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, 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	March 31, 2022

OF THE CONDITION AND AFFAIRS OF

<u>Greater Tompkins County Municipal Health Insurance Consortium</u> (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 1485	1			
Address of Main Administrative Office:	215 North Tioga Street, Itha	aca, NY 14850			
Telephone Number:	(607)274-5590	Employer's ID Number:		27-1447438	
Principal Location of Books and Records:	Same as Main Administrativ	ve Office Address			
Name of Administrator:	N/A				
Name of Statement Contact Person:	Elin R. Dowd, Executive Dir	notor			
			Talanhana Numban	(COZ)OZA EEOO	
Statement Contact Person E-mail	hcdirector@tompkins-co.org		_Telephone Number:	(607)274-5590	10.00 a / V. k.
Service Areas (Counties):	Broome, Cayuga, Chemung		ison, Onondaga, Ontario,	Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, V	vayrecia lates
		OFFICERS*			
President:	Judith Drake		Other Officers:	Rordan Hart, Vice Chairperson	
Secretary:	Peter Salton			Richard Snyder, Treasurer	
Chief Financial Officer:	Steven P. Thayer		_		
official interior officer.	oteverri. mayer				
		GOVERNING BOARD	*		
Name	Title			Municipality	
Steven P. Thayer	CFO	1	City of Ithaca		
Judith Drake	President	-	Town of Ithaca	and the second of the second o	
Peter Salton	Secretary		Village of Cayuga Heigh		
Rordan Hart	Vice Chairperson		Village of Trumansburg		
Richard Snyder	Treasurer		County of Tompkins	The property of the state of th	
Scott Steve#	Board Member		City of Cortland		
Lisa Holmes	Board Member		County of Tompkins		
Darcey Rigdon	Board Member Board Member	1	Lansing Community Lib County of Seneca	Dialy	
Laura Granger Alex Patterson	Board Member		Town of Aurelius	The second secon	
Edward Fairbrother	Board Member		Town of Big Flats		
Mark Witmer	Board Member	1	Town of Caroline	and the second of the second o	
Richard Lewis	Board Member	1	Town of Catharine	and produced in the production of the contract of the contract of	
LuAnn King	Board Member	1	Town of Cincinnatus	the same of the sa	
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# Chuck Rankin	Board Member Board Member	1	Town of Erwin Town of Groton		
Janine Bond#	Board Member		Town of Hector		
Kevin Williams	Board Member	i e	Town of Homer		
Donald Fischer	Board Member		Town of Horseheads		
Charmagne Rumgay	Board Member		Town of Lansing		
Timothy Elliot#	Board Member		Town of Marathon		
Mark Emerson#	Board Member		Town of Mentz		
David Corey#	Board Member		Town of Montezuma		
Terrance Baxter Christine Laughlin	Board Member Board Member		Town of Moravia Town of Newfield		
Officer and Education	Dodia Monibol		Town of Houner		
STATE OF New York					
001111774	Florokins				
COUNTYO	- TURDKITIS	^ (-			
Junth Make	, President,	Peter Solton)	. Secretary.	
Starra D Thayles		Corresponding person havir	ng charge of the financial	_, 000/014/),	
records of the MCHBP) of the	Greater Tompkins County Mu			, being duly sworn, each for himself deposes	
and says that they are the above described of				nerein	
assets were the absolute property of the said I					
this Statement, together with related exhibits,					
statement of all the assets and liabilities and o its income and deductions therefrom for the pe					
its income and deductions therefrom for the pe	ariou reported, according to the	e best of their information, K	nowledge and belief, resp	dectively.	
Subscribed And Sworn To Before Me This	Sh	Day of	Godfill	President	
200	20.13	C.	11/A2) A	12/	
May	2012		He Co	Secretary	
(Mordth)	(Year)		Media	May Object The social Off	
m			1-0000	Chief Financial Officer	
NOTARY PUBLIC		•			
(Seal)				(Corporate Seal)	

(Name)

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
. Bonds (Schedule B line 0199999, Page NY 9)	23,859,427	24,250,626
Stocks:	20,000,121	2 1,200,020
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)		
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	MANUSAL SANDON MANUSAL -	DY THE RESERVE
3. Real estate		THE PARTY OF THE P
I.1 Cash (Schedule A Line 0399999, Page NY 8)	6,439,906	6,169,222
.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)		
3.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	6,439,906	6,169,222
. Premiums receivable (Schedule C, NY 10)	31,831	21,430
. Other invested assets		
. Receivable for securities		
. Aggregate write-in for invested assets	TO SERVICE THE PROPERTY OF THE	
). Subtotal cash and invested assets (Lines 1 to 8)	30,331,165	30,441,277
Investment income due and accrued	7,821	9,434
Reinsurance:		
11.1 Amounts recoverable from reinsurers		
11.2 Funds held by or deposited with reinsured companies		Tribute in the second of the
11.3 Other amounts receivable under reinsurance contracts		
2.1 Current federal income tax recoverable and interest		
thereon		
2.2 Net deferred tax asset	- 1	
Electronic data processing equipment and software	-	
Furniture and equipment, including health care delivery assets	-	
Health care and other amounts receivable	437,790	
Aggregate write-in for other than invested assets	992,331	875,766
17. Total Assets(Lines 9 to 16)	31,769,107	31,326,477
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR NVESTED 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 601. Excellus BCBS Prepaid Claims (Advanced Deposit) 602. Prepaid Expenses 603. Security Deposit - Rent 604. 605.	788,300 203,231 800	722,400 152,566 800
698. Summary of remaining write-ins for Item 16 from overflow page	Concentration of the Content of the	The Shire State of the Late
699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	992,331	875.76

^{*} As reported on Prior Year End filed Annual Statement.

