

**STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

June 30, 2022

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING June 30, 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 An 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)274-5590 Employer'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.org Telephone Number: (607)274-5590
Service Areas (Counties): Broome, Cayuga, Chemung, Chenango, Cortland, Madison, Onondaga, Ontario, Oswego, Schuyler, Seneca, Steuben, Tioga,

OFFICERS*

President: Judith Drake Other Officers: Rordan Hart, Vice Chairperson
Secretary: Peter Salton Richard Snyder, Treasurer
Chief Financial Officer: Steven P. Thayer

GOVERNING BOARD*

Name	Title
Steven P. Thayer	CFO
Judith Drake	President
Peter Salton	Secretary
Rordan Hart	Vice Chairperson
Richard Snyder	Treasurer
Scott Steve	Board Member
Lisa Holmes	Board Member
Darcey Rigdon	Board Member
Laura Granger	Board Member
Alex Patterson	Board Member
Edward Fairbrother	Board Member
Mark Witmer	Board Member
Richard Lewis	Board Member
LuAnn King	Board Member
Lou Anne Randall	Board Member
Laura Shawley	Board Member
David Hertel	Board Member
Leonardo Vargas-Mendez	Board Member
Stephanie Redmond	Board Member
Rita McCarthy	Board Member
Chuck Rankin	Board Member
Janine Bond	Board Member
Kevin Williams	Board Member
Donald Fischer	Board Member
Mary Ellen Albrecht#	Board Member
Timothy Elliot	Board Member
Mark Emerson	Board Member
David Corey	Board Member
Terrance Baxter	Board Member
Christine Laughlin	Board Member

Municipality
City of Ithaca
Town of Ithaca
Village of Cayuga Heights
Village of Trumansburg
County of Tompkins
City of Cortland
County of Tompkins
Lansing Community Library
County of Seneca
Town of Aurelius
Town of Big Flats
Town of Caroline
Town of Catharine
Town of Cincinnatus
Town of Cuyler
Town of Danby
Town of Dix
Town of Dryden
Town of Enfield
Town of Erwin
Town of Groton
Town of Hector
Town of Homer
Town of Horseheads
Town of Lansing
Town of Marathon
Town of Mentz
Town of Montezuma
Town of Moravia
Town of Newfield

STATE OF New York

COUNTY OF Tompkins

Judith Drake, 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 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 10th Day of

August (Month) 2012 (Year)
NOTARY PUBLIC

President
Secretary
Chief Financial Officer
(Corporate Seal)

TERI McFALL APALOVICH

Notary Public - State of New York

No. 01AP6005948

Qualified in Tompkins County

Commission Expires: 4/20/2020

(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.

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	23,765,430	24,250,626
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)	5,949,755	6,169,222
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)	5,949,755	6,169,222
5. Premiums receivable (Schedule C, NY 10)	466,922	21,430
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)	30,182,107	30,441,277
10. Investment income due and accrued	9,366	9,434
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	-	-
16. Aggregate write-in for other than invested assets	996,052	875,766
17. Total Assets(Lines 9 to 16)	31,187,524	31,326,477
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. <u>Excellus BCBS Prepaid Claims (Advanced Deposit)</u>	788,300	722,400
1602. <u>Prepaid Expenses</u>	206,952	152,566
1603. <u>Security Deposit - Rent</u>	800	800
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)	996,052	875,766

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	4,281,911	3,032,883
1.2 Additional amount required by Section 4706(a)(1)	3,833,725	3,833,725
1.3 Total claims payable	8,115,636	6,866,608
2. Premiums received in advance	1,187,598	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)	73,471	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 1.3 to 15)	9,376,705	9,075,637
17. Aggregate write-ins for special surplus funds	8,646,395	8,646,395
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	10,416,439	10,934,950
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	2,747,985	2,669,495
22. Total capital and surplus (Lines 17 to 21)	21,810,819	22,250,840
23. Total liabilities, capital, and surplus (Lines 16 + 22)	31,187,524	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 3, 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 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	4,642,294	4,642,294
1702. Rate Stabilization Reserve	4,004,101	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 3, item 17)	8,646,395	8,646,395

* As reported on Prior Year End filed Annual Statement.

