

QUARTERLY STATEMENT

OF THE

AS OF

One copy 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

In addition, an electronic PDF copy of this Form should be filed with the **New York State Department of Health** at the following email address: **bmcfhhelp@health.ny.gov**

2021  
Edition

2021

HMO Quarterly

.....  
Affix Bar Code Above

QUARTERLY STATEMENT  
FOR THE PERIOD ENDING \_\_\_\_\_, 2021  
(Month) (Day)  
OF THE CONDITION AND AFFAIRS OF

\_\_\_\_\_  
(Name)  
NAIC Group Code: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
A Health Maintenance Organization organized under the laws of the State of New York  
Date Incorporated or Organized: \_\_\_\_\_ Date Certified As An HMO: \_\_\_\_\_  
Date Federally Qualified As An HMO: \_\_\_\_\_ Commenced Business: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address of Main Administrative Office: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Employer's ID Number: \_\_\_\_\_  
Principal Location of Books and Records: \_\_\_\_\_  
Quarterly Contact Person and Phone Number: \_\_\_\_\_  
Quarterly Statement Contact E-Mail Address: \_\_\_\_\_  
Electronic Filing Contact Person and Phone Number: \_\_\_\_\_  
Electronic Filing Contact E-Mail Address: \_\_\_\_\_

OFFICERS<sup>a</sup>

Chief Executive Officer: \_\_\_\_\_ Other Officers: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Chief Financial Officer: \_\_\_\_\_

DIRECTORS<sup>a</sup>

| <u>Name</u> | <u>State</u> <sup>(b)</sup> | <u>Name</u> | <u>State</u> <sup>(b)</sup> |
|-------------|-----------------------------|-------------|-----------------------------|
| _____       | _____                       | _____       | _____                       |
| _____       | _____                       | _____       | _____                       |
| _____       | _____                       | _____       | _____                       |
| _____       | _____                       | _____       | _____                       |

STATE OF.....  
COUNTY OF.....

**Certification of the New York Quarterly Supplement** - ....., Chief Executive Officer, ....., Secretary, ....., Chief Financial Officer (or Corresponding person having charge of the financial records of the HMO) of the ....., being duly sworn, each for himself deposes and says that they are the above described officers of the said Health Maintenance Organization, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said HMO, 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 HMO 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.

**Certification of the New York Quarterly Supplement Electronic Filing** - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specifications, that the filing has been tested against the validations included in these specifications, and that the information contained in this filing is identical to the information contained in the 2021 New York Quarterly Supplement blank filed with the New York State Department of Financial Services. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions.

**Certification of the NAIC Quarterly Statement Electronic Filing** - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the NAIC Quarterly Health Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that the quarterly statement information contained in this filing is identical to the information contained in the 2021 Quarterly Health Statement blank filed with the New York State Department of Financial Services. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions. For an HMO that is a line of business of an Article 43 Corporation, this certification applies to the NAIC Quarterly Health Statement electronic filing submitted for such Article 43 Corporation.

Subscribed And Sworn To Before Me This .....Day .....Chief Executive Officer  
of ....., 20.....Secretary  
.....Chief Financial Officer  
NOTARY PUBLIC (Seal) (Corporate Seal)

2021 Edition  
<sup>a</sup>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.  
<sup>b</sup>Indicate state of residency of each director. Also identify the directors who are enrollees of the HMO by using an asterisk (\*).  
NY1

AUTHORIZED SERVICE AREA AND LINE OF BUSINESS

Enter “X” for the counties and line of businesses that the HMO is authorized to write.