OF THE

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1	2
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	Total 4,708,940	Total 3,032,883
1.2 Additional amount required by Section 4706(a)(1)	3,833,725	3,833,725
1.3 Total claims payable	8,542,665	6,866,608
Premiums received in advance	793,755	766,350
General expenses due or accrued	100,700	700,000
4.1 Current federal income tax payable and interest thereon	PROPERTY OF THE PERSON OF THE	
4.2 Net deferred tax liability	CONTRACTOR OF THE PARTY OF THE	
Ceded reinsurance premiums payable	Telegraphic and the second	CONTRACTOR SHOULD BE SHOULD BE
Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		The second secon
Payable for securities		THE PERSON NAMED IN POST OF THE PERSON NAMED IN PARTY.
Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	可是自己的企业是是不是自己的工作的企业 。	
11. Accounts payable (Schedule G, NY12)	86,082	1,442,679
12. Claim stabilization reserve	-	
13. Unearned premiums14. Loans and notes payable		-
Loans and notes payable Aggregate write-ins for current liabilities	Constitution of the second state of the second	PRODUCTION OF THE PROPERTY OF
16. Total liabilities (Lines 1.3 to 15)	9,422,502	9,075,637
17. Aggregate write-ins for special surplus funds	8,646,395	8,646,395
18. Gross paid-in and contributed surplus	0,040,595	0,040,393
19. Unassigned funds (surplus)	10,928,645	10,934,950
20. Surplus notes	10,020,010	10,001,000
21. Surplus per Section 4706(a)(5) **	2,771,566	2,669,495
22. Total capital and surplus (Lines 17 to 21)	22,346,605	22,250,840
23. Total liabilities, capital, and surplus (Lines 16 + 22)	31,769,107	31,326,477
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.	The state of the s	CARLO STATE OF THE STATE OF THE STATE OF
1505.		THE RESERVE OF THE PARTY OF THE
1598. Summary of remaining write-ins for Item 15 from overflow page		
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	(1) 2 10 2 2 A S (2) 2 A S (2) 2 B (2) 2 B (2) 2 B (2) 2 B (2) B	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS		
FUNDS 1701 Assigned for Cotostrophia Claims	4.040.004	
1701. Assigned for Catastrophic Claims 1702. Rate Stabilization Reserve	4,642,294	4,642,294
1702. Rate Stabilization Reserve	4,004,101	4,004,101
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	Manager and the second	
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	8,646,395	8,646,395
,	5,5.5,500	3,3 .3,000

^{*} 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 Total	2 Total	3 Total	4 PMPM	5 PMPM
1. Member Months	19,283	19,051	75,641	XXX	XXX
Net premium income: 2.1 Basic	10,645,378	10,330,290	41,003,748	552.06	542.08
2.2 Drugs	3,212,451	3,118,452	12,386,154	166.59	163.75
2.3 Total Change in unearned premium reserves and reserve for rate credits:	13,857,829	13,448,742	53,389,902	718.66	705.83
 Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 					
3.2 Drugs					
3.3 Total	(65) Nath (65)	United by the least	Coteta aye at	Mark Mark Barrier	n should be a fire
Aggregate write-ins for other health care related revenues Non-health revenues		April 1 Miles In 18 and 18	Estimates Cym 4	W//- 120 - 1	
6. Total revenues (Items 2 to 5)	13,857,829	13,448,742	53,389,902	718.66	XXX 705.83
Hospital and Medical:					
7. Hospital/medical benefits	9,105,255	8,845,379	39,061,947	472.19	516.41
Other professional services Outside referrals	-		-		-
Emergency room and out-of-area			-		
Prescription drugs	3,469,125	3,829,254	13,962,954	179.91	184.60
Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts	540,000,000	EL MATTERNA ALCOHOL	37.2	MARKET STATE	-
Aggregate write-ins for other expenses	92,522	86,936	363,108	4.80	4.80
5. Subtotal (Lines 7 to 14)	12,666,902	12,761,569	53,388,008	656.89	705.81
ess:					
Net reinsurance recoveries Total hospital and medical (Lines 15-16)	12 666 000	10 764 500	E2 200 000	650.00	705.61
Claims adjustment expenses, including cost containment expenses	12,666,902	12,761,569	53,388,008	656.89	705.81
General administrative expenses		-			
19.1 Compensation	92,088	76,033	402,891	4.78	5.33
19.2 Interest expense 19.3 Occupancy, depreciation, and amortization	2,400	1 505	40.000	0.12	0.16
19.4 Marketing	703	1,505 1,078	12,230 5,140	0.12	0.16 0.07
19.5 Professional Fees	36,295	45,065	76,675	1.88	1.01
19.6 Administration Fees	461,901	421,685	1,678,883	23.95	22.20
19.7 Consulting Fees19.8 Aggregate write-ins for other administrative expenses	22,875 92,808	22,245	88,980	1.19	1.18
19.9 Total administrative expenses	709,069	80,195 647,805	331,835 2,596,634	4.81 36.77	4.39 34.33
Increase in reserves for A&H contracts		-	-	Main Hemen - and	C-1.00
Total underwriting deductions (Lines 17 to 20)	13,375,970	13,409,374	55,984,643	693.67	740.14
Net underwriting gain or (loss) (Lines 6 - 21) Net investment income earned	481,858 (387,114)	39,368 (14,643)	(2,594,741)	24.99	(34.30)
Net investment income earned Net realized capital gains or (losses) less capital gains taxes	(307,114)	(14,043)	(117,492)	(20.08)	(1.55)
5. Net investment gains or (losses) (Lines 23 + 24)	(387,114)	(14,643)	(117,492)	(20.08)	(1.55)
6. Aggregate write-ins for other income or expenses	1,020	(431)	(482,384)	0.05	(6.38)
 Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26) 	05.705	04.004	(2.101.017)	107	/10.00
28. Federal income taxes (Lines 22 + 25 + 26)	95,765	24,294	(3,194,617)	4.97	(42.23)
29. Net income (loss) (Lines 27 - 28)	95,765	24,294	(3,194,617)	4.97	(42.23)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER					
HEALTH CARE RELATED REVENUES					
1401. <u> </u>					
403.		THE RESERVE TO THE			
9404.					
405. Summos of completion with its fee them 4 feets as a feet them.				Parabagasa - Nas	
1498. Summary of remaining write-ins for Item 4 from overflow page 1499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)					
TO TALLE (Remo one) till a ense plas enser) (1 age n, Rem n)	-	ANTIBOTO POLICE TO PER	-	100 100 100 11 100 - 1 10 10	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER IOSPITAL AND MEDICAL					
201.	The Real Property lies				
202.				(entre of the experience)	
203					
205.		TO THE RESERVE			
298. Summary of remaining write-ins for Item 12 from overflow page				es problem are some e	
299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	Warning Control of Control	BURKENA DIA KASET	2 - Mills 2 De 1/2 = 1		
ETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER					
XPENSES 401. NYS Graduate Medical Education Tax	00.500	00.000	040 440	100	
101. NYS Graduate Medical Education Tax 102. Patient Care Outcomes Research Institution Fee (PCORI)	92,522	86,936	346,416 16,692	4.80	4.58 0.22
03.			10,002		0.22
04.			COLUMN TO SERVICE	hadruskin - in e	
105 198. Summary of remaining write-ins for Item 14 from overflow page				MARKET PROBLEMS	
199. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	92,522	86,936	363,108	4.80	4.80
ETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER					
DMINISTRATIVE EXPENSES					
9.801. Insurance (Directors & Officers, Professional Liability)	14,567	12,647	50,588	0.76	0.67
9.802. Stop Loss Insurance Expense 9.803. Supplies Expense	74,893 1,294	67,370 178	270,471 6,797	3.88 0.07	3.58
9.804. Mileage Expense	1,294	1/8	6,797	0.07	0.09
9.805. Computer Supplies	2,054		3,910	0.11	0.05
9 898. Summary of remaining write-ins for Item 19 8 from overflow page	The state of the last of the l		NAME OF THE OWNER OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER	PERSONAL PROPERTY IN	

