

**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 YEAR ENDING

December 31, 2021

To be filed 120 days from fiscal year 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

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 2021

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 A MCHBP: January 1, 2018
 Commenced Business: January 1, 2004
 Mailing Address: 3599 Big Ridge Road, Spencerport NY 14559
 Address of Main Administrative Office: 3599 Big Ridge Road, Spencerport NY 14559
 Telephone Number: 585-352-2400 Employer's ID Number: 82-2738684
 Principal Location of Books and Records: 3599 Big Ridge Road, Spencerport NY 14559
 Name of Administrator: _____
 Name of Statement Contact Person: Jennifer Talbot
 Statement Contact Person E-mail: jennifer.talbot@monroe2boces.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
Scott Covell	Chairperson
Steve Roland	Treasurer
Lou Alaimo	Secretary
Darrin Winkley	Director
Frank Nardone	Director
John Abbott	Director
Staci SanSoucie	Director
Matthew Stevens	Director
Mitchell Ball	Director
Romeo Colilli	Director
Adam Giest	Director
Bruce Capron	Director
Dan Driffil	Director
Darin 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 Carbone	Director
Scott Steinberg	Director
Bill Gregory	Director

Municipality
Monroe 1 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
SAANYS

STATE OF New York
 COUNTY OF Monroe

Scott Covell, President, Lou Alaimo, Secretary,
Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each depose and say that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 4th Day of April 2022
 (Month) (Year)
Aflava Chelto
 NOTARY PUBLIC
 (Seal)
Scott Covell President
Lou Alaimo Secretary
 _____ Chief Financial Officer
 (Corporate Seal)

Qualified in Monroe County
My Commission Expires Apr 10, 2025

- (a) Is this an original filing? Yes [X] No []
 (b) If no:
 (i) state the amendment number _____
 (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.

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OF THE CONDITION AND AFFAIRS OF

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(Name)

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 Statement Contact Person E-mail: jennifer.talbot@monroe2boces.org Telephone Number: 585-352-2441
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 Secretary: Lou Alaimo Deputy Treasurer - Jennifer Talbot
 Chief Financial Officer: Steve Roland

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Name	Title	Municipality
Scott Covell	Chairperson	Monroe I BOCES
Steve Roland	Treasurer	Monroe 2 - Orleans BOCES
Lou Alaimo	Secretary	Brighton Central School District
Darin Winkley	Director	Brockport Central School District
Frank Nardone	Director	Churchville-Chili Central School District
John Abbott	Director	East Irondequoit Central School District
Staci SanSoucie	Director	East Rochester Union Free School District
Matthew Stevens	Director	Fairport Central School District
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Bill Gregory	Director	SAANYS

STATE OF New York
 COUNTY OF Monroe

Scott Covell, President, Lou Alaimo, Secretary,
Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each depose and say that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 5th Day of _____ President
April 2022 Secretary
 (Month) (Year)
Melanie M Dickson
 NOTARY PUBLIC (Seal) _____ Chief Financial Officer
 (Corporate Seal)

MELANIE M. DICKSON
 Notary Public, State of New York
 No. 01DI6084720
 Qualified in Monroe County
 Commission Expires Dec. 16, 20 22

If this is an original filing? Yes [X] No []
 (b) If no: (i) state the amendment number _____
 (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.

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999)	-	-
2.2 Common stocks (Schedule B line 0399999)	-	-
3. Real estate (Schedule J line 0199999)	-	-
4.1 Cash (Schedule A Line 0399999)	50,551,136	117,795,298
4.2 Cash equivalents (Schedule A Line 0499999)	79,130,060	4,680,200
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999)	129,681,196	122,475,498
5. Premiums receivable (Schedule C, NY 10)	4,243,742	10,656,965
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)	133,924,938	133,132,463
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)	133,924,938	133,132,463

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 Year	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F, NY11)	36,642,906	30,117,427
1.2 Additional amount required by Section 4706(a)(1)	1	-
1.3 Total claims payable	36,642,907	30,117,427
2. Premiums received in advance	2,744,168	
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)	365,162	470,985
12. Claim stabilization reserve	5,269,120	4,533,740
13. Unearned premiums		
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 16)	45,021,357	35,122,152
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	75,348,841	84,583,899
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	13,554,740	13,426,412
22. Total capital and surplus (Lines 17 to 21)	88,903,581	98,010,311
23. Total liabilities, capital, and surplus (Lines 16 + 22)	133,924,938	133,132,463

