

**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 YEAR ENDING

December 31, 2022

To be filed 120 days from fiscal year end

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

New York State Department of Financial Services  
Health Bureau  
One State Street, 11th Floor  
New York, New York 10004

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 2022

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 A MCHBP:October 1, 2010

Commenced Business:January 1, 2011

Mailing Address:PO Box 7, Ithaca, NY 14851

Address of Main Administrative Office:215 North Tioga Street, Ithaca, NY 14850

Telephone Number:(607)274-5590Employer's ID Number:27-1447438

Principal Location of Books and Records:Same as Main Administrative Office Address

Name of Administrator:N/A

Name of Statement Contact Person:Elin R. Dowd, Executive Director

Statement Contact Person E-mail:hcdirector@tompkins-co.orgTelephone Number:(607)274-5590

Service Areas (Counties):Broome, Cayuga, Chemung, Chenango, Cortland, Madison, Onondaga, Ontario, Oswego, Schuyler, Seneca, Steuben, Tioga,

OFFICERS\*

President:Judith DrakeOther Officers:Rordan Hart, Vice Chairperson

Secretary:Peter SaltonRichard Snyder, Treasurer

Chief Financial Officer:Steven P. Thayer

GOVERNING BOARD\*

Name	Title	Municipality
Steven P. Thayer	CFO	City of Ithaca
Judith Drake	Ex-President	Town of Ithaca
Peter Salton	Secretary	Village of Cayuga Heights
Rordan Hart	Chairperson	Village of Trumansburg
Richard Snyder	Treasurer	County of Tompkins
Scott Steve	Board Member	City of Cortland
Lisa Holmes	Board Member	County of Tompkins
Darcey Rigdon	Board Member	Lansing Community Library
Laura Granger	Board Member	County of Seneca
Alex Patterson	Board Member	Town of Aurelius
Edward Fairbrother	Board Member	Town of Big Flats
Mark Witmer	Board Member	Town of Caroline
Richard Lewis	Board Member	Town of Catharine
LuAnn King	Board Member	Town of Cincinnatus
Lou Anne Randall	Board Member	Town of Cuyler
Laura Shawley	Board Member	Town of Danby
David Hertel	Board Member	Town of Dix
Leonardo Vargas-Mendez	Board Member	Town of Dryden
Stephanie Redmond	Board Member	Town of Enfield
Rita McCarthy	Board Member	Town of Erwin
Donald Scheffler	Board Member	Town of Groton
Justin Boyette	Board Member	Town of Hector
Kevin Williams	Board Member	Town of Homer
Donald Fischer	Board Member	Town of Horseheads
Mary Ellen Albrecht	Board Member	Town of Lansing
Timothy Elliot	Board Member	Town of Marathon
Mark Emerson	Board Member	Town of Mentz
Lee Brew	Board Member	Town of Montezuma
Terrance Baxter	Board Member	Town of Moravia
Christine Laughlin	Board Member	Town of Newfield

STATE OF New York

COUNTY OF Tompkins

Rordan Hart, President, Peter Salton, Secretary,  
Stephen P. 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 depose and say that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 27th Day of April, 2023

TERI McFALL APALOVICH  
Notary Public - State of New York  
No. 01AP6005948  
Qualified in Tompkins County  
My Commission Expires: 4/20/2026

TERI McFALL APALOVICH  
Notary Public - State of New York  
No. 01AP6005948  
Qualified in Tompkins County  
My Commission Expires: 4/20/2026

\*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.





REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F, NY11)	2,966,384	3,032,883
1.2 Additional amount required by Section 4706(a)(1)	3,706,279	3,833,725
1.3 Total claims payable	6,672,663	6,866,608
2. Premiums received in advance	1,555,795	766,350
3. General expenses due or accrued	-	-
4.1 Current federal income tax payable and interest thereon	-	-
4.2 Net deferred tax liability	-	-
5. Ceded reinsurance premiums payable	-	-
6. Amounts withheld or retained for the account of others	-	-
7. Borrowed money and interest thereon	-	-
8. Payable for securities	-	-
9. Funds held under reinsurance treaties	-	-
10. Aggregate write-ins for other liabilities	-	-
11. Accounts payable (Schedule G, NY12)	1,491,871	1,442,679
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 16)	9,720,329	9,075,637
17. Aggregate write-ins for special surplus funds	8,701,183	8,646,395
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	10,591,408	10,934,950
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	2,729,555	2,669,495
22. Total capital and surplus (Lines 17 to 21)	22,022,146	22,250,840
23. Total liabilities, capital, and surplus (Lines 16 + 22)	31,742,475	31,326,477
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001.		
1002.		
1003.		
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page NY3, item 10)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501.		
1502.		
1503.		
1504.		
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page NY3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	4,808,739	4,642,294
1702. Rate Stabilization Reserve	3,892,443	4,004,101
1703.		
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page NY3, item 17)	8,701,183	8,646,395