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	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	95,765	(3,194,617)
 Change in valuation basis of aggregate policy and claim reserve 		
33. Change in net unrealized capital gains and losses less capital gains tax		Principle of the second
34. Change in net deferred income tax		The Target of the second state of the second
35. Change in nonadmitted assets		
36. Change in unauthorized reinsurance		·
37. Change in surplus notes	多元1962年12月1日中华10日月月日日本12日	
38. Cumulative effect of changes in accounting principles		The state of the s
39. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus	THE RESERVE OF THE RE	
40. Surplus adjustments:	发展的 。 中国中国共和国国际企业	
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)	(102,071)	(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	Extra District Health has been	222,406
46. Aggregate write-ins for gains or (losses) in surplus	102,071	259,998
47. Net change in capital and surplus (Lines 31 to 46)	95,765	(3,749,340)
48. Capital and surplus end of reporting period (Line30 + 47)**	22,346,605	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	\$ -	\$ (389,926) 612,332
4502. Change in Rate Stabilization Reserve	-	11/
4502. Change in Rate Stabilization Reserve 4503. 4504.	\$ - -	, , , , , , , , , , , , , , , , , , , ,
4502. Change in Rate Stabilization Reserve 4503. 4504. 4505.	-	, , , , , , , , , , , , , , , , , , , ,
4502. Change in Rate Stabilization Reserve 4503. 4504. 4505. 4598. Summary of remaining write-ins for Item 46 from overflow page	\$ - -	, , , , , , , , , , , , , , , , , , , ,
4502. Change in Rate Stabilization Reserve 4503. 4504. 4505.	-	11/
4502. Change in Rate Stabilization Reserve 4503. 4504. 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) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS	-	612,332
4502. Change in Rate Stabilization Reserve 4503. 4504. 4505. 4508. Summary of remaining write-ins for Item 46 from overflow page 4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 4601. Offset to change in 4706(a)(5)	-	612,332
4502. Change in Rate Stabilization Reserve 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) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR LOSSES) IN SURPLUS 4601. Offset to change in 4706(a)(5)	-	612,332
4502. Change in Rate Stabilization Reserve 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) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR LOSSES) IN SURPLUS 4601. Offset to change in 4706(a)(5) 4602.	-	612,332
4502. Change in Rate Stabilization Reserve 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) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 4601. Offset to change in 4706(a)(5) 4602.	-	612,332
4502. Change in Rate Stabilization Reserve 4503. 4504. 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) DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS 4601. Offset to change in 4706(a)(5) 4602. 4603. 4604. 4605.	-	612,332
4502. Change in Rate Stabilization Reserve 4503. 4504. 4505. 4598. Summary of remaining write-ins for Item 46 from overflow page	-	612,332

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

OF THE

Greater Tompkins County Municipal Health Insurance Consortium
(Name)