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 NY3, 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 NY3, 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 NY3, item 17)	-	-

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY16 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 PMPM
1. Member Months	467,394	479,095	XXX	XXX
2. Net premium income:				
2.1 Basic	189,766,366	187,969,761	406.01	392.34
2.2 Drugs	81,328,442	80,558,469	174.00	168.15
2.3 Total	271,094,808	268,528,230	580.01	560.49
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	25,013	231,923	0.05	0.48
5. Non-health revenues	50,084	2,019	XXX	XXX
6. Total revenues (Items 2 to 5)	271,169,905	268,762,172	580.17	560.98
Hospital and Medical:				
7. Hospital/medical benefits	109,698,538	84,780,005	234.70	176.96
8. Other professional services	69,356,049	62,448,160	148.39	130.35
9. Outside referrals	-	-	-	-
10. Emergency room and out-of-area	8,533,036	8,307,809	18.26	17.34
11. Prescription drugs	72,577,389	68,085,452	155.28	142.11
12. Aggregate write-ins for other hospital and medical	5,625,347	419,971	12.04	0.88
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
14. Aggregate write-ins for other expenses	735,380	569,478	1.57	1.19
15. Subtotal (Lines 7 to 14)	266,525,739	224,610,875	570.24	468.82
Less:				
16. Net reinsurance recoveries	(109,900)	(376,929)	(0.24)	(0.79)
17. Total hospital and medical (Lines 15-16)	266,635,639	224,987,804	570.47	469.61
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	40,901	36,513	0.09	0.08
19.6 Administration Fees	9,259,769	9,217,859	19.81	19.24
19.7 Consulting Fees	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	4,340,327	3,319,558	9.29	6.93
19.9 Total administrative expenses	13,640,997	12,573,930	29.19	26.25
20. Increase in reserves for A&H contracts	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	280,276,636	237,561,734	599.66	495.86
22. Net underwriting gain or (loss) (Lines 6 - 21)	(9,106,731)	31,200,438	(19.48)	65.12
23. Net investment income earned	-	360,743	-	0.75
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	360,743	-	0.75
26. Aggregate write-ins for other income or expenses	1	(159,924)	0.00	(0.33)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(9,106,730)	31,401,257	(19.48)	65.54
28. Federal income taxes incurred	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(9,106,730)	31,401,257	(19.48)	65.54
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0401. Change in Non-Admitted Receivables	25,013	231,923	0.05	0.48
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 NY4, Item 4)	25,013	231,923	0.05	0.48
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1201. Other Hospital and Medical	3,290,985	3,065,582	7.04	6.40
1202. Change in Claims Payable	2,334,362	(2,645,611)	4.99	(5.52)
1203. _____	-	-	-	-
1204. _____	-	-	-	-
1205. _____	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12)	5,625,347	419,971	12.04	0.88
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				
1401. Change in Stabilization Reserve	735,380	(193,442)	1.57	(0.40)
1402. Administrative fee portion needing to be under Hospital and Medical	-	762,920	-	1.59
1403. _____	-	-	-	-
1404. _____	-	-	-	-
1405. _____	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14)	735,380	569,478	1.57	1.19
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.801. PCORI and Reinsurance Fees	78,276	75,249	0.17	0.16
19.802. Covered Lives Assessment	3,915,968	3,853,642	8.38	8.04
19.803. AEA Fees	145,695	96,279	0.31	0.20
19.804. Miscellaneous Expenses	21,418	22,643	0.05	0.05
19.805. DFS Audit Fees	137,552	-	0.29	-
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	41,418	(728,255)	0	(2)
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8)	4,340,327	3,319,558	9.29	6.93
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES				
2601. Change in Additional amount required by Section 4706(a)(1)	1	(159,924)	0.00	(0.33)
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 NY4, item 26)	1	(159,924)	0.00	(0.33)

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1	2
Total	Total	Total
30. Capital and surplus prior reporting year	98,010,311	66,609,054
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(9,106,730)	31,401,257
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)	128,328	854,982
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	(128,328)	(854,982)
47. Net change in capital and surplus (Lines 31 to 46)	(9,106,730)	31,401,257
48. Capital and surplus end of reporting year (Line 30 + 47)**	88,903,581	98,010,311
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 NY5, item 45)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in Surplus	\$ (128,328)	\$ (854,982)
4602.		
4603.		
4604.		
4605.		
4698. Summary of remaining write-ins for Item 47 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	(128,328)	(854,982)

