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, 2018

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

2017 Revision -- (10/16/17 Edition)

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 31, 2018

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 and Cortland

OFFICERS*

President: Judith Drake

Secretary: Charles Rankin

Chief Financial Officer: Steven P. Thayer

Other Officers: Rordan Hart, Vice Chairperson; Richard Snyder, Treasurer

GOVERNING BOARD*

Name	Title
Steven P. Thayer	CFO
Judith Drake	President
Charles Rankin	Secretary
Rordan Hart	Vice Chairperson
Richard Snyder	Treasurer
David Schenck	Board Member
Mack Cook	Board Member
John Fracchia	Board Member
Laura Shawley	Board Member
Kathrin Servoss	Board Member
Ann Rider #	Board Member
Chuck Rankin #	Board Member
Charmagne Rumgay	Board Member
Richard Goldman	Board Member
Alvin Doty	Board Member
Peter Salton	Board Member
Michael Murphy	Board Member
Kristen Case	Board Member
Jim Bower	Board Member
Zach Nelson #	Board Member
Olivia Hersey	Board Member
Amy Guerreri	Board Member
Thomas Adams	Board Member
Tom Brown	Board Member
Eric Snow	Board Member
Alex Patterson	Board Member
LuAnn King	Board Member
John Malenick #	Board Member
Terry Baxter #	Board Member
Jim Doring	Board Member

Municipality
City of Ithaca
Town of Ithaca
Town of Caroline
Village of Trumansburg
County of Tompkins
Town of Springport
City of Cortland
Town of Caroline
Town of Danby
Town of Dryden
Town of Enfield
Town of Groton
Town of Lansing
Town of Ulysses
Town of Willet
Village of Cayuga Heights
Village of Dryden
Village of Homer
Labor Rep., UAW 2300, Town of Ithaca
Labor Rep., CSEA 1000, City of Ithaca
Labor Rep., Tompkins Cortland Community College
County of Tompkins
Town of Marathon
Town of Truxton
Town of Virgil
Town of Aurelius
Town of Cincinnatus
Town of Montezuma
Town of Moravia
Town of Preble

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 11th Day of May 2018
(Month) (Year)

Katrina J. McCloy
NOTARY PUBLIC
(Seal)

Judith Drake President
Charles Rankin Secretary
Steven P. Thayer Chief Financial Officer
(Corporate Seal)

Katrina J. Spicer McCloy
Notary Public, State of New York
No. 01SP6122368
Qualified in Cortland County
Commission Expires February 7, 2022

(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.

2017 Revision

STATEMENT AS OF March 31, 2018 (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)	25,953,272	25,125,286
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)	25,953,272	25,125,286
5. Premiums receivable (Schedule C, NY 10)	93,845	472,607
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)	26,047,117	25,597,893
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	-	406,929
16. Aggregate write-in for other than invested assets	672,554	526,300
17. Total Assets(Lines 9 to 16)	26,719,671	26,531,122

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. Excellus BCBS(Advanced Deposit)	647,700	526,300
1602. Prepaid Expenses	24,854	-
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)	672,554	526,300

* As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF March 31, 2018 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter 1 Total	Previous Year * 2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	4,074,831	4,540,654
2. Premiums received in advance	232,694	162,917
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	4,110	8,603
11. Accounts payable (Schedule G, NY12)	453,699	494,991
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)	4,765,334	5,207,165
17. Aggregate write-ins for special surplus funds	3,218,819	3,218,819
18. Gross paid-in and contributed surplus		-
19. Unassigned funds (surplus)	16,593,336	16,066,413
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	2,142,182	2,038,725
22. Total capital and surplus (Lines 17 to 21)	21,954,337	21,323,957
23. Total liabilities, capital, and surplus (Lines 16 + 22)	26,719,671	26,531,122
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits Premium	4,110	8,603
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)	4,110	8,603
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 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	1,350,000	1,350,000
1702. Rate Stabilization Reserve	1,868,819	1,868,819
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)	3,218,819	3,218,819

* As reported on Prior Year End filed Annual Statement.

