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

March 31, 2016

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

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 31, 2016

OF THE CONDITION AND AFFAIRS OF

Greater Tompkins County Municipal Health Insurance Consortium
(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 An MCHBP: October 1, 2010

Commenced Business: January 1, 2011

Mailing Address: c/o Richard Snyder, Director of Finance, Tompkins County, 125 East Court Street, Ithaca, NY 14850

Address of Main Administrative Office: Same as Mailing Address

Telephone Number: (607)-274-5502 Employer's ID Number: 27-1447438

Principal Location of Books and Records: Same as Mailing Address

Name of Administrator: N/A

Name of Statement Contact Person: Donald Barber, Executive Director

Statement Contact Person E-mail EDConsortium@tompkins-co.org Telephone Number: (607)-539-3395

Service Areas (Counties): Tompkins

OFFICERS*

President: Judith Drake Other Officers: Rordan Hart, Vice Chairperson

Secretary: Charles Rankin Richard Snyder, Treasurer

Chief Financial Officer: Steven P. Thayer Donald Barber, Executive Director

GOVERNING BOARD*

Name	Title	Municipality
Steven P. Thayer	CFO	City of Ithaca
Judith Drake	President	Town of Ithaca
Donald Barber	Executive Director	Town of Caroline
Charles Rankin	Secretary	Village of Groton
Rordan Hart	Vice Chairperson	Village of Trumansburg
Rick Snyder	Treasurer	County of Tompkins
Mack Cook	Board Member	City of Cortland
John Fracchia	Board Member	Town of Caroline
Laura Shawley	Board Member	Town of Danby
Mary Ann Sumner	Board Member	Town or Dryden
Herb Masser	Board Member	Town of Enfield
Don Scheffler	Board Member	Town of Groton
Kathy Miller	Board Member	Town of Lansing
Nancy Zahler	Board Member	Town of Ulysses
Alvin Doty	Board Member	Town of Willet
Peter Salton	Board Member	Village of Cayuga Heights
Michael Murphy	Board Member	Village of Dryden
Genevieve A. Suits	Board Member	Village of Homer
Jim Bower	Board Member	CSEA, Tompkins Cortland Community College
Phil Van Wormer	Board Member	CSEA, County of Tompkins
Olivia Hersey	Board Member	CSEA, Labor Rep
Amy Guerreri	Board Member	County of Tompkins
Thomas Adams#	Board Member	Town of Marathon
Tom Brown#	Board Member	Town of Truxton
Eric Snow#	Board Member	Town of Virgil

STATE OF New York

COUNTY OF Tompkins

Judith Drake, President, Charles Rankin, Secretary,
Steven Thayer, Chief Financial Officer (or Corresponding person having charge of the financial
records of the MCHBP) of the **Greater Tompkins County Municipal Health Insurance Consortium**, being duly sworn, each for himself deposes
and says 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 _____ Day of _____ (Month) _____ (Year)

NOTARY PUBLIC
(Seal)

Judith Drake _____ President

Charles Rankin _____ Secretary

Steven Thayer _____ Chief Financial Officer

(Corporate Seal)

(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.

Revised 2015

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

REPORT #1 — PART A: ASSETS

	Current Quarter 1 Total	Previous Year * 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)	15,026,727	15,353,516
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)	15,026,727	15,353,516
5. Premiums receivable (Schedule C, NY 10)	1,188,653	46,866
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)	16,215,380	15,400,382
10. Investment income due and accrued	-	-
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	-	13,034
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	6,764,458	6,740,506
17. Total Assets(Lines 9 to 16)	22,979,838	22,153,922

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. Restricted Cash	6,213,781	6,213,006
1602. Ancillary Benefits Receivable	-	-
1603. Excellus BCBS Prepaid Claims (Advance Deposit)	527,500	527,500
1604. Prepaid Expenses	23,177	-
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)	6,764,458	6,740,506

* As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter 1 Total	Previous Year * 2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,708,121	3,631,889
2. Premiums received in advance	324,003	243,894
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	10,185	8,983
11. Accounts payable (Schedule G, NY12)	498,617	441,190
12. Claim stabilization reserve	-	-
13. Unearned premiums	-	-
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 15)	4,540,926	4,325,956
17. Aggregate write-ins for special surplus funds	2,563,287	2,563,287
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	13,954,769	13,385,311
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	1,920,856	1,879,368
22. Total capital and surplus (Lines 17 to 21)	18,438,912	17,827,966
23. Total liabilities, capital, and surplus (Lines 16 + 22)	22,979,838	22,153,922
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits Premiums	10,185	8,983
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)	10,185	8,983
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. Unearned Ancillary Benefits Premiums	-	-
1502.	-	-
1503.	-	-
1504.	-	-
1505.	-	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	1,050,000	1,050,000
1702. Rate Stabalization Reserve	1,513,287	1,513,287
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)	2,563,287	2,563,287

* As reported on Prior Year End filed Annual Statement.