GENERAL INTERROGATORIES

4	-\	Use see						
1.	a)		y change been made since the last rep ent; plan document or the number of p				Yes [X]	No []
	b)	If "Yes",	, when was the filing request to change	e the agreements or docu	ments filed with the Departi	ment of Financial Services?	Date	N/A
		i)	If "approved", when was the filing re	quest approved?				N/A N/A
							Date	N/A N/A
		ii)	If not "approved" yet, what is the sta	tus of the filing request an	nd the status date?		54.0	
						-1 -1		N/A N/A
						-1 -1		N/A N/A
	c)	If "Yes",	attach current copies of the documen	ts <u>if they have not been pr</u>	reviously submitted.			
2.	a)	State as	of what date the latest financial exam	ination of the MCHBP wa	s made or is being made.		Date	12/31/15
	b)		e as of date that the latest financial ex y. This date should be the date of the					
		or releas	sed.	examined balance sheet	and not the date the report	was completed	Date	12/31/15
3.	a)		person, while an officer, director or tru overed by this statement, any commis				Yes []	No [X]
	b)	If "Yes",	give particulars:		-			
			N/A				_	
			Charles of the World Co.				_	
1. ;		Was mo	ney loaned, directly or indirectly, durin	g the period covered by the	nis report to any employee,	officer, or director of the		
		MCHBP	? If "Yes", please complete the schedu	ile below.		*	Yes []	No [X]
						3	4 Amount of Loan	5 Date Original
			1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
			N/A					
			Talak					
	h)		Totals					
	b)	Was mo employe	ney loaned, directly or indirectly, prior e, officer, or director of the MCHBP? I	to the period covered by to f "Yes", please complete t	his report, with an amount s he schedule below.	still outstanding, to any	Yes []	No [X]
						_	4	5
			1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan	Amount of Loan Principal Outstanding	Date Original Loan
			N/A	POSITION WITH WICH IDP	Description of Loan	Amount	at Quarter End	Was Issued
					The state of the state of			
	a)		Totals					
. 2		Is the fise	Totals	fidelity bond?			Yes [X]	No []
	0)			•			Yes [X]	No []
		If "Yes", y	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the prage provided covers Employee Theft	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,0	000.		and Surety Company of Am	
		If "Yes", y The Hea The cove	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,0 Executive Director are cov	000. vered a Fidelity Bond. This		and Surety Company of Am	
t		If "Yes", ! The Hea The cove The Hea Compan	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the grage provided covers Employee Thefi the Consortium Finance Manager and by of America. The coverage provided of the Consortium Finance Manager and by of America.	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,6 Executive Director are co- covers Employee Theft - F	ooo. vered a Fidelity Bond. This Per Loss up to \$5,000,000.	coverage is provided by Trave	and Surety Company of Am	
t	a)	If "Yes", garage The Hear The Cove The Hear Company	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the grage provided covers Employee Theft th Consortium Finance Manager and	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,6 Executive Director are co- covers Employee Theft - F	ooo. vered a Fidelity Bond. This Per Loss up to \$5,000,000.	coverage is provided by Trave	and Surety Company of Am	
. a	3)	If "Yes", page 15 The Hear The Cove The Hear Company Were all MCHBP	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the rage provided covers Employee Thefith Consortium Finance Manager and y of America. The coverage provided of the stocks, bonds, and other securities on the said date?	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,0 Executive Director are covorers Employee Theft - F s owned as of the reporting	ooo. vered a Fidelity Bond. This Per Loss up to \$5,000,000.	coverage is provided by Trave	and Surety Company of Amers Casualty and Surety	erica.
t	a) o)	If "Yes", ! The Hea The cove The Hea Compan: Were all MCHBP If "No", g	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the rage provided covers Employee Thefit the Consortium Finance Manager and y of America. The coverage provided of the stocks, bonds, and other securities on the said date? ive location:	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$A,000,C Executive Director are co- covers Employee Theft - F s owned as of the reportin Held by Issuer-1100 N M risically in the reporting en	pool. yered a Fidelity Bond. This identified to \$5,000,000. g period in the actual possessates the street, Wilmington Districts of fices, vaults or safety.	ession of the E 19890 y deposit boxes,	and Surety Company of Amers Casualty and Surety	erica.
t	ā) ()	If "Yes", ! The Hea The cove The Heal Compan Were all MCHBP If "No", g Excluding were all s with a qu	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the grage provided covers Employee Thefith Consortium Finance Manager and by of America. The coverage provided of the stocks, bonds, and other securities on the said date? ive location: g real estate and investments held physicocks, bonds and other securities, ow allified bank or trust company in according to the stocks, bonds and other securities, ow allified bank or trust company in according the stocks.	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,6 Executive Director are covicy expected by the second of the second	pop. yered a Fidelity Bond. This iver Loss up to \$5,000,000. g period in the actual posse arket Street, Wilmington Dittity's offices, vaults or safet it year held pursuant to a di General Examination Considerate Axamination Considerated a stamination Consideration Seneral Examination Consideration Consideration Seneral Examination Seneral Examination Seneral Examination Consideration Seneral Examination Seneral Examination Consideration Seneral Examination Sener	ession of the E 19890 y deposit boxes, rect custodial agreement iderations, F. Outsourcing of	ers Casualty and Surety Yes []	erica.