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
	Total	Total
Cash from Operations		
1. Premiums collected net of reinsurance	280,277,212	262,022,532
2. Net investment income	-	360,743
3. Miscellaneous income	50,084	2,019
4. Total (Lines 1 through 3)	280,327,296	262,385,294
5. Benefit and loss related payments	268,666,088	235,715,314
6. Expenses paid and aggregate write-ins for deductions	4,455,510	3,970,472
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)		
8. Total (Lines 5 through 7)	273,121,598	239,685,786
9. Net cash from operations (Line 4 minus Line 8)	7,205,698	22,699,508
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	-	75,639,258
10.2 Stocks		
10.3 Real estate		
10.4 Net gains or (losses) on cash, cash equivalents and short-term investments		
10.5 Miscellaneous proceeds		
10.6 Total investment proceeds (Lines 10.1 to 10.5)	-	75,639,258
11. Cost of investments acquired (long-term only):		
11.1 Bonds	-	57,795,134
11.2 Stocks		
11.3 Real estate		
11.4 Miscellaneous applications		
11.5 Total investments acquired (Lines 11.1 to 11.4)	-	57,795,134
12. Net increase (decrease) in contract loans and premium notes		
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	-	17,844,124
Cash from Financing and Miscellaneous Sources		
14. Cash provided (applied):		
14.1 Surplus notes		
14.2 Capital and paid in surplus		
14.3 Borrowed funds		
14.4 Dividends to participants		
14.5 Other cash provided (applied)		
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line 14.4 plus Line 14.5)	-	-
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines 13 and 15)	7,205,698	40,543,632
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	122,475,498	81,931,866
17.2 End of year (Line 16 plus Line 17.1) *	129,681,196	122,475,498

* Line 17.2 should be the same amount reported on NY2, Line 4.3

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations? Yes No
- b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services? Date: N/A
- i) If "approved", when was the filing request approved? Date: N/A
Date: N/A
Date: N/A
Date: N/A
- ii) If not "approved" yet, what is the status of the filing request and the status date?
 Date: N/A
 Date: N/A
 Date: N/A
 Date: N/A

- c) If "Yes", attach current copies of the documents if they have not been previously submitted.
2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. Date: 12/31/20
- b) State the as of date that the latest financial examination report became available from either the state or the plan. This date should be the date of the examined balance sheet and not the date the report was completed or released. Date: N/A

3. Has the MCHBP an established procedure for annual disclosure to its Board of Governors of any material interest or affiliation on the part of any of its officers, directors or responsible employees which is in, or is likely to conflict with the official duties of such person? Yes No

4. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity? Yes No
- b) If "Yes", give particulars:
N/A

5. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes No

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Year End
0599999. Totals				

6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes No

b) If "Yes", give name of surety company, amount of coverage and the effective period of the fidelity bond:
Traveler's Casualty and Surety Co of America - \$1,000,000 limit with retention of \$10,000 for each claim; effective June 1, 2021 to June 1, 2022

7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the statement date? Yes No

b) If "No", give location:

8. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1. III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes No

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
M&T Bank	28 E Main Street, Rochester, NY 14614
JP Morgan Chase Bank	1 S. Clinton Ave, Floor 7, Rochester, NY 14604
Five Star Bank	55 North Main St. Warsaw, NY 14569

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
<u>N/A</u>		

9. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? Yes No

b) If "No", state who has the authority: Treasurer and Deputy Treasurer

10. a) Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? Yes No

b) If "Yes", give details:
N/A

11. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting year? Yes No

b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)
N/A

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

Hospital and Medical	17%
Prescription	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

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

GENERAL INTERROGATORIES (Continued)

- 13 a) Provide the following information on the MCHBP's general liability insurance coverage:
- i) Name of Carrier: Travelers Excess and Surplus Lines Company
 - ii) Limits of Coverage: General Liability: \$1,000,000
 - iii) Expiration Date: June 1, 2022

14 Complete the Itemization of Stop-Loss Fund Recoveries schedule below.

Itemization of Stop-Loss Fund Recoveries			
	1	2	3
	Current Year	Prior Year	Projected
1. Aggregate Stop-Loss Coverage Per Insurance Law § 4707(a)(1)	0	0	0
2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	0	0	0
3. Total	0	0	0

