

**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, 2015

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
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)	11,604,427	7,958,073
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)	11,604,427	7,958,073
5. Premiums receivable (Schedule C, NY 10)	398,409	36,379
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)	12,002,836	7,994,452
10. Investment income due and accrued	-	-
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	-	125,000
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	-	415,237
16. Aggregate write-in for other than invested assets	6,753,797	6,908,315
17. Total Assets(Lines 9 to 16)	18,756,633	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____	-	-
0802. _____	-	-
0802. _____	-	-
0804. _____	-	-
0805. _____	-	-
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. <u>Restricted Cash</u>	6,211,441	5,953,618
1602. <u>Ancillary Benefits Receivable</u>	776	-
1603. <u>Excellus BCBS Prepaid Claims (Advance Deposit)</u>	527,500	953,700
1604. <u>Prepaid Expenses</u>	14,080	997
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)	6,753,797	6,908,315

* 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	
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,999,381		3,800,339	
2 Premiums received in advance	328,635		345,672	
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	-		9,508	
11 Accounts payable (Schedule G, NY12)	408,359		386,786	
12 Claim stabilization reserve	-		-	
13 Unearned premiums	-		-	
14 Loans and notes payable	-		-	
15 Aggregate write-ins for current liabilities	10,446		-	
16 Total liabilities (Lines 1 to 15)	4,746,821		4,542,305	
17 Aggregate write-ins for special surplus funds	606,898		606,898	
18 Gross paid-in and contributed surplus	-		-	
19 Unassigned funds (surplus)	11,599,749		8,490,636	
20 Surplus notes	-		-	
21 Surplus per Section 4706(a)(5) **	1,803,165		1,803,165	
22 Total capital and surplus (Lines 17 to 21)	14,009,812		10,900,699	
23 Total liabilities, capital, and surplus (Lines 16 + 22)	18,756,633		15,443,004	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES				
1001. Pre-paid Ancillary Benefit Premiums	-		9,508	
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)	-		9,508	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES				
1501. Unearned Ancillary Benefits Premiums	10,446		-	
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)	10,446		-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS				
1701. Assigned for Catastrophic Claims	606,898		606,898	
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)	606,898		606,898	