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

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	38,532	37,977	75,641	XXX	XXX
2. Net premium income:					
2.1 Basic	21,119,378	20,629,054	41,003,748	548.10	542.08
2.2 Drugs	6,360,475	6,224,781	12,386,154	165.07	163.75
2.3 Total	27,479,853	26,853,835	53,389,902	713.17	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)	27,479,853	26,853,835	53,389,902	713.17	705.83
Hospital and Medical:					
7. Hospital/medical benefits	18,601,461	18,317,454	39,061,947	482.75	516.41
8. Other professional services	-	-	-	-	-
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	-	-	-	-	-
11. Prescription drugs	7,257,120	7,384,185	13,962,954	188.34	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	185,006	173,357	363,108	4.80	4.80
15. Subtotal (Lines 7 to 14)	26,043,587	25,874,996	53,388,008	675.90	705.81
Less:					
16. Net reinsurance recoveries	-	(133,269)	-	-	-
17. Total hospital and medical (Lines 15-16)	26,043,587	26,008,264	53,388,008	675.90	705.81
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses					
19.1 Compensation	190,508	174,557	402,891	4.94	5.33
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	4,905	4,515	12,230	0.13	0.16
19.4 Marketing	955	1,291	5,140	0.02	0.07
19.5 Professional Fees	58,890	57,370	76,675	1.53	1.01
19.6 Administration Fees	914,529	838,713	1,678,883	23.73	22.20
19.7 Consulting Fees	45,750	44,490	88,980	1.19	1.18
19.8 Aggregate write-ins for other administrative expenses	187,391	29,155	331,835	4.86	4.39
19.9 Total administrative expenses	1,402,928	1,150,092	2,596,634	36.41	34.33
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	27,446,516	27,158,356	55,984,643	712.30	740.14
22. Net underwriting gain or (loss) (Lines 6 - 21)	33,338	(304,522)	(2,594,741)	0.87	(34.30)
23. Net investment income earned	(475,042)	(23,526)	(117,492)	(12.33)	(1.55)
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	(475,042)	(23,526)	(117,492)	(12.33)	(1.55)
26. Aggregate write-ins for other income or expenses	1,683	466	(482,384)	0.04	(6.38)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(440,021)	(327,582)	(3,194,617)	(11.42)	(42.23)
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(440,021)	(327,582)	(3,194,617)	(11.42)	(42.23)
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. <u>NYS Graduate Medical Education Tax</u>	185,006	173,357	346,416	4.80	4.58
1402. <u>Patient Care Outcomes Research Institution Fee (PCORI)</u>	-	-	16,692	-	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 4, item 14)	185,006	173,357	363,108	4.80	4.80
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. <u>Insurance (Directors & Officers, Professional Liability)</u>	29,133	25,294	50,588	0.76	0.67
19.802. <u>Stop Loss Insurance Expense</u>	148,484	-	270,471	3.85	3.58
19.803. <u>Supplies Expense</u>	3,334	1,264	6,797	0.09	0.09
19.804. <u>Mileage Expense</u>	277	-	69	0.01	0.00
19.805. <u>Computer Supplies</u>	6,164	2,598	3,910	0.16	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 4, item 19.8)	187,391	29,155	331,835	4.86	4.39
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. <u>Miscellaneous Expenses</u>	(747)	(4,298)	(7,497)	(0.02)	(0.10)
2602. <u>Other Income</u>	-	-	-	-	-
2603. <u>Interest Income</u>	2,430	4,763	8,076	0.06	0.11
2604. <u>Total Additional amt. required by Section 4706(a)(1)</u>	-	-	(482,963)	-	(6.38)
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)	1,683	466	(482,384)	0.04	(6.38)

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter	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	(440,021)	(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)	(78,490)	(259,998)
43. Change in retained earnings/fund balance	-	(777,129)
44. Interest on surplus notes	-	-
45. Aggregate write-ins for changes in other net worth items	-	222,406
46. Aggregate write-ins for gains or (losses) in surplus	78,490	259,998
47. Net change in capital and surplus (Lines 31 to 46)	(440,021)	(3,749,340)
48. Capital and surplus end of reporting period (Line30 + 47)**	21,810,819	22,250,840
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. Change in Catastrophic Reserve	\$ -	\$ (389,926)
4502. Change in Rate Stabilization Reserve	-	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 5, item 45)	-	222,406
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Offset to change in 4706(a)(5)	\$ 78,490	\$ 259,998
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)	78,490	259,998

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

GENERAL INTERROGATORIES

1. a)

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

Yes [] No [X]

b)

If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services?