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

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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	5 PMPM
1. Member Months	15,175	15,128	60,335	XXX	XXX
2. Net premium income:					
2.1 Basic	7,439,914	7,257,088	29,043,537	490.27	481.37
2.2 Drugs	2,164,368	2,132,548	8,543,816	142.63	141.61
2.3 Total	9,604,282	9,389,636	37,587,353	632.90	622.98
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	3,660	3,221	13,526	0.24	0.22
6. Non-health revenues	34,972	31,609	128,523	XXX	XXX
7. Total revenues (Items 2 to 6)	9,642,914	9,424,466	37,729,402	635.45	625.33
Hospital and Medical:					
8. Hospital/medical benefits	5,749,851	5,217,836	20,922,952	378.90	346.78
9. Other professional services	-	-	-	-	-
10. Outside referrals	-	-	-	-	-
11. Emergency room and out-of-area	-	-	-	-	-
12. Prescription drugs	2,649,196	1,980,497	7,827,453	174.58	129.73
13. Aggregate write-ins for other hospital and medical	-	-	-	-	-
14. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
15. Aggregate write-ins for other expenses	62,798	59,689	475,047	4.14	7.87
16. Subtotal (Lines 8 to 15)	8,461,845	7,258,022	29,225,452	557.62	484.39
Less:					
17. Net reinsurance recoveries	-	-	185,043	-	3.07
18. Total hospital and medical (Lines 16-17)	8,461,845	7,258,022	29,040,409	557.62	481.32
19. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
20. General administrative expenses	-	-	-	-	-
20.1 Compensation	16,619	15,208	61,511	1.10	1.02
20.2 Interest expense	-	-	-	-	-
20.3 Occupancy, depreciation, and amortization	-	-	-	-	-
20.4 Marketing	-	-	-	-	-
20.5 Professional Fees	43,595	32,851	101,789	2.87	1.69
20.6 Administration Fees	259,714	248,000	997,391	17.11	16.53
20.7 Consulting Fees	17,171	18,236	69,941	1.13	1.16
20.8 Aggregate write-ins for other administrative expenses	199,572	207,673	670,240	13.15	11.11
20.9 Total administrative expenses	536,671	521,968	1,900,872	35.37	31.51
21. Increase in reserves for A&H contracts	-	-	-	-	-
22. Total underwriting deductions (Lines 18 to 21)	8,998,516	7,779,990	30,941,281	592.98	512.82
23. Net underwriting gain or (loss) (Lines 7 - 22)	644,398	1,644,476	6,788,121	42.46	112.51
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	(33,451)	(32,200)	(129,696)	(2.20)	(2.15)
28. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)	610,947	1,612,276	6,658,425	40.26	110.36
29. Federal income taxes incurred	-	-	-	-	-
30. Net income (loss) (Lines 28 - 29)	610,947	1,612,276	6,658,425	40.26	110.36
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. NYS Graduate Medical Education Tax	64,710	59,689	237,221	4.26	3.93
1502. ACA Traditional Reinsurance Fee	-	-	221,320	-	3.67
1503. Flu Clinics	-	-	6,075	-	0.10
1504. Patient Care Outcomes Research Institution Fee (PCORI)	-	-	10,431	-	0.17
1505. ITS Supplemental Fee	(1,912)	-	-	(0.13)	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-	-	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)	62,798	59,689	475,047	4	8
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.801. Insurance (Directors & Officers, Professional Liability)	7,726	28,160	28,160	0.51	0.47
20.802. Stop Loss Premiums	191,846	179,513	642,080	12.64	10.64
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)	199,572	207,673	670,240	13	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2701. Miscellaneous Expenses	(157)	(1,934)	(3,164)	(0.01)	(0.05)
2702. Insured Ancillary Benefits Expense	(33,294)	(31,454)	(126,532)	(2.19)	(2.10)
2703. Other Income	-	1,188	-	-	-
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)	(33,451)	(32,200)	(129,696)	(2)	(2)