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

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



REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM XXX	Previous Year * 4 PMPM XXX
1. Member Months	76,601	75,641		
2. Net premium income:				
2.1 Basic	41,938,449	41,003,748	547.49	542.08
2.2 Drugs	12,652,646	12,386,154	165.18	163.75
2.3 Total	54,591,095	53,389,902	712.67	705.83
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	-	-	XXX	XXX
6. Total revenues (Items 2 to 5)	54,591,095	53,389,902	712.67	705.83
<b>Hospital and Medical:</b>				
7. Hospital/medical benefits	37,431,001	39,061,947	488.65	516.41
8. Other professional services	-	-	-	-
9. Outside referrals	-	-	-	-
10. Emergency room and out-of-area	-	-	-	-
11. Prescription drugs	14,074,374	13,962,954	183.74	184.60
12. Aggregate write-ins for other hospital and medical	-	-	-	-
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
14. Aggregate write-ins for other expenses	393,869	363,108	5.14	4.80
15. Subtotal (Lines 7 to 14)	51,899,244	53,388,008	677.53	705.81
<b>Less:</b>				
16. Net reinsurance recoveries	-	-	-	-
17. Total hospital and medical (Lines 15-16)	51,899,244	53,388,008	677.53	705.81
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-
19. General administrative expenses	-	-	-	-
19.1 Compensation	420,884	402,891	5.49	5.33
19.2 Interest expense	-	-	-	-
19.3 Occupancy, depreciation, and amortization	12,145	12,230	0.16	0.16
19.4 Marketing	4,418	5,140	0.06	0.07
19.5 Professional Fees	65,532	76,675	0.86	1.01
19.6 Administration Fees	1,813,731	1,678,883	23.68	22.20
19.7 Consulting Fees	91,500	88,980	1.19	1.18
19.8 Aggregate write-ins for other administrative expenses	369,600	331,835	4.83	4.39
19.9 Total administrative expenses	2,777,809	2,596,634	36.26	34.33
20. Increase in reserves for A&H contracts	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	54,677,053	55,984,643	713.79	740.14
22. Net underwriting gain or (loss) (Lines 6 - 21)	(85,958)	(2,594,741)	(1.12)	(34.30)
23. Net investment income earned	(373,433)	(117,492)	(4.88)	(1.55)
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	(373,433)	(117,492)	(4.88)	(1.55)
26. Aggregate write-ins for other income or expenses	(90,695)	(482,384)	(1.18)	(6.38)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(550,086)	(3,194,617)	(7.18)	(42.23)
28. Federal income taxes incurred	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(550,086)	(3,194,617)	(7.18)	(42.23)
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>				
0401.			-	-
0402.			-	-
0403.			-	-
0404.			-	-
0405.			-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4)	-	-	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL</b>				
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 NY4, item 12)	-	-	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES</b>				
1401. NYS Graduate Medical Education Tax	376,283	346,416	4.91	4.58
1402. Patient Care Outcomes Research Institution Fee (PCORI)	17,585	16,692	0.23	0.22
1403.			-	-
1404.			-	-
1405.			-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14)	393,869	363,108	5.14	4.80
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>				
19.801. Insurance (Directors & Officers, Professional Liability)	58,266	50,588	0.76	0.67
19.802. Stop Loss Insurance Expense	295,917	270,471	3.86	3.58
19.803. Supplies Expense	7,909	6,797	0.10	0.09
19.804. Mileage Expense	577	69	0.01	0.00
19.805. Computer Supplies	6,932	3,910	0.09	0.05
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 NY4, item 19.8)	369,600	331,835	4.83	4.39
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES</b>				
2601. Miscellaneous Expenses	(441)	(7,497)	(0.01)	(0.10)
2602. Other Income	-	-	-	-
2603. Interest Income	37,192	8,076	0.49	0.11
2604. Total Additional amt. required by Section 4706(a)(1)	(127,446)	(482,963)	(1.66)	(6.38)
2605.	-	-	-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page NY4, item 26)	(90,695)	(482,384)	(1.18)	(6.38)