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

STATEMENT AS OF March 31, 2018 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	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	15,459	15,616	62,090	XXX	XXX
2. Net premium income:					
2.1 Basic	8,352,617	7,963,526	31,700,590	540.31	510.56
2.2 Drugs	2,358,294	2,308,429	9,073,902	152.55	146.14
2.3 Total	10,710,911	10,271,955	40,774,492	692.86	656.70
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	-	-	-	-	-
5. Non-health revenues	36,955	34,533	145,643	XXX	XXX
6. Total revenues (Items 2 to 5)	10,747,866	10,306,488	40,920,135	695.25	659.05
Hospital and Medical:					
7. Hospital/medical benefits	6,765,911	6,678,651	26,296,546	437.67	423.52
8. Other professional services		-	-	-	-
9. Outside referrals		-	-	-	-
10. Emergency room and out-of-are		-	-	-	-
11. Prescription drugs	2,789,004	2,723,928	9,532,066	180.41	153.52
12. Aggregate write-ins for other hospital and medical	-	-	-	-	-
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	61,149	63,434	266,760	3.96	4.30
15. Subtotal (Lines 7 to 14)	9,616,064	9,466,013	36,095,372	622.04	581.34
Less:					
16. Net reinsurance recoveries			431	-	0.01
17. Total hospital and medical (Lines 15-16)	9,616,064	9,466,013	36,094,941	622.04	581.33
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses	-	-	-	-	-
19.1 Compensation	26,741	19,089	92,389	1.73	1.49
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-	-
19.4 Marketing	-	-	-	-	-
19.5 Professional Fees	16,421	42,534	128,879	1.06	2.08
19.6 Administration Fees	292,040	272,396	1,099,114	18.89	17.70
19.7 Consulting Fees	14,175	15,733	56,700	0.92	0.91
19.8 Aggregate write-ins for other administrative expenses	118,870	193,874	771,958	7.69	12.43
19.9 Total administrative expenses	468,247	543,626	2,149,040	30.29	34.61
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	10,084,311	10,009,639	38,243,981	652.33	615.94
22. Net underwriting gain or (loss) (Lines 6 - 21)	663,555	296,849	2,676,154	42.92	43.10
23. Net investment income earned	-	-	-	-	-
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	-	-	-	-
26. Aggregate write-ins for other income or expenses	(33,175)	(31,865)	(135,719)	(2.15)	(2.19)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	630,380	264,984	2,540,435	40.78	40.92
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	630,380	264,984	2,540,435	40.78	40.92
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 12 FOR OTHER HOSPITAL AND MEDICAL					
1201.	-	-	-	-	-
1202.	-	-	-	-	-
1203.	-	-	-	-	-
1204.	-	-	-	-	-
1205.	-	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. NYS Graduate Medical Education Tax	60,086	63,035	248,694	3.89	4.01
1402. ACA Traditional Reinsurance Fee	-	-	-	-	-
1403. Flu Clinics	-	-	6,480	-	0.10
1404. Patient Care Outcomes Research Institution Fee (PCORI)	-	-	11,442	-	0.18
1405. ITS Supplemental Fee	1,063	399	144	0.07	0.00
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	61,149	63,434	266,760	4	4
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. Insurance (Directors & Officers, Professional Liability)	8,285	8,285	33,139	0.54	0.53
19.802. Stop Loss Premiums	110,585	185,589	738,819	7.15	11.90
19.803.				-	-
19.804.				-	-
19.805.			-	-	-
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	-	-	-	-	-
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	118,870	193,874	771,958	8	12
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. Miscellaneous Expenses	(1,480)	(1,598)	(7,651)	(0.10)	(0.12)
2602. Insured Ancillary Benefits Expense	(36,563)	(34,186)	(146,050)	(2.37)	(2.35)
2603. Other Income	117	-	280	0.01	0.00
2604. Interest Income	4,751	3,919	17,702	0.31	0.29
2605.		-		-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	(33,175)	(31,865)	(135,719)	(2)	(2)

* As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF March 31, 2018 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter 1 Total	Previous Year * 2 Total
30. Capital and surplus prior reporting year	21,323,957	19,001,285
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	630,380	2,540,435
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)	103,457	112,727
43. Change in retained earnings/fund balance	(103,457)	(750,622)
44. Interest on surplus notes	-	-
45. Aggregate write-ins for changes in other net worth items	-	420,132
46. Aggregate write-ins for gains or (losses) in surplus	-	-
47. Net change in capital and surplus (Lines 31 to 46)	630,380	2,322,672
48. Capital and surplus end of reporting period (Line30 + 47)**	21,954,337	21,323,957

DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. Additional Needed for 12% IBNR	$ -	$ 9,809
4502. Addition in Catastrophic Reserve	-	300,000
4503. Addition in Rate Stabilization Reserve	-	110,323
4504.	-	
4505.	-	-
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45)	-	420,132

DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601.	$ -	$ -
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)	-	-

* As reported on Prior Year End filed Annual Statement.
** Must agree with Page NY 3 Line 22

STATEMENT AS OF March 31, 2018 (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 [ ] 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? 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: 12/31/11

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

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
N/A					
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
N/A					
Totals					

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

b) If "Yes", give name of the surety company, and amount of coverage:

The Consortium Treasurer, Consortium Bookkeeper #1 and Bookkeeper #2 are 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, 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 $5,250,000 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 [x] No [ ]

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 filed 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, 2018 (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

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

ii) Date of amendment

14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [x] No [ ]

15. a) What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? N/A

b) List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
N/A	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: 03/18/15

ii) When was the request approved? Date: 3/18/2015 letter not av

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:

N/A

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, 2018 (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	XXX	3,974		16,099,312
KEYBANK		XXX		XXX	XXX	776		9,853,960
		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	4,750	-	25,953,272
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	4,750	-	25,953,272
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	$ -	$ 4,750	$ -	$ 25,953,272

NOTE: Negotiable certificates of deposit to be reported in Schedule B.

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, 2018 (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
TC3 Culinary	7,453				-	$ 7,453
TC3 Farming	3,833				-	3,833
Town of Dryden	60,816				-	60,816
Town of Enfield		5,657			-	5,657
Town of Montezuma	3,598	70			-	3,668
Village of Homer	6,536	5,882			-	12,418
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	82,236	11,609	-	-	-	93,845
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	82,236	11,609	-	-	-	93,845
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					-	93,845

STATEMENT AS OF March 31, 2018 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (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
	B	C	D	E	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
Description of Claims	On Claims Incurred Prior to the Current Fiscal Year	On Claims Incurred During the Current Fiscal Year	On Claims Unpaid at End of Previous Year	On Claims Incurred During the Year			
1. Hospital & Medical Claims	1,532,495	5,684,117		4,072,592	1,532,495	2,794,572	1,262,077
2. Drug Claims	(32,921)	2,778,208		2,239	(32,921)	2,239	35,160
3. Other					-		-
4. TOTAL	1,499,574	8,462,325	-	4,074,831	1,499,574	2,796,811	1,297,237

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, which must equal NY3, Line 1.3, Column 1 of the previous annual statement.

STATEMENT AS OF March 31, 2018 (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
CanaRx	16,585					16,585
Don Barber	3,645					3,645
Excellus Health Plan Claims	20,255					20,255
ProAct, Inc	408,980					408,980
Tompkins County Dept of Finance	4,234					4,234
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	453,699	-	-	-	-	453,699
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	453,699	-	-	-	-	453,699

STATEMENT AS OF March 31, 2018 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (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	28	31			

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	2,407	2,408			

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	15,452	15,459			

STATEMENT AS OF March 31, 2018 (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)	31
2. Number of enrolled members	2,408
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	42,843,644
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	2,142,182
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	2,038,725
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	2,142,182

STATEMENT AS OF March 31, 2018 (Quarter Ending) OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1 Total	2 Total	3 Total	4 PMPM	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 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.				-	-
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	-	-	-	-	-
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 March 31, 2018 (Quarter Ending)

Greater Tompkins County Municipal Health Insurance Consortium (Name)

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Previous Year *
	1 Total	3 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.

Name	Title	Municipality
Gary Mutchler	Board Member	Town of Scipio
Bud Shattuck	Board Member	Village of Union Springs
Doug Perrine	Board Member	CSEA, Labor Rep
Tim Farrell	Board Member	CSEA, Labor Rep
Nancy Niswender	Board Member	Village of Groton
Kevin Williams #	Board Member	Town of Homer
Christine Laughlin #	Board Member	Town of Newfield
Ed Wagner #	Board Member	Town of Owasco