



## REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate	-	-
4.1 Cash (Schedule A Line 0399999, Page NY 8)	7,105,562	3,563,863
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	-	-
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	7,105,562	3,563,863
5. Premiums receivable (Schedule C, NY 10)	665,093	277,412
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)	7,770,655	3,841,275
10. Investment income due and accrued	-	-
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	-	217,354
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	-	212,000
16. Aggregate write-in for other than invested assets	6,904,317	6,864,425
17. Total Assets(Lines 9 to 16)	14,674,973	11,135,054
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS</b>		
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)	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS</b>		
1601. <u>Restricted cash</u>	5,950,617	5,947,189
1602. <u>Ancillary benefits receivable</u>	-	9,136
1603. <u>Excellus BCBS prepaid claims (Advance deposit)</u>	953,700	908,100
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)	6,904,317	6,864,425

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

## REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter		Previous Year *	
	1	2	1	2
	Total	Total	Total	Total
1. Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,199,527		3,574,393	
2. Premiums received in advance	1,151,713		196,396	
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)	310,397		315,382	
12. Claim stabilization reserve	-		-	
13. Unearned premiums	-		-	
14. Loans and notes payable	-		-	
15. Aggregate write-ins for current liabilities	4,327		-	
16. Total liabilities (Lines 1 to 15)	4,665,964		4,086,171	
17. Aggregate write-ins for special surplus funds	600,000		600,000	
18. Gross paid-in and contributed surplus	-		-	
19. Unassigned funds (surplus)	7,581,514		4,723,499	
20. Surplus notes	-		-	
21. Surplus per Section 4706(a)(5) **	1,827,495		1,725,384	
22. Total capital and surplus (Lines 17 to 21)	10,009,009		7,048,883	
23. Total liabilities, capital, and surplus (Lines 16 + 22)	14,674,973		11,135,054	
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES</b>				
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)	-		-	
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES</b>				
1501. Unearned ancillary benefit premiums	4,327		-	
1502. _____	-		-	
1503. _____	-		-	
1504. _____	-		-	
1505. _____	-		-	
1598. Summary of remaining write-ins for Item 15 from overflow page	-		-	
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	4,327		-	
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS</b>				
1701. Assigned for Catastrophic Claims	600,000		600,000	
1702. _____	-		-	
1703. _____	-		-	
1704. _____	-		-	
1705. _____	-		-	
1798. Summary of remaining write-ins for Item 17 from overflow page	-		-	
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	600,000		600,000	