- 15 a) Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:
- i) Name of Carrier: Excellus Blue Cross Blue Shield
 - ii) Limits of Coverage: Contract period 01/01-21 - 12/31/2021
Specific Deductible: \$5,000,000 Incurred 1/1/21-12/31/21 Paid 1/1/21 - 6/30/22 Lifetime limit per person
Aggregate Stop-Loss Monthly Aggregate Factor \$1,927.04 per employee composite
Minimum annual aggregate deductible \$309,890,847 with \$1 Million limitation of liability
 - iii) Expiration Date: 12/31/2021
 - iv) **Please attach a copy of the stop-loss policy.**
 - v) **Please attach a copy of the actuary's certification of expected claims for current fiscal year.**
 - b) If the MCHBP does not have this coverage, explain:
N/A

- 16 a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes No
- b) If No, give details: N/A

- 17 a) Was the MCHBP's prior year's annual statement amended? Yes No
- 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

18 a) What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Mengel Metzger Barr and Co LLP
100 Chestnut Street, Suite 1200
Rochester, NY 14604

- b) Has the independent certified public accountant or accounting firm changed since the prior years annual audit? Yes No
- c) 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
- d) If answer is No, please attach the required notifications to this submission.

19 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Robert Jordan, A.S.A., M.A.A.A., Arthur J. Gallagher 125-310 Village Boulevard, Princeton, NJ 05840-5753

20 Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes No

21. a) 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 and the amount paid 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
<u>N/A</u>	<u>N/A</u>

22. 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 during the next 180 days? Yes No
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 filing, should be reported to the Department with 30-days advance notice.

- b) If a) is "Yes", provide the following:
- i) Anticipated date of distribution. Date: N/A
 - ii) Anticipated amount of distribution. N/A

23. 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 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: 10/26/17
 - iii) **If approved, please attach a copy of 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:
N/A
N/A

STATEMENT AS OF December 31, 2021 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

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 Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M&T - Checking		XXX	0.000	XXX	XXX	15,654		24,297,890
JP Morgan Chase - Savings		XXX	0.001	XXX	XXX	5,434		26,251,957
Five Star Bank		XXX	0.000	XXX	XXX	1,289		1,289
		XXX		XXX	XXX			
		XXX		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	22,377		50,551,186
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	22,377		50,551,186
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RASHP II Required Cash Advance with Excellus		N/A						5,103,900
Five Star Bank CD's			.17 - .20%			26,161		74,026,160
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	26,161		79,130,086
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	XXX	48,538		129,681,186
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE B — INVESTMENTS

CUSIP Identification	Description	Code	Codes			Bond Characteristics	NAIC Designation	Actual Cost	Fair Value		Par Value	Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				Rate of Effective Rate of	Interest Paid	Admitted Amount Due & Accrued	Amount Received During Year	Acquired	Dates		
			Foreign	XXX	XXX				XXX	Rate Used to Obtain Fair Value			Fair Value	12	13	14						15	16	17
01989998	From Overflow Page (NY 19)							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
01989999	Total Bonds							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02989998	From Overflow Page (NY 20)							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02989999	Total Preferred Stocks							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
03989998	Total Common Stocks							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
03989999	Total Common & Preferred Stocks							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

STATEMENT AS OF December 31, 2021
(Year 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.

	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
East Rochester CSD	325,459				-	\$ 325,459
Hilton CSD	960,576				-	960,576
Rush Henrietta CSD	1,468,704	1,489,003			-	2,957,707
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
01999999 Individually Listed Receivables	2,754,739	1,489,003	-	-	-	4,243,742
02999999 Receivables Not Individually Listed					-	-
03999999 Gross Premiums Receivable	2,754,739	1,489,003	-	-	-	4,243,742
04999999 Less Allowance for Doubtful Accounts						
05999999 Premiums Receivable					-	4,243,742

**N.Y. SCHEDULE F — CLAIMS PAYABLE ANALYSIS
(ON A FISCAL YEAR BASIS)**

Calculation of Unpaid Claims Reserves at Year End

Unpaid claims reserve = [(percent approved by the department expressed as a decimal)*(Paid claims CY - Unpaid claims PY)] / (1-percent approved by the department expressed as a decimal)