| County                           | Comm | HNY | Medicare | MMC | MA | MAP | MLTC<br>Partial | PACE | CHP | HARP | EP | FIDA |
|----------------------------------|------|-----|----------|-----|----|-----|-----------------|------|-----|------|----|------|
| REGION 1 – ALBANY AREA           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Albany                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Columbia                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Fulton                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Greene                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Montgomery                       |      |     |          |     |    |     |                 |      |     |      |    |      |
| Rensselaer                       |      |     |          |     |    |     |                 |      |     |      |    |      |
| Saratoga                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Schenectady                      |      |     |          |     |    |     |                 |      |     |      |    |      |
| Schoharie                        |      |     |          |     |    |     |                 |      |     |      |    |      |
| Warren                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Washington                       |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 2 – BUFFALO AREA          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Allegany                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Cattaraugus                      |      |     |          |     |    |     |                 |      |     |      |    |      |
| Chautauqua                       |      |     |          |     |    |     |                 |      |     |      |    |      |
| Erie                             |      |     |          |     |    |     |                 |      |     |      |    |      |
| Genesee                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Niagara                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Orleans                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Wyoming                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 3 – MID-HUDSON AREA       |      |     |          |     |    |     |                 |      |     |      |    |      |
| Delaware                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Dutchess                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Orange                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Putnam                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Sullivan                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Ulster                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 4 – NEW YORK CITY AREA    |      |     |          |     |    |     |                 |      |     |      |    |      |
| Bronx                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| Kings                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| New York                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Queens                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Richmond                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Rockland                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Westchester                      |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 5 – ROCHESTER AREA        |      |     |          |     |    |     |                 |      |     |      |    |      |
| Livingston                       |      |     |          |     |    |     |                 |      |     |      |    |      |
| Monroe                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Ontario                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Seneca                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Wayne                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| Yates                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 6 –SYRACUSE AREA          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Broome                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Cayuga                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Chemung                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Cortland                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Onondaga                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Schuyler                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Steuben                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Tioga                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| Tompkins                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 7 –UTICA / WATERTOWN AREA |      |     |          |     |    |     |                 |      |     |      |    |      |
| Chenango                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Clinton                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Essex                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| Franklin                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Hamilton                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Herkimer                         |      |     |          |     |    |     |                 |      |     |      |    |      |
| Jefferson                        |      |     |          |     |    |     |                 |      |     |      |    |      |
| Lewis                            |      |     |          |     |    |     |                 |      |     |      |    |      |
| Madison                          |      |     |          |     |    |     |                 |      |     |      |    |      |
| Oneida                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Oswego                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Ostego                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| St. Lawrence                     |      |     |          |     |    |     |                 |      |     |      |    |      |
| REGION 8 –LONG ISLAND AREA       |      |     |          |     |    |     |                 |      |     |      |    |      |
| Nassau                           |      |     |          |     |    |     |                 |      |     |      |    |      |
| Suffolk                          |      |     |          |     |    |     |                 |      |     |      |    |      |

|   |                                 |  |
|---|---------------------------------|--|
| CHP – Child Health Plus                 | HARP – Health and Recovery Plan | Medicare – Medicare Advantage                            |
| Comm - Commercial                       | HNY – Healthy New York          | MLTC – Managed Long-Term Care                            |
| EP – Essential Plan                     | MA – Medicaid Advantage         | MMC – Medicaid Managed Care                              |
| FIDA – Fully Integrated Duals Advantage | MAP – Medicaid Advantage Plus   | PACE – Program for the All-Inclusive Care of the Elderly |