t	a) ()	If "Yes", y The Hea The cove The Hea Compan Were all MCHBP If "No", g Excluding were all s with a qu Critical F	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the grage provided covers Employee Theff th Consortium Finance Manager and y of America. The coverage provided the stocks, bonds, and other securities on the said date? ive location: greal estate and investments held phystocks, bonds and other securities, ow allified bank or trust company in according the control of the country of	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,6 Executive Director are cov covers Employee Theft - F s owned as of the reporting Held by Issuer-1100 N M visically in the reporting entined throughout the current dance with Section 1, III - reements of the NAIC Fin	pool. yered a Fidelity Bond. This yere Loss up to \$5,000,000. g period in the actual posses arket Street, Wilmington Ditity's offices, vaults or safety tyear held pursuant to a di General Examination Consuncial Condition Examiners	ession of the E 19890 y deposit boxes, rect custodial agreement iderations, F. Outsourcing of s Handbook?	and Surety Company of Amers Casualty and Surety	erica.
t	a) ()	If "Yes", y The Hea The cove The Hea Compan Were all MCHBP If "No", g Excluding were all s with a qu Critical F	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the grage provided covers Employee Thefith Consortium Finance Manager and by of America. The coverage provided of the stocks, bonds, and other securities on the said date? ive location: g real estate and investments held physicocks, bonds and other securities, ow allified bank or trust company in according to the stocks, bonds and other securities, ow allified bank or trust company in according the stocks.	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,6 Executive Director are cov covers Employee Theft - F s owned as of the reporting Held by Issuer-1100 N M visically in the reporting entined throughout the current dance with Section 1, III - reements of the NAIC Fin	pool. yered a Fidelity Bond. This yere Loss up to \$5,000,000. g period in the actual posses arket Street, Wilmington Ditity's offices, vaults or safety tyear held pursuant to a di General Examination Consuncial Condition Examiners	ession of the E 19890 y deposit boxes, rect custodial agreement iderations, F. Outsourcing of s Handbook?	ers Casualty and Surety Yes []	erica.
t	a) ()	If "Yes", y The Hea The cove The Hea Compan Were all MCHBP If "No", g Excluding were all s with a qu Critical F	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the erage provided covers Employee Thefith Consortium Finance Manager and y of America. The coverage provided the stocks, bonds, and other securities on the said date? ive location: g real estate and investments held phystocks, bonds and other securities, ow alified bank or frust company in acconductions, Custodial or Safekeeping Agements that conform to the requirement that conform to the requirement of Custodian(s)	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,0 Executive Director are covo covers Employee Theft - F s owned as of the reportin Held by Issuer-1100 N M sically in the reporting ented throughout the current dance with Section 1, III – treements of the NAIC Financial of the NAIC Financial of Custodian's Address	pool. yered a Fidelity Bond. This yere Loss up to \$5,000,000. g period in the actual posses arket Street, Wilmington Ditity's offices, vaults or safety tyear held pursuant to a di General Examination Consuncial Condition Examiners	ession of the E 19890 y deposit boxes, rect custodial agreement iderations, F. Outsourcing of s Handbook?	ers Casualty and Surety Yes []	erica.
t	a) ()	If "Yes", y The Hea The cove The Hea Compan Were all MCHBP If "No", g Excluding were all s with a qu Critical F	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the grage provided covers Employee Thefith Consortium Finance Manager and by of America. The coverage provided of the stocks, bonds, and other securities on the said date? it is location: g real estate and investments held physicocks, bonds and other securities, ow allified bank or trust company in accordunctions, Custodial or Safekeeping Agreements that conform to the requirement.	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,6 Executive Director are coviovers Employee Theft - F s owned as of the reporting the state of the Vissuer-1100 N M resically in the reporting en	pool. yered a Fidelity Bond. This yere Loss up to \$5,000,000. g period in the actual posses arket Street, Wilmington Ditity's offices, vaults or safety tyear held pursuant to a di General Examination Consuncial Condition Examiners	ession of the E 19890 y deposit boxes, rect custodial agreement iderations, F. Outsourcing of s Handbook?	ers Casualty and Surety Yes []	erica.
t	a) ()	If "Yes", y The Hea The cove The Hea Compan Were all MCHBP If "No", g Excluding were all s with a qu Critical F	cal officer of the MCHBP covered by a give name of the surety company, and the Consortium CFO is covered by the erage provided covers Employee Thefith Consortium Finance Manager and y of America. The coverage provided the stocks, bonds, and other securities on the said date? ive location: g real estate and investments held phystocks, bonds and other securities, ow alified bank or frust company in acconductions, Custodial or Safekeeping Agements that conform to the requirement that conform to the requirement of Custodian(s)	amount of coverage: City of Ithaca Fidelity Bon - Per Loss up to \$4,000,0 Executive Director are covo covers Employee Theft - F s owned as of the reportin Held by Issuer-1100 N M sically in the reporting ented throughout the current dance with Section 1, III – treements of the NAIC Financial of the NAIC Financial of Custodian's Address	pool. yered a Fidelity Bond. This yere Loss up to \$5,000,000. g period in the actual posses arket Street, Wilmington Ditity's offices, vaults or safety tyear held pursuant to a di General Examination Consuncial Condition Examiners	ession of the E 19890 y deposit boxes, rect custodial agreement iderations, F. Outsourcing of s Handbook?	ers Casualty and Surety Yes []	erica.