	A	B	C	
	Hospital, Medical and Other	Prescription	Total	
Reserve requirement	17%	5%	XXXXXX	As Approved by the Department of Financial Services (Formerly the Insurance Department)
Paid claims CY	\$ 187,953,689	\$ 72,156,491	\$ 260,110,180	From Section I, Col B, Line 4 below
Unpaid claims PY	\$ 26,718,391	\$ 3,399,036	\$ 30,117,427	From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Result	\$ 33,024,093	\$ 3,618,813	\$ 36,642,907	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 33,024,093	\$ 3,618,813	\$ 36,642,906	To be reported on page NY 3 Line 1.1. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Total Additional Amount Required by Section 4706(a)(1)	\$ 0	\$ 0	\$ 1	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 33,024,093	\$ 3,618,813	\$ 36,642,907	To be reported on Page NY 3 line 1.3

SECTION I — CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)
1. Hospital & Medical Claims - Per Actuary	117,862,240	16,329,972	20,795,766	122,328,034
2. Drug Claims - Per Actuary	72,156,491	3,399,036	3,618,813	72,376,268
3. Other - Per Actuary	70,091,429	10,388,419	12,228,327	71,931,337
4. Total	260,110,160	30,117,427	36,642,906	266,635,639

*Must equal hospital and medical expenses incurred which are reported on Report #2, page NY4, Line 17

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims - Per Actuary	-	20,795,766	20,795,766
2. Drug Claims - Per Actuary	-	3,618,813	3,618,813
3. Other - Per Actuary	-	12,228,327	12,228,327
4. Total	-	36,642,906	36,642,906

* Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	G** Estimated Liability of Unpaid Claims at End of Previous Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B	C	D	E			
	On Claims Incurred Prior to Current Year	On Claims Incurred During the Year	On Claims Unpaid at End of Previous Year	On Claims Incurred During the Year			
1. Hospital & Medical Claims	9,245,017	108,617,223	-	20,795,766	9,245,017	16,329,972	7,084,955
2. Drug Claims	(1,366,306)	73,522,797	-	3,618,813	(1,366,306)	3,399,036	4,765,342
3. Other	3,560,278	66,531,151	-	12,228,327	3,560,278	10,388,419	6,628,141
4. TOTAL	11,438,989	248,671,171	-	36,642,906	11,438,989	30,117,427	18,678,438

* Must equal Section 1, Col. B.

** Must equal Section 1, Col. C.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.

STATEMENT AS OF December 31, 2021
 (Year Ending)

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

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Excellus - Covered Lives Assessment	324,269					324,269
Harter and Secrest	9,360					9,360
NYS - DFS - audit fees June/July	31,533					31,533
0199999 Total Accounts Payable - Individually Listed	365,162	-	-	-	-	365,162
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	365,162	-	-	-	-	365,162

N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year 2021	C 2020	D 2019	E 2018	F 2017
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	133,924,938	133,132,463	103,695,334	99,440,864	
2. Total Liabilities	45,021,357	35,122,152	37,086,280	34,763,001	
3. Total Capital and Surplus	88,903,581	98,010,311	66,609,054	64,677,863	
4. Contingency Reserve	13,554,740	13,426,412	12,571,430	12,670,998	
5. Total Net Worth	88,903,581	98,010,311	66,609,054	64,677,863	
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	271,094,808	268,528,230	251,428,604	253,419,953	
7. Total Revenues	271,169,905	268,762,172	251,198,670	255,773,496	
8. Total Hospital and Medical expenses	266,635,639	224,987,804	237,541,018	219,927,684	
9. Total Administration expenses	13,640,997	12,573,930	12,073,032	12,100,452	
10. Net Income	(9,106,730)	31,401,257	1,931,192	23,745,361	
11. Member Months	467,394	479,095	482,644	485,867	
12. Net Premium Income (PMPM)	580.01	560.49	520.94	521.58	-
13. Total Revenues(PMPM)	580.17	560.98	520.46	526.43	-
14. Total Hospital And Medical Expenses (PMPM)	570.47	469.61	492.17	452.65	-
15. Total Administration Expenses (PMPM)	29.19	26.25	25.01	24.90	-
16. Net Income (PMPM)	(19.48)	65.54	4.00	48.87	-
FORMULAS					
17. Other Invested Assets/Total Assets	-	-	0.00	0.00	
18. Total Hospital and Medical Expenses / Net Premium Income Premium	0.98	0.84	0.00	0.00	
19. Total Administration Expenses / Total Revenues	0.05	0.05	0.00	0.00	
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	11,438,989	12,411,228	14,079,234	9,462,920	
21. Estimated Liability of Unpaid Claims— Previous Year	30,117,427	31,840,194	29,324,100	30,095,351	

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	19

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	14,695	14,631	14,534	14,615	14,551

