP	2	3	4	5		7	
14. 22					6 Book/Adjusted Carrying Value	7	8 Stated Contractual
Identification	Description	Par Value	Actual Cost	Fair Value	Carrying Value	Acquired	Maturity Date
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							<u> </u>
0199999	Total bonds	\$	\$ -	\$	\$	XXX	XXX
1 CUSIP	2	3 Number of Shares	4 Par Value per Share	5	6 Fair	7 Book/Adjusted Carrying Value	8 Date
Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
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	Total Preferred Stocks List Common Stocks	XXX	XXX	\$ xxx	\$ XXX	\$	XXX
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XXX	List Common Stocks	XXX	XXX   XXX	XXX	XXX	XXX	
XXX (2)		XXX	XXX   XXX				

2021
Revision
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(11/01/21
Editi

OF THE

March 31, 2022 (Quarter Ending)

STATEMENT AS OF

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  East Rochester UFSD	1 1-30 Days 357,494	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted \$ 357,494
Monroe I BOCES CSD	1,771,736				JACOUS, 1	
Rush Henrietta CSD	1,567,737				-	
					<b> -</b>	
					-	
					<b>.</b>	
					-	
0199999 Individually Listed Receivables	3,696,967				•	3,696,967
029999 Receivables Not Individually Listed		2				
0399999 Gross Premiums Receivable	3,696,967	•	•	-		3,696,967
049999 Less Allowance for Doubtful Accounts						
059999 Premiums Receivable					•	3,696,967

March 31, 2022 (Quarter Ending)

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

>				-	П	മ	
			Claims Unpaid at End	aid at End	Total Claims		
			of Current Quarter Viz:	luarter Viz:	Paid During the		
	Claims Paid During the Current Fiscal Year	Current Fiscal Year	Estimated Liability at End	ability at End	Fiscal Year and		
			of Current Quarter	Quarter	Claims Unpaid	Estimated	
	В	С	D	Е	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
1. Hospital & Medical Claims	9.959.630	20.074.678	2.900.557	13.546 167	12.860.187	20.795.766	7.935.579
2. Drug Claims	(501,241)	19,552,237	e <sup>1</sup>	4,116,260	(501,241)	3,618,813	4,120,054
3. Oller	2,309,633	12,029,120	2,302,129	7,000,97	2,2/1,302	12,220,321	0,900,300
4. TOTAL	11,828,222	52,456,641	5,802,686	25,271,399	17,630,908	36,642,906	19,011,998

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.

### 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.

336,724		•			336,724	999999 Total Accounts Payable
•						039999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due
1						0299999 Aggregate Accounts Not Individually Listed - Due
336,724	Columbia (1987)	•	•		336,724	0199999 Total Accounts Payable - Individually Listed
				1-		
The state of the s						
				1		
-						
					U Sa	
335,769					335,769	Excellus - March Covered Lives Assessment
955					955	West Irondequoit - refund for overpayment
Total	Over 120 Days	91 - 120 Days	61-90 Days	31-60 Days	1-30 Days	Account
D.	ח	Δ	သ	9	4	

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

OF THE

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

these columns are an actual count as of the last day of the quarter and are not cumulative.

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

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	14,551	14,603			

### 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	38,856	39,012			2

STATEMENT AS OF

March 31, 2022 (Quarter Ending)

OF THE

Benefit Plan (Name)

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

- Number of paticipating Municipal Corporations (or school districts)
   Number of enrolled members
   Maintains Stop-loss insurance as required by 4707(a)
   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
	14,603
Y	es
5.	0%
	289,898,512
	14,494,926
	13,554,740
	14,494,926

Page NY 2	3 4	S PMPM  XXX XXX XXX XXX XXX XXX XXX XXX XX
Page NY 2  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT  TERM IN FOR OTHER THAN INVESTED ASSETS  1006. 1007. 1008. 1007. 1008. 1007. 1008. 1007. 1008. 1007. 1008. 1009.	XXX	XXX XXX XXX XXX XXX XXX XXX XXX
TEM & FOR INVESTED ASSETS  806. 807. 808. 809. 809. 809. 809. 809. 809. 809	XXX   XXX	XXX XXX XXX XXX XXX XXX XXX XXX
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9807. 9807. 9808. 9809.	XXX   XXX	XXX XXX XXX XXX XXX XXX XXX XXX
	XXX   XXX	XXX XXX XXX XXX XXX XXX XXX XXX
9810. 9988. TOTALS (Ileams olded thru ost 10) Page 117 2 Page 117 3 Page 117 4 Page 117	XXX   XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX
Description	XXX	XXX XXX XXX XXX XXX XXX XXX XXX
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1998 TOTALS (Items 1606 thru 1610)	XXX XXX XXX XXX XXX XXX	XXX
Page NY 3 TITCH OF ADDITIONAL WRITE-INS AGGREGATED AT TICK OF ADDITI	XXX XXX XXX XXX XXX	XXX
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1006. 1007. 1008. 1010. 1008. 1010.	XXX XXX	
1008. 1010. 1009. 1010.	XXX XXX	
1009. 1009. 1009. 1009. 1008. 107ALS (Items 1006 thru 1010) 1009.	XXX	XXX
1010. 1018. TÖTALS (Items 1006 thru 1010)	XXX	XXX
1098. TOTALS (Items 1006 thru 1010)		XXX
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEEM 15 FOR CURRENT LIABILITIES 1506. 1508. 1510. 1509. 1510. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1510. 1508. 1706. 1706. 1707. 1707. 1708. 1709. 1710.		XXX
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1510	XXX	XXX
1598. TOTALS (Items 1506 thru 1510)  Page NY 3  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706. 1707. 1708. 1709. 1709. 1710. 1798. TOTALS (Items 1706 thru 1710)  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 1207. 1208. 1210. 1	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706. 1707. 1708. 1709. 1710.	XXX XXX	XXX
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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. 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. 1209. 1209. 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 14 FOR OTHER EXPENSES  1409. 1410. 1498. TOTALS (Items 1406 thru 1410)  Page NY 4  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT  ITEM 14 FOR OTHER EXPENSES  1409. 1410. 1498. TOTALS (Items 1406 thru 1410)  Page NY 4  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT  ITEM 14 FOR OTHER ADMINISTRATIVE EXPENSES  19.806. 19.806. 19.806.	XXX	XXX
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1210		
1298. TOTALS (Items 1206 thru 1210)  Page NY 4  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES  1406.  1407.  1410.  1410.  1410.  1410.  14198. TOTALS (Items 1406 thru 1410)  Page NY 4  DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES  19.805. Liability and Fiduciary Insurance  19.807.  19.808.  19.809.		
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 19.809. 19.809.		
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Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 POR OTHER ADMINISTRATIVE EXPENSES 19.806. Liability and Fiduciary Insurance 19.807. 19.808. 19.809. 19.809.		
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19.809.		
19.810		BENCLINE
	41.418	
19.898. TOTALS (Items 19.806 thru 19.810)	41,418	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES		
2606.	C.S.R. Service	
2607.	i i i i i i i i i i i i i i i i i i i	BUR - S
2608.		
2610.		
2698. TOTALS (Items 2606 thru 2610)	- Lotte Din B. (	

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

<u> </u>	VERFLOW PAGE FOR WRITE-INS	
	Current Quarter	Previous Year *
	1	3
	Total	Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
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4507.	the second of the second secon	
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4598. TOTALS (Items 4506 thru 4510)	-	•
Page NYS DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT	100	-
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
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4607.		
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4609.	1.2	Tem are the William Carl
4610. <u>Louis saud</u>		
4698. TOTALS (Items 4606 thru 4610)		

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