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

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

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	22,250,840	26,000,180
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(550,086)	(3,194,617)
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)	(60,060)	(259,998)
43. Change in retained earnings/fund balance	266,603	(777,129)
44. Interest on surplus notes	-	-
45. Aggregate write-ins for changes in other net worth items	54,788	222,406
46. Aggregate write-ins for gains or (losses) in surplus	60,060	259,998
47. Net change in capital and surplus (Lines 31 to 46)	(228,694)	(3,749,340)
48. Capital and surplus end of reporting year (Line 30 + 47)**	22,022,146	22,250,840
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. Change in Catastrophic Reserve	\$ 166,445	\$ (389,926)
4502. Change in Rate Stabilization Reserve	(111,657)	612,332
4503.		
4504.		
4505.		
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page NY5, item 45)	54,788	222,406
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Offset to change in 4706(a)(5)	\$ 60,060	\$ 259,998
4602.		
4603.		
4604.		
4605.		
4698. Summary of remaining write-ins for Item 47 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	60,060	259,998

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



REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
Cash from Operations	Total	Total
1. Premiums collected net of reinsurance	54,903,343	53,062,521
2. Net investment income	(421,177)	(68,201)
3. Miscellaneous income	(4,815)	-
4. Total (Lines 1 through 3)	54,477,351	52,994,320
5. Benefit and loss related payments	51,899,244	53,388,008
6. Expenses paid and aggregate write-ins for deductions	2,691,865	1,763,762
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	-	-
8. Total (Lines 5 through 7)	54,591,109	55,151,770
9. Net cash from operations (Line 4 minus Line 8)	(113,758)	(2,157,450)
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	24,250,626	24,348,496
10.2 Stocks	-	-
10.3 Real estate	-	-
10.4 Net gains or (losses) on cash, cash equivalents and short-term investments	-	-
10.5 Miscellaneous proceeds	-	-
10.6 Total investment proceeds (Lines 10.1 to 10.5)	24,250,626	24,348,496
11. Cost of investments acquired (long-term only):		
11.1 Bonds	23,890,612	24,250,626
11.2 Stocks	-	-
11.3 Real estate	-	-
11.4 Miscellaneous applications	-	-
11.5 Total investments acquired (Lines 11.1 to 11.4)	23,890,612	24,250,626
12. Net increase (decrease) in contract loans and premium notes	-	-
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	360,014	97,870
Cash from Financing and Miscellaneous Sources		
14. Cash provided (applied):		
14.1 Surplus notes	-	-
14.2 Capital and paid in surplus	-	-
14.3 Borrowed funds	-	-
14.4 Dividends to participants	-	-
14.5 Other cash provided (applied)	86,462	(114,366)
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line 14.4 plus Line 14.5)	86,462	(114,366)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines 13 and 15)	332,718	(2,173,946)
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	6169222	8343168
17.2 End of year (Line 16 plus Line 17.1) *	6,501,940	6,169,222

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

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations?

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

Yes [X]No [ ]

4. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity?

Yes [ ]No [X]

b) If "Yes", give particulars:

5. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.

Yes [ ]No [X]

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

6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond?

Yes [X]No [ ]

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

The Health Consortium CFO is covered by the City of Ithaca Fidelity Bond. This coverage is provided through Travelers Casualty and Surety Company of America. The coverage provided covers Employee Theft - Per Loss up to \$4,000,000.

The Health Consortium Finance Manager and Executive Director are covered a Fidelity Bond. This coverage is provided by Travelers Casualty and Surety Company of America. The coverage provided covers Employee Theft - Per Loss up to \$5,000,000.

7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the statement date?

Yes [ ]No [X]

b) If "No", give location:

Held by Issuer-1100 N Market Street, Wilmington DE 19890

8. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [ ]No [X]

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
N/A	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

9. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof?

Yes [ ]No [X]

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

CFO

10. a) Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements?

Yes [ ]No [X]

b) If "Yes", give details:

11. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting year?

Yes [ ]No [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)

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

Hospital and Medical	Prescription
12%	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]

Yes [ ]No [X]

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

Yes [X]No [ ]

Yes [X]No [ ]

d) If c) is "Yes", answer the following:

i) When was the request filed with the Department of Financial Services?