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	39,300	39,117	38,878	39,010	38,856

STATEMENT AS OF December 31, 2021 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

SCHEDULE J — REAL ESTATE

Description of Property	Location			4 Date Acquired	5 Date of Last Appraisal	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Fair Value Less Encumbrances	Change in Book/Adjusted Carrying Value Less				14 Gross Income Earned Less Interest Incurred on Encumbrances	15 Taxes, Repairs, and Expenses Incurred	
	2 City	3 State	Location							10 Current Year's Depreciation	11 Current Year's Other Than Temporary Impairment Recognized	12 Current Year's Change in Encumbrances	13 Total Change in B./A.C.V. (12-10-11)			
N/A																
1																
0199999																
Totals						-	-	-	-	-	-	-	-	-	-	-

STATEMENT AS OF

December 31, 2021
(Year 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 Year
1. Number of participating Municipal Corporations	19
2. Number of enrolled members	14,551
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Net premium income	271,094,808
5. Surplus per Section 4706(a)(5)	13,554,740

OVERFLOW PAGE FOR WRITE-INS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 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	41,418	34,665	0	0
19.807. Administrative fee needing to be classified in Hospital and Medical	-	(762,920)	-	(2)
19.808.			-	-
19.809.			-	-
19.810.			-	-
19.898. TOTALS (Items 19.806 thru 19.810)	41,418	(728,255)	0	(2)
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.

STATEMENT AS OF

December 31, 2021
(Year Ending)

Rochester Area School Health Plan II Municipal Cooperative Health Benefit

**Plan
(Name)**

OVERFLOW PAGE FOR WRITE-INS

	Current Year	Previous Year *
	1	2
	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.

STATEMENT AS OF December 31, 2021 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

1 CUSIP Identification XXX	2 List Bonds Description	3 Code XXX	Codes			6 NAC Designation XXX	7 Actual Cost XXX	Fair Value		10 Par Value XXX	11 Book/ Adjusted Carrying Value XXX	Change in Book/Adjusted Carrying Value				15 Total Foreign Exchange Change in B/A, C, V. XXX	16 Rate of XXX	17 Effective Rate of XXX	Interest		21 Acquired XXX	22 Dates Stated Contractual Maturity Date XXX	
			4 Foreign XXX	5 Bond Characteristics XXX	8 Rate Used to Obtain Fair Value XXX			9 Fair Value XXX	12 Unrealized Valuation Increase/ (Decrease) XXX			13 Current Year's (Amortization)/ Accretion XXX	14 Current Year's Other Than Temporary Impairment Recognized XXX	18 When Paid XXX	19 Admitted Amount Due & Accrued XXX				20 Amount Received During Year XXX				
N/A																							
0199998	Total Overflow Bonds						\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (PREFERRED STOCKS)

1	2	Codes		5	6	7	8	Fair Value		11	Dividends				Change in Book/Adjusted Carrying Value				21	22	23		
		3	4					9	10		12	13	14	15	16	17	18	19				20	
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate per Share	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/Decrease	Current Year's (Amortization) Temporary Impairment Recognized	Current Year's Other Than Common Stocks (15-17)	Total Change in B/A/C/V. Common Stocks (15-17)	Total Change in B/A/C/V. Preferred Stocks (15+16-17)	Total Foreign Exchange Change in B/A/C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired	
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
N/A																							
Total Overflow Preferred Stocks					XXX	XXX	\$	XXX	\$	\$	\$	\$	\$	\$	XXX	XXX	\$	XXX	XXX	XXX	XXX	XXX	XXX

STATEMENT AS OF December 31, 2021 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B – INVESTMENTS (COMMON STOCKS)

1	2	Codes		5	6	7	8	Fair Value		11	Dividends				Changes in Book/Adjusted Carrying Value				21	22	23		
		3	4					9	10		12	13	14	15	16	17	18	19				20	
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate per Share	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received during Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/Decrease	Current Year's (Amount) Accrued	Current Year's Other Than Temporary Impairment Recognized	Total Change in B.A.C.V. Common Stocks (15-17)	Total Change in B.A.C.V. Preferred Stocks (15+16-17)	Total Foreign Exchange Change in B.A.C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired	
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
N/A					XXX	XXX									XXX					XXX	XXX		
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					XXX	XXX									XXX					XXX	XXX		
					XXX	XXX									XXX					XXX	XXX		
0399998	Total Overflow Common Stocks				\$			XXX	\$		\$		\$				\$						XXX