Date: N/A

i)

If "approved", when was the filing request approved?

Date: N/A
Date: N/A
Date: N/A
Date: N/A

ii)

If not "approved" yet, what is the status of the filing request and the status date?

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:

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 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.

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 [] No [X]

b)

If "No", give location:

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

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 [] 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

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:

Treasurer

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:

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)

GENERAL INTERROGATORIES (Continued)

11. 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 with 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.

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

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)

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	2
Name	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?
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

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: 03/18/1503/18/15

ii)

When was the request approved?

Date: 3/18/2015*3/18/2015*

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 *Letter Not Available

18. a)

Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?

Yes []No [X]

b)

If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?

Yes [X]No []

c)

If b) is "Yes", answer the following

i)

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

Date: 02/08/1602/08/16

ii)

When was the request approved?

Date: 12/05/1712/05/17

iii)

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

d)

If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

N/A

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

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	N/A	XXX	0.030	XXX	XXX	1,406	-	5,877,497
M&T	N/A	XXX	0.020	XXX	XXX	3	-	72,258
		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	1,409	-	5,949,755
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	1,409	-	5,949,755
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	\$ -	\$ 1,409	\$ -	\$ 5,949,755
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

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
N/A	-	-	-	-	-	\$ -
Tompkins County - TC3 Faculty Student Association	16,240	-	-	-	-	16,240
Tompkins County - TC3 Culinary	4,099	-	-	-	-	4,099
Tompkins County - TC3 Farming Program	2,309	-	-	-	-	2,309
Tompkins County - TC3	444,273	-	-	-	-	444,273
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	466,922	-	-	-	-	466,922
0299999 Receivables Not Individually Listed	\$ -	\$ -	\$ -	\$ -	-	-
0399999 Gross Premiums Receivable	466,922	-	-	-	-	466,922
0499999 Less Allowance for Doubtful Accounts					-	-
0599999 Premiums Receivable					-	466,922

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			
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	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	2,447,791	15,709,343	3,025,449	530,543	5,473,240	3,025,449	(2,447,791)
2. Drug Claims	(5,829)	8,065,825	7,434	718,485	1,605	7,434	5,829
3. Other	-	-	-	-	-	-	-
4. TOTAL	2,441,962	23,775,168	3,032,883	1,249,028	5,474,845	3,032,883	(2,441,962)

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1.1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1.1, Column 2, which must equal NY 3, Line 1.1, Column 1 of the previous annual statement.

NOTE: The Additional Amount Required by Section 4706(a)(1) of the New York Insurance Law is no longer included on this Schedule, but is now included on line 1.2 of page NY 3.

STATEMENT AS OF	OF THE
June 30, 2022	Greater Tompkins County Municipal Health Insurance Consortium
(Quarter Ending)	(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.

[illegible]

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	49	53	53	N/A	N/A

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	3,053	3,122	3,129	N/A	N/A

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	N/A	N/A

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

	Current Quarter
1. Number of paticipating Municipal Corporations (or school districts)	53
2. Number of enrolled members	3,129
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	54,959,707
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	2,747,985
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	2,669,495
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	2,747,985

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 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					
2605. _____				-	-
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 Quarter	Previous Year *
	1	3
	Total	Total
Page NYS		
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 NYS		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4605. _____		
4607. _____		
4608. _____		
4609. _____		
4610. _____		
4698. TOTALS (Items 4606 thru 4610)	-	-

* As reported on Prior Year End filed Annual Statement.

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
Rhonda Slater#	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