Date: 08/11/1008/11/10

ii) When was the request approved?

Date: 10/01/1010/01/10

iii) If approved, please attach a copy of the approval letter(s).



GENERAL INTERROGATORIES (Continued)

13 a)

Provide the following information on the MCHBP's general liability insurance coverage:

i)

Name of Carrier:

Each municipality within the Consortium carries its own GL coverage through a policy or is self-insured. Exposure is

ii)

Limits of Coverage:

minimal for GL claims since the Consortium has four staff employed through the Town of Ithaca and offices are located in the Town of Ithaca.

iii)

Expiration Date:

Most meetings are held at the Town of Ithaca's conference room, and the Town of Ithaca is self-insured for activities that occur in that conference room.

14

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

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

15 a)

Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:

i)

Name of Carrier:

Excellus Health Plan, Inc.

ii)

Limits of Coverage:

a.) \$1,000,000 specific deductible (\$1,000,000 specific deductible on member #00001179452)  
unlimited policy year maximum for claims incurred from 1/1/2022 to 12/31/2022 and paid from 1/1/2022 to 03/15/2023.  
b.) Aggregate Not Applicable - Waiver Received from NYS-DFS (see attached)

iii)

Expiration Date:

December 31, 2022

iv)

Please attach a copy of the stop-loss policy.

v)

Please attach a copy of the actuary's certification of expected claims for current fiscal year.

b)

If the MCHBP does not have this coverage, explain:

N/A

16 a)

Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?

Yes [ X ] No [ ]

b)

If No, give details:

17 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

18 a)

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

Insero & Co. CPA's  
20 Thorwood Drive - Suite 200  
Ithaca, NY 14850

b)

Has the independent certified public accountant or accounting firm changed since the prior years annual audit?

Yes [ ] No [ X ]

c)

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

Yes [ ] No [ ]

d)

If answer is No, please attach the required notifications to this submission.

19

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

Armory Associates, LLC, 250 South Clinton Street, Suite 502, Syracuse, NY 13202. Actuary is associated with our consulting firm, Locey & Cahill, LLC.

20

Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?

Yes [ X ] No [ ]

21. a)

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 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	N/A

22. a)

Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations during the next 180 days?  
Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filing, should be reported to the Department with 30-days advance notice.

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

23. a)

Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?

Yes [ 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: 3/18/15\*

iii)

If approved, please attach a copy of the approval letter.

c)

If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

N/A \*Letter not available

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository – Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust	n/a	XXX	0.021	XXX	XXX	11,393	-	4,469,325
M&T Now	n/a	XXX	0.010	XXX	XXX	18	-	6,834
NYCLASS	n/a	XXX	0.038	XXX	XXX	25,781	-	2,025,781
		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	37,192	-	6,501,940
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	37,192	-	6,501,940
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	\$ -	\$ 37,192	\$ -	\$ 6,501,940
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								