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

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

## REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	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 XXX	5 PMPM XXX
1. Member Months	30,395	30,765	61,063		
2. Net premium income:					
2.1 Basic	13,900,975	17,356,637	34,507,671	457.34	565.12
2.2 Drugs	4,373,978	-	-	143.90	-
2.3 Total	18,274,953	17,356,637	34,507,671	601.25	565.12
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.2 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	-	-	-	-	-
5. Investment	6,621	3,768	9,871	0.22	0.16
6. Non-health revenues	64,489	77,110	146,563	XXX	XXX
7. Total revenues (Items 2 to 6)	18,346,063	17,437,515	34,664,105	603.59	567.68
<b>Hospital and Medical:</b>					
8. Hospital/medical benefits	11,486,870	10,862,156	21,438,806	377.92	351.09
9. Other professional services	-	-	-	-	-
10. Outside referrals	-	-	-	-	-
11. Emergency room and out-of-area	-	-	-	-	-
12. Prescription drugs	3,644,991	3,459,382	6,574,951	119.92	107.67
13. Aggregate write-ins for other hospital and medical	-	-	-	-	-
14. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
15. Aggregate write-ins for other expenses	127,681	117,235	237,105	4.20	3.88
16. Subtotal (Lines 8 to 15)	15,259,542	14,438,773	28,250,862	502.04	462.65
Less:					
17. Net reinsurance recoveries	75,613	-	281,688	2.49	4.61
18. Total hospital and medical (Lines 16-17)	15,183,929	14,438,773	27,969,174	499.55	458.04
19. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
20. General administrative expenses					
20.1 Compensation	18,259	45,236	35,960	0.60	0.59
20.2 Interest expense	-	-	119,425	-	1.96
20.3 Occupancy, depreciation, and amortization	-	-	-	-	-
20.4 Marketing	-	-	-	-	-
20.5 Professional Fees	30,364	31,027	99,112	1.00	1.62
20.6 Administration Fees	479,542	479,846	939,946	15.78	15.39
20.7 Consulting Fees	46,114	34,155	64,722	1.52	1.06
20.8 Aggregate write-ins for other administrative expenses	386,930	243,553	614,612	12.73	10.07
20.9 Total administrative expenses	961,209	833,817	1,873,777	31.62	30.69
21. Increase in reserves for A&H contracts	-	-	-	-	-
22. Total underwriting deductions (Lines 18 to 21)	16,145,138	15,272,590	29,842,951	531.18	488.72
23. Net underwriting gain or (loss) (Lines 7 - 22)	2,200,924	2,164,925	4,821,154	72.41	78.95
24. Net investment income earned	-	-	-	-	-
25. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
26. Net investment gains or (losses) (Lines 24 + 25)	-	-	-	-	-
27. Aggregate write-ins for other income or expenses	(65,344)	(77,110)	(151,780)	(2.15)	(2.49)
28. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)	2,135,580	2,087,815	4,669,374	70.26	76.47
29. Federal income taxes incurred	-	-	-	-	-
30. Net income (loss) (Lines 28 - 29)	2,135,580	2,087,815	4,669,374	70.26	76.47
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>					
0401. _____	-	-	-	-	-
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
0404. _____	-	-	-	-	-
0405. _____	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-	-	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL</b>					
1301. _____	-	-	-	-	-
1302. _____	-	-	-	-	-
1303. _____	-	-	-	-	-
1304. _____	-	-	-	-	-
1305. _____	-	-	-	-	-
1398. Summary of remaining write-ins for Item 13 from overflow page	-	-	-	-	-
1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)	-	-	-	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES</b>					
1501. NYS Graduate Medical Education Tax	127,681	117,235	237,105	4.20	3.88
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 4, item 15)	127,681	117,235	237,105	4	4
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>					
20.801. Insurance (Directors & Officers, Professional Liability)	204,004	11,106	22,211	6.71	0.36
20.802. Stop-loss premiums	182,926	232,447	592,401	6.02	9.70
20.803. _____	-	-	-	-	-
20.804. _____	-	-	-	-	-
20.805. _____	-	-	-	-	-
20.898. Summary of remaining write-ins for Item 20.8 from overflow page	-	-	-	-	-
20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	386,930	243,553	614,612	13	10
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES</b>					
2701. Miscellaneous expenses	(499)	-	(5,217)	(0.02)	(0.09)
2702. Insured Ancillary benefits expense	(64,845)	(77,110)	(146,563)	(2.13)	(2.40)
2703. _____	-	-	-	-	-
2704. _____	-	-	-	-	-
2705. _____	-	-	-	-	-
2798. Summary of remaining write-ins for Item 27 from overflow page	-	-	-	-	-
2799. TOTALS (Items 2701 thru 2705 plus 2798) (Page 4, item 27)	(65,344)	(77,110)	(151,780)	(2)	(2)

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

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
31. Capital and surplus prior reporting year	7,048,883	4,626,192
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	2,135,580	4,669,374
33. Change in valuation basis of aggregate policy and claim reserve	-	-
34. Change in net unrealized capital gains and losses less capital gains tax	-	-
35. Change in net deferred income tax	-	-
36. Change in nonadmitted assets	-	-
37. Change in unauthorized reinsurance	-	-
38. Change in surplus notes	-	-
39. Cumulative effect of changes in accounting principles	-	-
40. Capital Changes	-	-
40.1 Paid in	-	-
40.2 Transferred to surplus	-	-
41. Surplus adjustments:	-	-
41.1 Paid in	-	-
41.2 Transferred from capital	-	-
42. Dividends to participating municipal corporations (or school districts)	-	-
43. Change in surplus per Section 4706(a)(5)	102,111	(296,607)
44. Change in retained earnings/fund balance	722,435	(1,125,530)
45. Interest on surplus notes	-	-
46. Aggregate write-ins for changes in other net worth items	-	(824,546)
47. Aggregate write-ins for gains or (losses) in surplus	-	-
48. Net change in capital and surplus (Lines 32 to 47)	2,960,126	2,422,691
49. Capital and surplus end of reporting period (Line 31 + 48)**	10,009,009	7,048,883
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4601. Additional needed for 12% IBNR	\$ -	\$ (824,546)
4602. _____	-	-
4603. _____	-	-
4604. _____	-	-
4605. _____	-	-
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	(824,546)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4701. _____	\$ -	\$ -
4702. _____	-	-
4703. _____	-	-
4704. _____	-	-
4705. _____	-	-
4798. Summary of remaining write-ins for Item 47 from overflow page	-	-
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	-	-