* 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	Prior Fiscal Year	Prior Fiscal Year*	Current Fiscal	Prior Fiscal Year*
	Year to Date	to Date	3	Year to Date	5
	1	2	Total	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	30,176	30,395	60,188	XXX	XXX
2. Net premium income:					
2.1 Basic	14,514,417	13,900,975	27,616,979	480.99	458.85
2.2 Drugs	4,279,277	4,373,978	8,446,312	141.81	140.33
2.3 Total	18,793,694	18,274,953	36,063,291	622.80	599.18
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	6,293	6,621	12,641	0.21	0.21
6. Non-health revenues	62,743	64,489	134,659	XXX	XXX
7. Total revenues (Items 2 to 6)	18,862,730	18,346,063	36,210,591	625.09	601.62
Hospital and Medical:					
8. Hospital/medical benefits	10,563,421	11,486,870	22,704,500	350.06	377.23
9. Other professional services	-	-	-	-	-
10. Outside referrals	-	-	-	-	-
11. Emergency room and out-of-area	-	-	-	-	-
12. Prescription drugs	4,083,695	3,644,991	7,050,989	135.33	117.15
13. Aggregate write-ins for other hospital and medical	-	-	-	-	-
14. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
15. Aggregate write-ins for other expenses	120,048	127,681	576,799	3.98	9.58
16. Subtotal (Lines 8 to 15)	14,767,164	15,259,542	30,332,288	489.37	503.96
Less:					
17. Net reinsurance recoveries	-	75,613	200,613	-	3.33
18. Total hospital and medical (Lines 16-17)	14,767,164	15,183,929	30,131,675	489.37	500.63
19. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
20. General administrative expenses	-	-	-	-	-
20.1 Compensation	32,847	18,259	50,939	1.09	0.85
20.2 Interest expense	-	-	-	-	-
20.3 Occupancy, depreciation, and amortization	-	-	-	-	-
20.4 Marketing	-	-	-	-	-
20.5 Professional Fees	72,603	30,364	68,012	2.41	1.13
20.6 Administration Fees	496,288	479,542	955,264	16.45	15.87
20.7 Consulting Fees	45,451	46,114	63,502	1.51	1.06
20.8 Aggregate write-ins for other administrative expenses	275,404	386,930	745,741	9.13	12.39
20.9 Total administrative expenses	922,593	961,209	1,883,458	30.57	31.29
21. Increase in reserves for A&H contracts	-	-	-	-	-
22. Total underwriting deductions (Lines 18 to 21)	15,689,757	16,145,138	32,015,133	519.94	531.92
23. Net underwriting gain or (loss) (Lines 7 - 22)	3,172,973	2,200,925	4,195,458	105.15	69.71
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	(63,862)	(65,344)	(129,008)	(2.12)	(2.14)
28. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)	3,109,111	2,135,581	4,066,450	103.03	67.56
29. Federal income taxes incurred	-	-	-	-	-
30. Net income (loss) (Lines 28 - 29)	3,109,111	2,135,581	4,066,450	103.03	67.56
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
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)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
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)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES					
1501. <u>NYS Graduate Medical Education Tax</u>	119,094	127,681	241,282	3.95	4.01
1502. <u>ACA Traditional Reinsurance Fee</u>	-	-	316,764	-	5.26
1503. <u>Flu Clinics</u>	-	-	8,575	-	0.14
1504. <u>Patient Care Outcomes Research Institution Fee (PCORI)</u>	-	-	10,178	-	0.17
1505. <u>ITS Supplemental Fee</u>	954	-	-	0.03	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-	-	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)	120,048	127,681	576,799	4	10
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.801. <u>Insurance (Directors & Officers, Professional Liability)</u>	14,080	204,004	24,957	0.47	0.41
20.802. <u>Stop Loss Premiums</u>	261,324	182,926	720,784	8.66	11.98
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)	275,404	386,930	745,741	9	12
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2701. <u>Miscellaneous Expenses</u>	(2,399)	(499)	(1,144)	(0.08)	(0.02)
2702. <u>Insured Ancillary Benefits Expense</u>	(62,651)	(64,845)	(127,864)	(2.08)	(2.12)
2703. <u>Other Income</u>	1,188	-	-	0.04	-
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)	(63,862)	(65,344)	(129,008)	(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	2	1	2
	Total		Total	
31. Capital and surplus prior reporting year	10,900,699		7,048,883	
GAINS AND LOSSES TO CAPITAL & SURPLUS:				
32. Net income or (loss) from Line 30	3,109,111		4,066,450	
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)	-		77,781	
44. Change in retained earnings/fund balance	-		(77,781)	
45. Interest on surplus notes	-		-	
46. Aggregate write-ins for changes in other net worth items	-		(214,634)	
47. Aggregate write-ins for gains or (losses) in surplus	-		-	
48. Net change in capital and surplus (Lines 32 to 47)	3,109,111		3,851,816	
49. Capital and surplus end of reporting period (Line31 + 48)**	14,009,810		10,900,699	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS				
4601. Additional needed for 12% IBNR	\$ -		\$ (214,634)	
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)	-		(214,634)	
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 (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: 11/02/13
 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
Name | 2
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 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:
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
18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)? Yes [X] No []
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law? Yes [] No []
- c) If b) is "Yes", answer the following
 i) When was the request filed with the Department of Financial Services? Date: _____
 ii) When was the request approved? Date: _____
 iii) If approved, please attach a copy of the approval letter.
- d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing? Yes [] No [X]
- b) If a) is "Yes", did the MCHBP provide updated information to the Department of Financial Services within 60 days of the change? Yes [] No []
- c) If b) is "No", please be advised that in the future the Department of Financial Services requires notification of a change in CPA within 60 days of the change. In addition, please provide the following information for the new CPA:
 i) Name
 ii) Address
 iii) Telephone Number
 iv) Email Address
- d) Was the CPA dismissed or did the CPA resign? Yes [] No []
- e) If d) is "Yes", the MCHBP must provide the following:
 i) the company shall submit notification to the superintendent within five business days of the event;
 ii) the company shall submit a letter to the superintendent within 15 business days of the event stating whether there were any disagreements at the decision-making level with the former CPA within the previous two years (whether or not resolved to the CPA's satisfaction) on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure that might or could have been referenced in the CPA's opinion attached to the audited financial report and detailing with specificity the nature and extent of any such disagreements; and
 iii) the company shall submit, with the letter required by paragraph (2) of this subdivision, a letter from the former CPA to the superintendent stating whether the CPA agrees with the statements contained in the company's letter and, if not, stating the reasons for which the CPA does not agree.