SCHEDULE B—INVESTMENTS

		Codes			Fair Value					Change in Book/Adjusted Carrying Value					Interest					Dates					
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22				
CUSIP Identification	Description	Code	Foreign	Bond Characteristics	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Years (Amortization)/ Accretion	Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Received During Year	Acquired	Contractual Maturity Date				
91282CA96	UNITED STATES TREASURY NOTESD1D 10/15/ n/a	n/a	n/a	n/a	exempt	2,069,572	n/a	2,021,650	2,072,000	2,021,650	(47,921)	-	-	XXX	0.13%	0.000	n/a	1,182	-	3/25/2021	10/15/2023				
91282CB48	UNITED STATES TREASURY NOTESD1D 12/15/ n/a	n/a	n/a	n/a	exempt	1,027,456	n/a	997,930	1,000,000	994,637	(32,819)	-	-	XXX	0.13%	0.000	n/a	269	-	6/17/2021	12/15/2023				
91282CB48	UNITED STATES TREASURY NOTESD1D 12/15/ n/a	n/a	n/a	n/a	exempt	995,625	n/a	957,930	1,000,000	957,930	(37,695)	-	-	XXX	0.13%	0.000	n/a	82	-	6/17/2021	12/15/2023				
91282CB48	UNITED STATES TREASURY NOTESD1D 06/15/ n/a	n/a	n/a	n/a	exempt	994,922	n/a	938,520	1,000,000	938,520	(56,402)	-	-	XXX	0.25%	0.000	n/a	117	-	4/30/2021	8/15/2023				
91282CAF8	UNITED STATES TREASURY NOTESD1D 08/15/ n/a	n/a	n/a	n/a	exempt	498,955	n/a	468,155	500,000	468,155	(12,810)	-	-	XXX	0.13%	0.000	n/a	233	-	8/3/2021	4/30/2023				
91282CBX8	UNITED STATES TREASURY NOTESD1D 04/30/ n/a	n/a	n/a	n/a	exempt	510,800	n/a	503,974	511,000	503,974	(6,827)	-	-	XXX	0.13%	0.000	n/a	106	-	8/3/2021	4/30/2023				
91282BZ79	UNITED STATES TREASURY NOTESD1D 07/15/ n/a	n/a	n/a	n/a	exempt	344,596	n/a	336,617	345,000	336,617	(7,979)	-	-	XXX	0.13%	0.000	n/a	197	-	3/25/2021	7/15/2023				
0199998	From Overflow Page (NY 19)					18,015,590	XXX	17,651,130	18,127,000	17,651,130	(364,460)	-	-	XXX	XXX	XXX	XXX	54,095	-	XXX	XXX				
0199999	Total bonds					\$ 24,457,525	XXX	\$ 23,890,612	\$ 24,586,000	\$ 23,890,612	\$ (566,913)	\$ -	\$ -	XXX	Change in Book/Adjusted Carrying Value	XXX	XXX	\$ 56,250	\$ -	XXX	XXX				
1	2	Codes			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Year's (Amortization) Accretion	Other Than Temporary Impairment	Change in B./A.C.V. Common	Total Change in B./A.C.V. Preferred Stocks	Foreign Exchange Change in B./A.C.V.	NAIC Designation	NAIC Market Indicator (a)	Date Acquired			
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0299998	From Overflow Page (NY 20)																								
0299999	Total Preferred Stocks																								
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399998	From Overflow Page (NY 21)																								
0399999	Total Common Stocks																								
0499999	Total Common & Preferred Stocks																								



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
	Tompkins County - TC3 Faculty Student Assoc	16,426	-	-	-	-	\$ 16,426
	Tompkins County - TC3 Culinary	3,300	-	-	-	-	3,300
	Tompkins County - TC3 Farming Program	2,309	-	-	-	-	2,309
	Tompkins County - TC3	425,148	-	-	-	-	425,148
	Town of Big Flats	38,643	-	-	-	-	38,643
	Town of Montezuma	2,092	-	-	-	-	2,092
	Town of Sennett	-	8,071	-	-	-	8,071
	Town of Throop	-	2,637	-	-	-	2,637
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
	0199999 Individually Listed Receivables	487,918	10,708	-	-	-	498,626
	0299999 Receivables Not Individually Listed	\$ -	\$ -	\$ -	\$ -	-	-
	0399999 Gross Premiums Receivable	487,918	10,708	-	-	-	498,626
	0499999 Less Allowance for Doubtful Accounts					-	-
	0599999 Premiums Receivable					-	498,626



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

Calculation of Unpaid Claims Reserves at Year End

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

	A	B	C	
	Hospital, Medical and Other	Prescription	Total	
Reserve requirement	12%	12%	XXXXXXX	As Approved by the Department of Financial Services (Formerly the Insurance Department)
Paid claims CY	\$ 37,883,934	\$ 14,081,808	\$ 51,965,742	From Section I, Col B, Line 4 below
Unpaid claims PY	\$ 3,025,449	\$ 7,434	\$ 3,032,883	From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Result	\$ 4,753,430	\$ 1,919,233	\$ 6,672,663	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 2,964,221	\$ 2,163	\$ 2,966,384	To be reported on page NY 3 Line 1.1. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Total Additional Amount Required by Section 4706(a)(1)	\$ 1,789,209	\$ 1,917,070	\$ 3,706,279	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 4,753,430	\$ 1,919,233	\$ 6,672,663	To be reported on Page NY 3 line 1.3

SECTION I — CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)
1. Hospital & Medical Claims - Per Actuary	37,883,934	3,025,449	2,964,221	37,822,706
2. Drug Claims - Per Actuary	14,081,808	7,434	2,163	14,076,537
3. Other - Per Actuary	-	-	-	-
4. Total	51,965,742	3,032,883	2,966,384	51,899,243