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

\*\* Must agree with Page NY 3 Line 22

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 (or school districts)? Yes [ ] No [X ]
- 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?  
N/A Date: N/A  
N/A Date: N/A  
N/A Date: N/A  
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: 12/31/13
- b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released. Date: 12/31/13

3. 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 [X ]
- b) If "Yes", give particulars:  
N/A  
N/A

4. 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 [X ]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
<u>N/A</u>					
<u>0599999</u> . Totals					

- b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes [ ] No [X ]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
<u>N/A</u>					
<u>0599999</u> . Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes [X ] No [ ]

b) If "Yes", give name of surety company, and amount of coverage:  
The Consortium Treasurer and the Consortium Assistant to the Treasurer are both covered by the County of Tompkins' Employee Dishonesty Bond (a.k.a. Fidelity Bond). This coverage is provided through Fidelity and Deposit Company of Maryland, Colonial American Casualty and Surety Company, 1400 American Lane, Schaumburg, IL, 60196. This company is a subsidiary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to a \$2,000,000 maximum.

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date? Yes [X ] No [ ]

b) If "No", give location: No stocks, bonds, or other securities owned by the Consortium at this time.

7. 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 [X ] 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
<u>No stocks owned at this time</u>	<u>N/A</u>

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>	<u>N/A</u>	<u>N/A</u>

8. 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 [X ]

b) If "No", state who has the authority: N/A

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

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

10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period? Yes [ ] No [X ]

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

GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve? 12%
- b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)? Yes [ ] No [ X ]
- c) If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)? Yes [ X ] No [ ]
- d) If c) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date: 11/08/13
- ii) When was the request approved? Date: N/A
- iii) If approved, please attach a copy of the approval letter.
12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [ X ] No [ ]
- b) If No, give details: N/A  
N/A
13. a) Was the MCHBP's prior year's annual statement amended? Yes [ ] No [ X ]
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile
- i) Amendment number N/A
- ii) Date of amendment N/A
14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [ X ] No [ ]
15. a) Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? None
- 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<br>Name  | 2<br>Amount Paid |
|------------|------------------|
| <u>N/A</u> |                  |
|            |                  |
|            |                  |
16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days? Yes [ ] No [ X ]
- b) If a) is "Yes", provide the following:
- i) Anticipated date of distribution. Date: N/A
- ii) Anticipated amount of distribution. N/A
17. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [ X ] No [ ]
- b) If a) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date: 10/01/10
- ii) When was the request approved? Date: N/A
- 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:  
This information was submitted as part of our application process to the state and was approved at that time.  
A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10.





STATEMENT AS OF June 30, 2014 OF THE Greater Tompkins County Municipal Health Insurance Consortium  
 (Quarter Ending) (Name)

**SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)**

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

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
Faculty and Student Association of TC3		27,655	37,952			65,607
Tompkins Cortland Community College		294,211	302,926			597,137
TC Soil and Water			2,349			2,349
0199999 Individually Listed Receivables		321,866	343,227			665,093
0299999 Receivables Not Individually Listed						
0399999 Gross Premiums Receivable		321,866	343,227			665,093
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						665,093

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

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	64,883	9,479,820	-	3,176,624	64,883	2,726,944	2,662,061
2. Drug Claims	163	1,904,515	-	22,903	163	22,903	22,740
3. Other	-	-	-	-	-	824,546	824,546
4. TOTAL	65,046	11,384,335	-	3,199,527	65,046	3,574,393	3,509,347