* As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter 1 Total	Previous Year * 2 Total
31. Capital and surplus prior reporting year	17,827,966	10,900,699
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	610,947	6,658,425
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)	41,488	76,203
44. Change in retained earnings/fund balance	(41,489)	(1,441,711)
45. Interest on surplus notes	-	-
46. Aggregate write-ins for changes in other net worth items	-	1,634,350
47. Aggregate write-ins for gains or (losses) in surplus	-	-
48. Net change in capital and surplus (Lines 32 to 47)	610,946	6,927,267
49. Capital and surplus end of reporting period (Line31 + 48)**	18,438,912	17,827,966
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4601. Additional Needed for 12% IBNR	$ -	$ (322,039)
4602. Additional in Catastrophic Claims Reserve	-	443,102
4603. Additional in Rate Stabilization Reserve	-	1,513,287
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)	-	1,634,350
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

STATEMENT AS March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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 [X] 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: 12/31/15

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: 12/31/15

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:

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
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
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 though Fidelity and Deposit Company of Maryland. Colonial American Casualty and Surety Company, 1400 American Lane, Shaumburg, IL 60196. This company is a subsidary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to $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
No stocks owned at this time	N/A

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)
N/A	N/A	N/A

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

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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 Name	2 Amount Paid
N/A	

16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days? 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 intents to correct this violation?

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing? Yes [ ] No [X]

i) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))? Yes [ ] No [ ]

ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:

iii) Name

iv) Address

v) Telephone Number

vi) Email Address

STATEMENT AS OF March 31, 2016 (Quarterly Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (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 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	2,886		15,026,727
		XXX		XXX	XXX			
		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	2,886	-	15,026,727
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total – Cash	XXX	XXX	XXX	XXX	XXX	2,886	-	15,026,727
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	$ -	$ 2,886	$ -	$ 15,026,727
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

STATEMENT AS OF March 31, 2016 (Quarterly Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE B — INVESTMENTS

1 CUSIP Identification	2 Description	3 Par Value	4 Actual Cost	5 Fair Value	6 Book/Adjusted Carrying Value	7 Acquired	8 Stated Contractual Maturity Date
0199999	Total bonds	$ -	$ -	$ -	$ -	XXX	XXX

1 CUSIP Identification	2 Description	3 Number of Shares	4 Par Value per Share	5 Actual Cost	6 Fair Value	7 Book/Adjusted Carrying Value	8 Date Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
0299999	Total Preferred Stocks		XXX	$ -	$ -	$ -	XXX
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX
			XXX				
0399999	Total Common Stocks			$ -	$ -	$ -	XXX
0499999	Total Common & Preferred Stocks			$ -	$ -	$ -	XXX

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (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
ns Cortland Community College		4,525	8,602		-	$ 13,127
Tompkins County	1,137,349				-	1,137,349
Town of Danby	(10,642)	28,444	20,375		-	38,177
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	1,126,707	32,969	28,977	-	-	1,188,653
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	1,126,707	32,969	28,977	-	-	1,188,653
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					-	1,188,653

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortiu (Name)

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

A	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F	G	H
Description of Claims	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	Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	Amount Unpaid Claims is Over or (Under) Reserved
1. Hospital & Medical Claims	1,695,153	4,924,065	-	3,251,205	1,695,153	3,170,639	1,475,486
2. Drug Claims	(2,606)	2,651,803	-	456,916	(2,606)	461,250	463,856
3. Other	-	-	-	-	-	-	-
4. TOTAL	1,692,547	7,575,868	-	3,708,121	1,692,547	3,631,889	1,939,342

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

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (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
Hancock and Estabrook	605					605
Don Barber	2,205					2,205
Armory Associates	7,750					7,750
Insero & Co.	6,000					6,000
ProAct, Inc	446,473					446,473
Locey & Cahill, LLC	1,341					1,341
Bonadio	12,575					12,575
Excellus - Claims	21,668					21,668
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	498,617	-	-	-	-	498,617
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	498,617	-	-	-	-	498,617

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE eater Tompkins County Municipal Health Insurance Consorti (Name)

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	17	20			

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	2,294	2,306			

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	60,322	15,175			

STATEMENT AS OF March 31, 2016 (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 paticipating Municipal Corporations (or school districts)	20
2. Number of enrolled members	2,306
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	38,417,128
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	1,920,856
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,879,368
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,920,856

STATEMENT AS OF March 31, 2016 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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.

STATEMENT AS OF March 31, 2016 (Quarter Ending)

Greater Tompkins County Municipal Health Insurance Consortium (Name)

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter 1 Total	Previous Year * 3 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.