1	2	3	
Name(s)	Location(s)	Complete Explanation(s)	
N/A	N/A	N/A	
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		Control of the Contro	

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:

iv) Address

11. a)

What is the percentage that the MCHBP uses for its claims payable reserve?

Hospital and Medical Prescription

GENERAL INTERROGATORIES (Continued)

	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 § 4705(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? Dat	e: 08/11/10	08/11/10
		ii) When was the request approved? Dat	e: 10/01/10	10/01/10
		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	Tes[X]	NO[]
	-,			-
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 governments.		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 c		INA
	-,	with matters before legislative bodies, officers or departments of government during the period covered by this statement.	onnection	
		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	Yes []	No [X]
	/	Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?	ies[]	INO [X]
		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		
	L.)	Department with 30-days advance notice.		
	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?	: 03/18/15	
		ii) When was the request approved?	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	02/08/16	
		ii) When was the request approved? Date	:12/05/17	
		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 vio	lation?	
		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))?		No []
		ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the		[]
			e new CPA:	
		iii) Name		

March 31, 2022 OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE A — CASH AND CASH EQUIVALENTS

Description	1				_				
Description		2	3	4	5	6	7	8	9
Templins Trust N/A XXX 0.001 XXX XXX XXX 0.000 XXX 1,017 . 6.3 M&T N/A XXX 0.000 XXX XXX XXX 0.000 XXX 1.017 . 6.3 M&T N/A XXX 0.000 XXX XXX XXX 0.000 XXX 1.017 . 6.3 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	Description	Code		Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Received During	Due & Accrued at end of Current	Balance
Templeins Trust	Depository Cash	XXX	XXX	xxx	xxx	xxx	YYY	YYY	~~~
M&T	Tompkins Trust			1 10 10 100					6,375,154
XXX	M&T	N/A	xxx	0.000	xxx	xxx			64,752
	PARTICIPATION OF THE PROPERTY OF THE PARTY O		XXX		xxx	xxx			
			XXX		xxx	xxx			
XXX			xxx		XXX	xxx			RACTOR.
XXX			XXX	HXHLU	XXX	XXX	Billion 18-13		
XXX			xxx		xxx	xxx			
XXX			xxx		xxx	XXX			
D199999 Total - Cash on Deposit			xxx		xxx	XXX			
0.299999 Cash in Company's Office	INDEXESSATION OF THE		XXX		xxx	XXX			10 Land
039999 Total Cash Cas	0199999 Total Cash on Deposit	xxx	xxx	XXX	xxx	XXX	1,020		6,439,906
Description - Cash Equivalent	0299999 Cash in Company's Office					xxx	xxx	xxx	
0499999 Total Cash Equivalent	0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	1,020		6,439,906
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43	Description Cash Equivalent	xxx	XXX	xxx	xxx	XXX	xxx	XXX	XXX
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43	是一个是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一								
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43						Part Part			Maria Aug
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43								t Piter-	
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43									
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43	A THE REPORT OF THE PARTY OF TH								
0599999 Total Cash and Cash Equivalent XXX XXX XXX XXX XXX XXX 5 - \$ 1,020 \$ - \$ 6,43					43.55	1-77-6-77	村拉口花		Table 11
1,020	0499999 Total – Cash Equivalent	XXX					777		
NOTE: Negotiable certificates of deposit to be reported in Schedule B.	· · · · · · · · · · · · · · · · · · ·	XXX	XXX	XXX	XXX	\$ -	\$ 1,020	\$	\$ 6,439,906

SCHEDULE B — INVESTMENTS

1	2	3	4	5	6	7	8
CUSIP Identification	Description	Par Value	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Acquired	Stated Contractua
912828ZY9	UNITED STATES TREASURY NOTESDTD 07/1		2,069,572	2,022,396	2,022,396	3/25/2021	Maturity Date 7/15/20
91282CAP6	UNITED STATES TREASURY NOTESDTD 10/1	1,031,000	1,027,456	999,225	999,225	6/17/2021	10/15/20
91282CBA8 91282CCG4	UNITED STATES TREASURY NOTESDTD 12/1. UNITED STATES TREASURY NOTESDTD 06/1.		995,625 994,922		964,690 953,750	6/17/2021	12/15/20 06/15/2024
91282CAF8	UNITED STATES TREASURY NOTESDTD 08/1.	500,000	498,965		486,855		
91282CBX8	UNITED STATES TREASURY NOTESDTD 04/3	511,000	510,800	501,976	501,976	8/3/2021	4/30/20
91282CAC5 91282CAR2	UNITED STATES TREASURY NOTESDTD 07/3 UNITED STATES TREASURY NOTESDTD 10/3	950,000 950,000	949,592 949,075	947,844 944,139	947,844		7/31/20
912828ZY9	UNITED STATES TREASURY NOTESDTD 07/1			336,741	944,139 336,741	11/17/2020 3/25/2021	10/31/20 7/15/20
91282CBD2	UNITED STATES TREASURY NOTESDTD 12/3	200,000	199,750	198,062	198,062	11/1/2021	12/31/20
91282CBU4 91282CBE0	UNITED STATES TREASURY NOTESDTD 03/3 UNITED STATES TREASURY NOTESDTD 01/1:			492,205	492,205	11/1/2021	
91282CAG6	UNITED STATES TREASURY NOTESDTD 08/3	2,561,000		2,464,271 403,655	2,464,271 403,655	1/28/2021 8/31/2020	1/15/20 8/31/20
912828ZY9	UNITED STATES TREASURY NOTESDTD 07/15	91,000		88,821	88,821	3/25/2021	7/15/20
91282CBA8 91282CBA8	UNITED STATES TREASURY NOTESDTD 12/15 UNITED STATES TREASURY NOTESDTD 12/15		948,033	916,456	916,456	12/15/2020	
91282CAW1	UNITED STATES TREASURY NOTESDTD 12/19		678,592 500,609	655,989 485,459	655,989 485,459	12/15/2020 8/12/2021	12/15/20 11/15/20
91282CAC5	UNITED STATES TREASURY NOTESDTD 07/3	680,000	679,708	678,456	678,456	10/30/2020	7/31/20
91282CAR2 91282CAG6	UNITED STATES TREASURY NOTESDTD 10/3	680,000	679,338	675,804	675,804	11/17/2020	10/31/20
91282CBE0	UNITED STATES TREASURY NOTESDTD 08/3* UNITED STATES TREASURY NOTESDTD 01/15	611,000 500,000	610,668 499,336	608,971 481,115	608,971 481,115	08/31/2022 2/1/2021	08/31/2022
91282CBN0	UNITED STATES TREASURY NOTESDTD 02/28	500,000	498,926	493,280	493,280	11/1/2021	1/15/20 2/28/20
912828ZY9	UNITED STATES TREASURY NOTESDTD 07/15	3,852,000	3,847,486	3,759,783	3,759,783	3/25/2021	7/15/20
91282CCD1 91282CBD2	UNITED STATES TREASURY NOTESDTD 05/3- UNITED STATES TREASURY NOTESDTD 12/3-	500,000 500,000	497,949 498,926	489,785 495,155	489,785 495,155	11/1/2021	5/31/20
1282CCN9	UNITED STATES TREASURY NOTESDTD 07/3	530,000	527,102	516,649	516,649	11/1/2021 11/1/2021	12/31/20 7/31/20
91282CCN9	UNITED STATES TREASURY NOTESDTD 07/3	330,000	328,195	321,687	321,687	11/1/2021	7/31/20
1282CBU4 1282CCD1	UNITED STATES TREASURY NOTESDTD 03/3 UNITED STATES TREASURY NOTESDTD 05/3	500,000 500,000	498,516 497,949	492,205	492,205		03/31/2023
91282CBN0	UNITED STATES TREASURY NOTESDTD 05/3*	500,000	497,949	489,785 494,218	489,785 494,218	11/1/2021 11/1/2021	5/31/20 2/28/20
		al tradition of the AL	2,2-9	,	.5 1,2 75		2/20/20
				Mary Printers			
						A CONTRACTOR OF	
	The second of th						
0199999	Total bonds						
0133333		6 24 420 000	E 24 204 400	6 00 050 407	00 050 407	1000	1001
	Total bolius	\$ 24,430,000	\$ 24,381,198	\$ 23,859,427	\$ 23,859,427	XXX	XXX
1	2	3	4	\$ 23,859,427 5	\$ 23,859,427 6	XXX 7	XXX 8
CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted	8 Date
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
CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted	8 Date
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
CUSIP Identification XXX	Description List Preferred Stocks	3 Number of Shares	4 Par Value per Share XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	4 Par Value per Share XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks	3 Number of Shares	4 Par Value per Share XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	4 Par Value per Share XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	4 Par Value per Share XXX XXX XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	A Par Value per Share XXX XXX XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	A Par Value per Share XXX XXX XXX XXX XXX XXX XXX XXX XXX X	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	A Par Value per Share XXX XXX XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	A Par Value per Share XXX XXX XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	4 Par Value per Share XXX XXX XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX
CUSIP Identification XXX	Description List Preferred Stocks Total Preferred Stocks	3 Number of Shares XXX	A Par Value per Share XXX XXX XXX XXX XXX XXX XXX	5 Actual Cost XXX	6 Fair Value XXX	7 Book/Adjusted Carrying Value XXX	8 Date Acquired XXX XXX