REPORT 1 – PART A: ASSETS

|   | Current Period  |                                |                                 | 4<br>Prior Year<br>Net Admitted<br>Assets |
|---|-----------------|--------------------------------|---------------------------------|---|
|   | 1<br><br>Assets | 2<br><br>Nonadmitted<br>Assets | 3<br><br>Net Admitted<br>Assets |   |
| 1. Bonds  |                 |                                |                                 |   |
| 2. Stocks:  |                 |                                |                                 |   |
| 2.1 Preferred stocks  |                 |                                |                                 |   |
| 2.2 Common stocks   |                 |                                |                                 |   |
| 3. Mortgage loans on real estate:   |                 |                                |                                 |   |
| 3.1 First liens   |                 |                                |                                 |   |
| 3.2 Other than first liens  |                 |                                |                                 |   |
| 4. Real estate (Schedule A):  |                 |                                |                                 |   |
| 4.1 Properties occupied by the company<br>(less \$..... encumbrances.)  |                 |                                |                                 |   |
| 4.2 Properties held for the production of income<br>(less \$..... encumbrances.)  |                 |                                |                                 |   |
| 4.3 Properties held for sale (less<br>\$..... encumbrances.)  |                 |                                |                                 |   |
| 5. Cash (\$.....), cash equivalents (\$.....)<br>and short-term investments (\$.....)   |                 |                                |                                 |   |
| 6. Contract loans   | XXX             | XXX                            | XXX                             | XXX                                       |
| 7. Derivatives  |                 |                                |                                 |   |
| 8. Other invested assets  |                 |                                |                                 |   |
| 9. Receivable for securities  |                 |                                |                                 |   |
| 10. Securities lending reinvested collateral assets   |                 |                                |                                 |   |
| 11. Aggregate write-in for invested assets  |                 |                                |                                 |   |
| 12. Subtotal cash and invested assets (Lines 1 to 11)   |                 |                                |                                 |   |
| 13. Title Plant   | XXX             | XXX                            | XXX                             | XXX                                       |
| 14. Investment income due and accrued   |                 |                                |                                 |   |
| 15. Premiums and considerations:  |                 |                                |                                 |   |
| 15.1 Uncollected premiums and agents’ balances in the<br>course of collection   |                 |                                |                                 |   |
| 15.2. Deferred premiums, agents’ balances and installments<br>booked but deferred and not yet due (including<br>\$..... earned but unbilled premiums) |                 |                                |                                 |   |
| 15.3. Accrued retrospective premiums (\$.....) and<br>contracts subject to redetermination (\$.....)  |                 |                                |                                 |   |
| 16. Reinsurance:  |                 |                                |                                 |   |
| 16.1. Amounts recoverable from reinsurers   |                 |                                |                                 |   |
| 16.2. Funds held by or deposited with reinsured companies   |                 |                                |                                 |   |
| 16.3. Other amounts receivable under reinsurance contracts  |                 |                                |                                 |   |
| 17. Amounts receivables relating to uninsured plans   |                 |                                |                                 |   |
| 18.1. Current federal and foreign income tax recoverable and<br>interest thereon  |                 |                                |                                 |   |
| 18.2. Net deferred tax asset  |                 |                                |                                 |   |
| 19. Guaranty funds receivable or on deposit   | XXX             | XXX                            | XXX                             | XXX                                       |
| 20. Electronic data processing equipment and software   |                 |                                |                                 |   |
| 21. Furniture and equipment, including health care delivery assets<br>(\$.....)   |                 |                                |                                 |   |
| 22. Net adjustment in assets and liabilities due to foreign<br>exchange rates   |                 |                                |                                 |   |
| 23. Receivables from parents, subsidiaries and affiliates   |                 |                                |                                 |   |
| 24. Health care (\$.....) and other amounts receivable  |                 |                                |                                 |   |
| 25. Aggregate write-ins for other than invested assets  |                 |                                |                                 |   |
| 26. Total assets excluding Separate Accounts, Segregated<br>Accounts and Protected Cell Accounts (Lines 12 to 25)                                     |                 |                                |                                 |   |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts  | XXX             | XXX                            | XXX                             | XXX                                       |
| 28. Total (Lines 26 and 27)   |                 |                                |                                 |   |
| DETAILS OF WRITE-INS  |                 |                                |                                 |   |
| 1101.   |                 |                                |                                 |   |
| 1102.   |                 |                                |                                 |   |
| 1103.   |                 |                                |                                 |   |
| 1198. Summary of remaining write-ins for Line 11 from<br>overflow page  |                 |                                |                                 |   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)   |                 |                                |                                 |   |
| 2501.   |                 |                                |                                 |   |
| 2502.   |                 |                                |                                 |   |
| 2503.   |                 |                                |                                 |   |
| 2598. Summary of remaining write-ins for Line 25 from<br>overflow page  |                 |                                |                                 |   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)   |                 |                                |                                 |   |