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2



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

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15	15	15	-	-

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	2,288	2,279	2,277	-	-

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	61,063	15,173	15,222	-	-

STATEMENT AS OF

June 30, 2014  
(Quarter Ending)

OF THE

Greater Tompkins County Municipal Health Insurance Consortium  
(Name)

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

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	15
2. Number of enrolled members	2,277
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5%
4. Annualized Net premium income	36,549,905
5. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	1,827,495
6. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,725,384
7. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,827,495

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
<b>Page NY 2</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 8 FOR INVESTED ASSETS</b>					
0806. _____				xxx	xxx
0807. _____				xxx	xxx
0808. _____				xxx	xxx
0809. _____				xxx	xxx
0810. _____				xxx	xxx
0898. TOTALS (Items 0806 thru 0810)				xxx	xxx
<b>Page NY 2</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 16 FOR OTHER THAN INVESTED ASSETS</b>					
1606. _____				xxx	xxx
1607. _____				xxx	xxx
1608. _____				xxx	xxx
1609. _____				xxx	xxx
1610. _____				xxx	xxx
1698. TOTALS (Items 1606 thru 1610)				xxx	xxx
<b>Page NY 3</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 10 FOR OTHER LIABILITIES</b>					
1006. _____				xxx	xxx
1007. _____				xxx	xxx
1008. _____				xxx	xxx
1009. _____				xxx	xxx
1010. _____				xxx	xxx
1098. TOTALS (Items 1006 thru 1010)				xxx	xxx
<b>Page NY 3</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 15 FOR CURRENT LIABILITIES</b>					
1506. _____				xxx	xxx
1507. _____				xxx	xxx
1508. _____				xxx	xxx
1509. _____				xxx	xxx
1510. _____				xxx	xxx
1598. TOTALS (Items 1506 thru 1510)				xxx	xxx
<b>Page NY 3</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 17 FOR SPECIAL SURPLUS FUNDS</b>					
1706. _____				xxx	xxx
1707. _____				xxx	xxx
1708. _____				xxx	xxx
1709. _____				xxx	xxx
1710. _____				xxx	xxx
1798. TOTALS (Items 1706 thru 1710)				xxx	xxx
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>					
0406. _____				-	-
0407. _____				-	-
0408. _____				-	-
0409. _____				-	-
0410. _____				-	-
0498. TOTALS (Items 0406 thru 0410)				-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 13 FOR OTHER HOSPITAL AND MEDICAL</b>					
1306. _____				-	-
1307. _____				-	-
1308. _____				-	-
1309. _____				-	-
1310. _____				-	-
1398. TOTALS (Items 1306 thru 1310)				-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 15 FOR OTHER EXPENSES</b>					
1506. _____				-	-
1507. _____				-	-
1508. _____				-	-
1509. _____				-	-
1510. _____				-	-
1598. TOTALS (Items 1506 thru 1510)				-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>					
20.806. _____				-	-
20.807. _____				-	-
20.808. _____				-	-
20.809. _____				-	-
20.810. _____				-	-
20.898. TOTALS (Items 20.806 thru 20.810)				-	-
<b>Page NY 4</b>					
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>					
<b>ITEM 27 FOR OTHER INCOME OR EXPENSES</b>					
2706. _____				-	-
2707. _____				-	-
2708. _____				-	-
2709. _____				-	-
2710. _____				-	-
2798. TOTALS (Items 2706 thru 2710)				-	-

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

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Previous Year *
	1	3
	Total	Total
<b>Page NYS</b> <b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b> <b>ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS</b> 4606. _____ 4607. _____ 4608. _____ 4609. _____ 4610. _____ 4698. TOTALS (Items 4606 thru 4610)		
<b>Page NYS</b> <b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b> <b>ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS</b> 4706. _____ 4707. _____ 4708. _____ 4709. _____ 4710. _____ 4798. TOTALS (Items 4706 thru 4710)		

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

STATE OF NEW YORK  
DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR  
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Greater Tompkins County Municipal Health Insurance Consortium  
Name of MCHBP

FOR THE FISCAL QUARTER ENDING  
June 30, 2014

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