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

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims - Per Actuary	664,436	2,299,785	2,964,221
2. Drug Claims - Per Actuary	-	2,163	2,163
3. Other - Per Actuary	-	-	-
4. Total	664,436	2,301,948	2,966,384

\* Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F	G**	H
					Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	Estimated Liability of Unpaid Claims at End of Previous Year	Amount Unpaid Claims is Over or (Under) Reserved
	B	C	D	E			
Description of Claims	On Claims Incurred Prior to Current Year	On Claims Incurred During the Year	On Claims Unpaid at End of Previous Year	On Claims Incurred During the Year			
1. Hospital & Medical Claims	2,678,049	35,205,885	2,524	2,961,697	2,680,573	3,025,449	344,876
2. Drug Claims	(5,829)	14,087,637	-	2,163	(5,829)	7,434	13,263
3. Other	-	-	-	-	-	-	-
4. TOTAL	2,672,220	49,293,522	2,524	2,963,860	2,674,744	3,032,883	358,139

\* Must equal Section 1, Col. B.

\*\* Must equal Section 1, Col. C.

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

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





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

A	B Current Year 2022	C 2021	D 2020	E 2019	F 2018
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	31,742,475	31,326,477	33,511,789	32,080,107	27,063,899
2. Total Liabilities	9,720,329	9,075,637	7,511,609	6,752,093	5,420,136
3. Total Capital and Surplus	22,022,146	22,250,840	26,000,180	25,328,015	21,643,762
4. Contingency Reserve	2,729,555	2,669,495	2,409,497	2,514,837	2,120,085
5. Total Net Worth	22,022,146	22,250,840	26,000,180	25,328,015	21,643,762
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	54,591,095	53,389,902	48,189,940	50,296,736	42,401,705
7. Total Revenues	54,591,095	53,389,902	48,189,940	50,449,764	42,552,664
8. Total Hospital and Medical expenses	51,899,244	53,388,008	45,223,586	43,696,243	38,790,515
9. Total Administration expenses	2,777,809	2,596,634	2,430,085	2,659,132	1,944,696
10. Net Income	(550,086)	(3,194,617)	794,133	3,507,503	1,356,362
11. Member Months	76,601	75,641	75,327	74,085	62,435
12. Net Premium Income (PMPM)	712.67	705.83	639.74	678.91	679.13
13. Total Revenues(PMPM)	712.67	705.83	639.74	680.97	681.55
14. Total Hospital And Medical Expenses (PMPM)	677.53	705.81	600.36	589.81	621.29
15. Total Administration Expenses (PMPM)	36.26	34.33	32.26	35.89	31.15
16. Net Income (PMPM)	(7.18)	(42.23)	10.54	47.34	21.72
FORMULAS					
17. Other Invested Assets/Total Assets	-	-	0.00	0.00	0.00
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.95	1.00	0.94	0.87	0.93
19. Total Administration Expenses / Total Revenues	0.05	0.05	0.05	0.05	0.05
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	2,674,744	2,302,296	1,971,066	1,717,225	2,409,120
21. Estimated Liability of Unpaid Claims— Previous Year	3,032,883	2,478,160	2,356,193	2,623,635	2,796,811

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	49	53	53	53	53

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	3,053	3,122	3,129	3,121	3,118

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	6,305	6,428	6,423	6,373	6,334



Greater Tompkins County Municipal Health Insurance Consortium  
(Name)

## SCHEDULE J — REAL ESTATE

[illegible]

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

	Current Year
1. Number of paticipating Municipal Corporations	53
2. Number of enrolled members	3,118
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Net premium income	54,591,095
5. Surplus per Section 4706(a)(5)	2,729,555



OVERFLOW PAGE FOR WRITE-INS

		Current Year	Previous Year *	Current Year	Previous Year *
		1	2	3	4
		Total	Total	PMPM	PMPM
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806.	n/a			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.

OVERFLOW PAGE FOR WRITE-INS		
	Current Year	Previous Year *
	1 Total	2 Total
Page NY5 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506. n/a		
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.



OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

1	2	Codes			6	7	Fair Value		10	Change in Book/Adjusted Carrying Value				16	Interest			21	22			
		3	4	5			8	9		11	12	13	14		15	17	18			19	20	
CUSIP Identification XXX	Description	Code XXX	Foreign XXX	Bond Characteristics XXX	NAIC XXX	Actual Cost XXX	Rate Used to Obtain Fair Value XXX	Fair Value XXX	Par Value XXX	Book/ Adjusted Carrying Value XXX	Unrealized Valuation Increase/ (Decrease) XXX	Current Year's (Amortization)/ Accretion XXX	Other Than Temporary Impairment Recognized XXX	Foreign Exchange Change in B./A. C.V. XXX	Rate of XXX	Effective Rate of XXX	When Paid XXX	Admitted Amount Due & Accrued XXX	Amount Received During Year XXX	Acquired XXX	Stated Contractual Maturity Date XXX	
91282CB02	UNITED STATES TREASURY NOTES DTD 7/29/2020 0.125% 12/31/2022 CUSIP: 91282CB02	n/a	n/a	n/a	exempt	199,750	n/a	200,000	200,000	200,000	250	0	0	XXX	0.13%	0	0	124	0		11/1/2021	12/31/2022
	UNITED STATES TREASURY NOTES DTD 03/31/2021 0.125% 03/31/2023 CUSIP: 91282CB04	n/a	n/a	n/a	exempt	498,516	n/a	494,880	500,000	494,880 (3,636)	0	0	0	XXX	0.13%	0	0	156	0		11/1/2021	03/31/2023
91282CB04	UNITED STATES TREASURY NOTES DTD 04/15/2021 0.125% 01/15/2024 CUSIP: 91282CB00	n/a	n/a	n/a	exempt	2,556,398	n/a	2,441,888	2,561,000	2,441,888 (114,510)	0	0	0	XXX	0.13%	0	0	1,461	0		1/28/2021	1/15/2024
	UNITED STATES TREASURY NOTES DTD 07/15/2020 0.125% 07/15/2023 CUSIP: 91282CB02	n/a	n/a	n/a	exempt	90,893	n/a	88,789	91,000	88,789 (2,105)	0	0	0	XXX	0.13%	0	0	52	0		3/25/2021	7/15/2023
91282CB02	UNITED STATES TREASURY NOTES DTD 12/15/2020 0.125% 12/15/2023 CUSIP: 91282CB08	n/a	n/a	n/a	exempt	948,033	n/a	910,034	950,000	910,034 (38,000)	0	0	0	XXX	0.13%	0	0	49	0		12/15/2020	12/15/2023
	UNITED STATES TREASURY NOTES DTD 12/15/2020 0.125% 12/15/2023 CUSIP: 91282CB06	n/a	n/a	n/a	exempt	678,592	n/a	651,392	680,000	651,392 (27,200)	0	0	0	XXX	0.13%	0	0	35	0		12/15/2020	12/15/2023
91282CB08	UNITED STATES TREASURY NOTES DTD 11/15/2020 0.250% 11/15/2023 CUSIP: 91282CB06	n/a	n/a	n/a	exempt	500,609	n/a	481,742	501,000	481,742 (18,867)	0	0	0	XXX	0.25%	0	0	166	0		8/12/2021	11/15/2023
	UNITED STATES TREASURY NOTES DTD 06/31/2022 3.250% 06/31/2024 CUSIP: 91282CB01	n/a	n/a	n/a	exempt	2,285,776	n/a	2,283,354	2,332,000	2,283,354 (2,421)	0	0	0	XXX	3.92%	0	0	25,333	0		11/3/2022	8/31/2024
91282CB01	UNITED STATES TREASURY NOTES DTD 08/31/2022 3.250% 08/31/2024 CUSIP: 91282CB01	n/a	n/a	n/a	exempt	2,063,263	n/a	2,056,194	2,100,000	2,056,194 (7,069)	0	0	0	XXX	3.92%	0	0	22,813	0		11/3/2022	8/31/2024
	UNITED STATES TREASURY NOTES DTD 01/15/2021 0.125% 01/15/2024 CUSIP: 91282CB00	n/a	n/a	n/a	exempt	499,336	n/a	476,745	500,000	476,745 (22,591)	0	0	0	XXX	0.13%	0	0	285	0		2/1/2021	1/15/2024
91282CB00	UNITED STATES TREASURY NOTES DTD 02/28/2021 0.125% 02/28/2023 CUSIP: 91282CB00	n/a	n/a	n/a	exempt	498,926	n/a	496,665	500,000	496,665 (2,261)	0	0	0	XXX	0.13%	0	0	209	0		11/1/2021	2/28/2023
	UNITED STATES TREASURY NOTES DTD 02/28/2021 0.125% 02/28/2023 CUSIP: 91282CB00	n/a	n/a	n/a	exempt	3,847,486	n/a	3,758,396	3,852,000	3,758,396 (89,090)	0	0	0	XXX	0.13%	0	0	2,198	0		3/25/2021	7/15/2023
91282CB00	UNITED STATES TREASURY NOTES DTD 07/31/2021 0.125% 07/31/2023 CUSIP: 91282CB02	n/a	n/a	n/a	exempt	499,375	n/a	500,000	500,000	500,000 625	0	0	0	XXX	0.13%	0	0	311	0		11/1/2021	12/31/2022
	UNITED STATES TREASURY NOTES DTD 07/31/2021 0.125% 07/31/2023 CUSIP: 91282CB02	n/a	n/a	n/a	exempt	527,102	n/a	516,045	530,000	516,045 (11,056)	0	0	0	XXX	0.13%	0	0	274	0		11/1/2021	7/31/2023
91282CB09	UNITED STATES TREASURY NOTES DTD 07/31/2021 0.125% 07/31/2023 CUSIP: 91282CB09	n/a	n/a	n/a	exempt	328,195	n/a	321,311	330,000	321,311 (6,884)	0	0	0	XXX	0.13%	0	0	170	0		11/1/2021	7/31/2023
	UNITED STATES TREASURY NOTES DTD 03/31/2021 0.125% 03/31/2023 CUSIP: 91282CB04	n/a	n/a	n/a	exempt	498,516	n/a	494,880	500,000	494,880 (3,636)	0	0	0	XXX	0.13%	0	0	166	0		11/1/2021	03/31/2023
91282CB04	UNITED STATES TREASURY NOTES DTD 03/31/2021 0.125% 03/31/2023 CUSIP: 91282CB01	n/a	n/a	n/a	exempt	497,949	n/a	491,075	500,000	491,075 (6,874)	0	0	0	XXX	0.13%	0	0	52	0		11/1/2021	5/31/2023
	UNITED STATES TREASURY NOTES DTD 02/28/2021 0.125% 02/28/2023 CUSIP: 91282CB00	n/a	n/a	n/a	exempt	498,926	n/a	496,665	500,000	496,665 (2,261)	0	0	0	XXX	0.13%	0	0	209	0		11/1/2021	2/28/2023
Total Overflow Bonds										\$ 18,015,580	XXX	\$ 17,651,130	\$ 18,127,000	\$ 17,661,130	\$ (364,460)	\$ -	\$ -	\$ 54,095	\$ -	XXX	XXX	



**OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (PREFERRED STOCKS)**

[illegible]





Service Areas (Counties):        Tompkins, Wayne and Yates

Governing Board - Continued		
Name	Title	Municipality
Joan Jayne	Board Member	Town of Niles
Ed Wagner	Board Member	Town of Owasco
Jim Doring	Board Member	Town of Preble
Gary Mutchler	Board Member	Town of Scipio
Ed Rizzo	Board Member	Town of Sennett
Ray Bunce	Board Member	Town of Spencer
David Schenck	Board Member	Town of Springport
Loren Zorn	Board Member	Town of Tioga
Eric Ridley	Board Member	Town of Throop
Tom Brown	Board Member	Town of Truxton
Richard Goldman	Board Member	Town of Ulysses
Eric Snow	Board Member	Town of Virgil
Alvin Doty	Board Member	Town of Willet
Michael Murphy	Board Member	Village of Dryden
Lorie Corsette	Board Member	Village of Fayetteville
Miles McCarthy	Board Member	Village of Freeville
Nancy Niswender	Board Member	Village of Groton
Tanya DiGennaro	Board Member	Village of Homer
Donna Dawson	Board Member	Village of Horseheads
Ronny Hardaway	Board Member	Village of Lansing
Lisa DeVona	Board Member	Village of Minoa
Mike Baratta	Board Member	Village of Owego
Bud Shattuck	Board Member	Village of Union Springs
Fred Warrick	Board Member	Village of Watkins Glen
Jim Bower	Board Member	Labor Rep
Kate DeVoe	Board Member	Labor Rep
Zach Nelson	Board Member	Labor Rep
Jeanne Grace	Board Member	Labor Rep
Carol Sosnowski	Board Member	Labor Rep
Ian Tompkins	Board Member	Labor Rep