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.

	_	2	ω	4	5
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitte
NA	+	1	1		
Tompkins County - TC3 Faculty Student Assoc	21,772		a.	1	
Town of Springport	2,187				
Town of Virgil	7,873	-	1	1	
0199999 Individually Listed Receivables	31,831	-		I	
0299999 Receivables Not Individually Listed	\$	\$ -	+	0	
0399999 Gross Premiums Receivable	31,831	-		1	
0499999 Less Allowance for Doubtful Accounts					
059999 Premiums Receivable					

(Quarter Ending)

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

_					п	
			Claims Unpaid at End	aid at End	Total Claims	
			of Current Quarter Viz:	uarter Viz:	Paid During the	
	Claims Paid During the Current Fiscal Year	Current Fiscal Year	Estimated Liability at End	bility at End	Fiscal Year and	
			of Current Quarter	Quarter	Claims Unpaid	Est
	В	C	D	ш	at End of	Liat
	On Claims	On Claims	On Claims		Current Quarter	Unpai
	Incurred Prior	Incurred During	Unpaid	On Claims	on Claims Incurred	at I
	to the Current	the Current	at End of	Incurred	in Prior Years	Pre
Description of Claims	Fiscal Year	Fiscal Year	Previous Year	During the Year	(B + D)	Fisc
1. Hospital & Medical Claims	2,285,927	6,609,588	3,025,449	835,545	5,311,376	
3 Dring Claims	(F 000)	0000	1			
	(0,050)	0,024,037	+0+,1	040,512	נטס,ו	
3. Other		1		-		
4. TOTAL	2,280,098	10,434,285	3,032,883	1,676,057	5,312,981	

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

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 lin "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

		2	ω	4	
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over
Armory Associates	7,200	1	1	-	
Bonadio & Co. LLP	9,000		-		
Chase	152	T	1	1	
Excellus Health Plan - Covered	30 030				
Lives	30,820				
Wilmington Trust	3,007	1	1		
Jennifer Jensen	585	1			
Locey & Cahill	7,625	1	1	1	
Town of Ithaca	27,585	1	•	-	
019999 Total Accounts Payable - Individually Listed	86,082			1	
0299999 Aggregate Accounts Not Individually Listed - Due	ı		1		
039999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due		ī			
999999 Total Accounts Pavable	86,000				
	000		THE RESERVE AND ADDRESS OF THE PARTY OF THE		

		G	reater Tompkins County Municipal Health Insurance
STATEMENT AS OF	March 31, 2022	OF THE	Consortium
	(Quarter Ending)		(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	49	53	N/A	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	N/A	N/A	N/A

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

А	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	N/A	N/A	N/A

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

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

- 1. Number of paticipating Municipal Corporations (or school districts)
- 2. Number of enrolled members
- 3. Maintains Stop-loss insurance as required by 4707(a)4. Percentage used to calculate the Surplus per Section 4706(a)(5)
- 5. Annualized Net premium income
- 6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income
- 7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement
 8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Current Quarter
53
3,122
Yes
5.0%
55,431,315
2,771,566
2,669,495
2.771.566