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust Company	xxx	XXX	0.095	XXX	XXX	3,904		11,604,427
		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	3,904	-	11,604,427
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	3,904	-	11,604,427
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	-
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 3,904	\$ -	\$ 11,604,427
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

STATEMENT AS OF June 30, 2015 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.

	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
ns Cortland Community College	332,083	54,381	11,945	-	-	\$ 398,409
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
0199999 Individually Listed Receivables	332,083	54,381	11,945	-	-	398,409
0299999 Receivables Not Individually Listed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0399999 Gross Premiums Receivable	332,083	54,381	11,945	-	-	398,409
0499999 Less Allowance for Doubtful Accounts						-
0599999 Premiums Receivable						398,409

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	1,626,080	9,949,408	-	3,976,734	1,626,080	2,738,512	1,112,432
2. Drug Claims	21,388	4,062,308	-	22,647	21,388	22,647	1,259
3. Other	-	-	-	-	-	1,039,180	1,039,180
4. TOTAL	1,647,468	14,011,716	-	3,999,381	1,647,468	3,800,339	2,152,871

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	16	17		

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	2,268	2,308	2,309		

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	60,174	15,128	15,062		

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

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	17
2. Number of enrolled members	2,309
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. Annualized Net premium income	25,058,259
5. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	1,252,913
6. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,803,165
7. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,803,165

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter 1 Total	Prior Year to Date 2 Total	Previous Year * 3 Total	Current Quarter 4 PMPM	Previous Year * 5 PMPM
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 8 FOR INVESTED ASSETS					
0806. _____				XXX	XXX
0807. _____				XXX	XXX
0808. _____				XXX	XXX
0809. _____				XXX	XXX
0810. _____				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	XXX	XXX
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606. _____				XXX	XXX
1607. _____				XXX	XXX
1608. _____				XXX	XXX
1609. _____				XXX	XXX
1610. _____				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	-	XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 10 FOR OTHER LIABILITIES					
1006. _____				XXX	XXX
1007. _____				XXX	XXX
1008. _____				XXX	XXX
1009. _____				XXX	XXX
1010. _____				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	-	XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR CURRENT LIABILITIES					
1506. _____				XXX	XXX
1507. _____				XXX	XXX
1508. _____				XXX	XXX
1509. _____				XXX	XXX
1510. _____				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	-	XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706. _____				XXX	XXX
1707. _____				XXX	XXX
1708. _____				XXX	XXX
1709. _____				XXX	XXX
1710. _____				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	-	XXX	XXX
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406. _____				-	-
0407. _____				-	-
0408. _____				-	-
0409. _____				-	-
0410. _____				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1306. _____				-	-
1307. _____				-	-
1308. _____				-	-
1309. _____				-	-
1310. _____				-	-
1398. TOTALS (Items 1306 thru 1310)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR OTHER EXPENSES					
1506. _____				-	-
1507. _____				-	-
1508. _____				-	-
1509. _____				-	-
1510. _____				-	-
1598. TOTALS (Items 1506 thru 1510)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.806. _____				-	-
20.807. _____				-	-
20.808. _____				-	-
20.809. _____				-	-
20.810. _____				-	-
20.898. TOTALS (Items 20.806 thru 20.810)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 27 FOR OTHER INCOME OR EXPENSES					
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
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4606. _____		
4607. _____		
4608. _____		
4609. _____		
4610. _____		
4698. TOTALS (Items 4606 thru 4610)	-	-
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4706. _____		
4707. _____		
4708. _____		
4709. _____		
4710. _____		
4798. TOTALS (Items 4706 thru 4710)	-	-

* As reported on Prior Year End filed Annual Statement.