OVERFLOW PAGE FOR WRITE-INS

	E FOR WRITE-IN				
	1 Current Quarter	Prior Year to Date 2	Previous Year *	Current Quarter 4	Previous Year *
	Total	Total	Total	PMPM	PMPM
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806.					Name .
0807.				XXX	XXX
0808.				XXX	XXX
0809.				XXX	XXX
0810				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	THE RESIDENCE	min veloce.		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
1610.				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	Practical Contract of the	1-20-120-00-00-00	No plant der skip car	XXX	XXX
D NVA					
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			A series and a series are a series and a ser	XXX	XXX
	- Land Company 1			XXX	XXX
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR CURRENT LIABILITIES					
1506.				XXX	xxx
1507				XXX	XXX
1509.				XXX	XXX
1510.				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	A CONTRACTOR OF THE PARTY OF	in routiness and an		XXX	XXX
D 10/4					
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		1			
1706.				xxx	xxx
1707.				XXX	XXX
1708.				XXX	xxx
1709.				XXX	XXX
1710				XXX	XXX
1730. TOTALS (items 1700 tills 1710)	-	28.2.1111 EX # C 2111 - • 1	MINTERPRETATION	XXX	XXX
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406 0407				White store is not	N. H. W. L. P. C.
0408.					-
0409.				University of the least	Salah lawa a was
0410.				sala majo medala	College of the
0498. TOTALS (Items 0406 thru 0410)	All pleases of the Caustin All III	Distriction and o	eki jerte o rumičnih je,		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1206.	and an arrange of the little				HELENAN THE STREET
1207.				Shakara kara	MATTER STREET
1208.				MANUFACTURES.	Maria Miller Le
1209				THE REST OF THE PARTY OF THE PARTY OF	
				NAME AND POST OFFICE ADDRESS OF THE OWNER, WHEN THE OWNER, WHE	Control of the
1298. TOTALS (Items 1206 thru 1210)		2004205	And the March Continue with		-
1298. TOTALS (Items 1206 thru 1210)			teketilis literina 4	Carting Still Award	
Page NY 4		-	tors of the last fewers-	t er en skilder skill Naz til sen sældarik	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		en sztrodans-	to committee of	Clariting Tributes (Carlot Sec.)	5 15 15 15 15 15 15 15 15 15 15 15 15 15
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES			Ex-unalizations		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1406.		ALCOHOL ALCOHOL	lossija liedėna -		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1407.					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1409.					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 406. 407. 408. 409. 410.	-	-	33 (1999) (Sonton) =		
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 406. 407. 408. 409. 410.	-			n de la companya (b. 40 1 de la companya (b. 40	
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 406. 407. 408. 419. 410. 488. TOTALS (Items 1406 thru 1410)	-				
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 406. 407. 408. 409. 410. 498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 407. 408. 409. 410. 498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES	-				
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 406. 407. 408. 409. 410. 498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 9.806.	-				
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 406. 407. 408. 409. 410. 498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 9,806. 9,807.					
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Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1419. 1419. 1410. 1428. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.810.					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1405. 1407. 1408. 1409. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.810. 19.889. 19.880. 19.889. 19.889. 19.889. 19.889. 19.889. 19.889. 19.889. 19.889. 19.889. 19.889.					PROPERTY OF THE PROPERTY OF T
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1419. 1410. 1410. 1428. TOTALS (Items 1406 thru 1410) 1429. TOTALS (Items 1406 thru 1410) 1429. TOTALS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.809. 19.810. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) 1229 NY 4					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1410. 1498. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.810. 19.810. 19.810. 19.810. 19.810. 19.810. 19.811. 19.811. 19.812. 19.814. 19.815. 19.815. 19.815. 19.816. 19.817. 19.817. 19.818. 19.818. 19.819. 19.819. 19.810. 19.810. 19.810. 19.810. 19.811. 19.811. 19.811. 19.811. 19.812. 19.813. 19.813. 19.813.					PROPERTY OF THE PROPERTY OF T
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1405. 1407. 1408. 1409. 1410. 1498. TOTALS (Items 1406 thru 1410) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.810. 19.810. 19.810. 19.828. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 25 FOR OTHER INCOME OR EXPENSES			-		PROPERTY OF THE PROPERTY OF T
1298. TOTALS (Items 1206 thru 1210) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1406. 1407. 1408. 1409. 1410. 1419. 1419. 1419. 1419. 1419. 1419. 1419. 1419. 1419. 1419. 1419. 1410. 1419. 1410. 1419. 1410. 1419. 1410. 1419. 1410. 1419. 1410. 1410. 1419. 1410. 1					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1407. 1408. 1409. 1419. 1					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1405. 1407. 1408. 1419. 1410. 1410. 1410. Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES 19.806. 19.807. 19.808. 19.809. 19.809. 19.810. 19.898. TOTALS (Items 19.806 thru 19.810) Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 26 FOR OTHER INCOME OR EXPENSES 1606. 1607. 1608. 1609.					
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 14 FOR OTHER EXPENSES 1407. 1408. 1419. 1					

^{*} As reported on Prior Year End filed Annual Statement.

	OVERFLOW PAGE FOR WRITE-INS	
	Current Quarter	Previous Year *
	1	3
	Total	Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506.		
4507.	The state of the s	
4508.		
4509.		
4510.		
4598. TOTALS (Items 4506 thru 4510)	The control of the co	AND THE RESERVE OF THE PARTY OF
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4606.	MARKET CONTRACTOR CONTRACTOR	
4607.		
4608.		
4609.		
4610.		
4698. TOTALS (Items 4606 thru 4610)		A SERVICE OF THE PROPERTY OF THE PARTY OF TH

^{*} 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
Lonnie Childs	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
Nancy Webster	Board Member	Labor Rep
Ian Tompkins	Board Member	Labor Rep