|  | Current Period |                |            | Prior<br>Year End |
|--|----------------|----------------|------------|-------------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total | 4<br>Total        |
| 1. Claims unpaid (less \$..... reinsurance ceded)  |                |                |            |                   |
| 2. Accrued medical incentive pool and bonus amounts  |                |                |            |                   |
| 3. Unpaid claims adjustment expenses   |                |                |            |                   |
| 4. Aggregate health policy reserves including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act               |                |                |            |                   |
| 5. Aggregate life policy reserves  | XXX            | XXX            | XXX        | XXX               |
| 6. Property/casualty unearned premium reserve  | XXX            | XXX            | XXX        | XXX               |
| 7. Aggregate health claim reserves   |                |                |            |                   |
| 8. Premiums received in advance  |                |                |            |                   |
| 9. General expenses due or accrued   |                |                |            |                   |
| 10.1. Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))                             |                |                |            |                   |
| 10.2. Net deferred tax liability   |                |                |            |                   |
| 11. Ceded reinsurance premiums payable   |                |                |            |                   |
| 12. Amounts withheld or retained for the account of others   |                |                |            |                   |
| 13. Remittances and items not allocated  |                |                |            |                   |
| 14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$.....current)   |                |                |            |                   |
| 15. Amounts due to parents, subsidiaries and affiliates  |                |                |            |                   |
| 16. Derivatives  |                |                |            |                   |
| 17. Payable for securities   |                |                |            |                   |
| 18. Payable for securities lending   |                |                |            |                   |
| 19. Funds held under reinsurance treaties with (\$..... authorized reinsurers), (\$..... unauthorized reinsurers) and (\$..... certified reinsurers) |                |                |            |                   |
| 20. Reinsurance in <b>unauthorized (\$.....) and certified (\$.....) companies</b>   |                |                |            |                   |
| 21. Net adjustment in assets and liabilities due to foreign exchange rates   |                |                |            |                   |
| 22. Liability for amounts held under uninsured accident and health plans   |                |                |            |                   |
| 23. Aggregate write-ins for other liabilities (including \$..... current)  |                |                |            |                   |
| 24. Total liabilities (Lines 1 to 23)  |                |                |            |                   |
| 25. Aggregate write-ins for special surplus funds  | XXX            | XXX            |            |                   |
| 26. Common capital stock   | XXX            | XXX            |            |                   |
| 27. Preferred capital stock  | XXX            | XXX            |            |                   |
| 28. Gross paid-in and contributed surplus  | XXX            | XXX            |            |                   |
| 29. Surplus notes  | XXX            | XXX            |            |                   |
| 30.1. Required reserves  |                |                |            |                   |
| 30.11. NYS Contingent Reserve  | XXX            | XXX            |            |                   |
| 30.12. NYS Escrow Deposit <sup>(a)</sup>   | XXX            | XXX            |            |                   |
| 30.13. Total required reserves (Items 30.11 and 30.12)   | XXX            | XXX            |            |                   |
| 30.2. Aggregate write-ins for other surplus funds  | XXX            | XXX            |            |                   |
| 31. Unassigned funds (surplus)   | XXX            | XXX            |            |                   |
| 32. Less treasury stock, at cost:  |                |                |            |                   |
| 32.1. .... shares common (value included in Line 26)   | XXX            | XXX            |            |                   |
| 32.2. .... shares preferred (value included in Line 27)  | XXX            | XXX            |            |                   |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)   | XXX            | XXX            |            |                   |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX            | XXX            |            |                   |
| <b>DETAILS OF WRITE-INS</b>  |                |                |            |                   |
| 2301.  |                |                |            |                   |
| 2302.  |                |                |            |                   |
| 2303.  |                |                |            |                   |
| 2398. Summary of remaining write-ins for Line 23 from overflow page  |                |                |            |                   |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)  |                |                |            |                   |
| 2501.  | XXX            | XXX            |            |                   |
| 2502.  | XXX            | XXX            |            |                   |
| 2503.  | XXX            | XXX            |            |                   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page  | XXX            | XXX            |            |                   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)  | XXX            | XXX            |            |                   |
| 30.201.  | XXX            | XXX            |            |                   |
| 30.202.  | XXX            | XXX            |            |                   |
| 30.203.  | XXX            | XXX            |            |                   |
| 30.298. Summary of remaining write-ins for Line 30.2 from overflow page  | XXX            | XXX            |            |                   |
| 30.299. Totals (Lines 30.201 through 30.203 plus 30.298)(Line 30.2 above)  | XXX            | XXX            |            |                   |

(a)Escrow deposit calculation on page NY36.

REPORT #2 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES (TOTAL)

|   | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|---|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|   | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months  |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:  |        |        |          |             |             |               |                            |
| 2.1 Basic   |        |        |          |             |             |               |                            |
| 2.2 Drugs   |        |        |          |             |             |               |                            |
| 2.3 Other riders  |        |        |          |             |             |               |                            |
| 2.4 Government programs   |        |        |          |             |             |               |                            |
| 2.5 Total   |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:  |        |        |          |             |             |               |                            |
| 3.1 Basic   |        |        |          |             |             |               |                            |
| 3.2 Drugs   |        |        |          |             |             |               |                            |
| 3.3 Other riders  |        |        |          |             |             |               |                            |
| 3.4 Government programs   |        |        |          |             |             |               |                            |
| 3.5 Total   |        |        |          |             |             |               |                            |
| 4. Fee-for-service (net of \$..... medical expenses)  |        |        |          |             |             |               |                            |
| 5. Risk revenue   |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues   |        |        |          |             |             |               |                            |
| 7. Non-health revenues  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)  |        |        |          |             |             |               |                            |
| Hospital and Medical:   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)   |        |        |          |             |             |               |                            |
| 9.2 Medical   |        |        |          |             |             |               |                            |
| 10. Other professional services   |        |        |          |             |             |               |                            |
| 11. Outside referrals   |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area  |        |        |          |             |             |               |                            |
| 13. Prescription drugs  |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical  |        |        |          |             |             |               |                            |
| 14.2. Rider expense   |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts  |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)  |        |        |          |             |             |               |                            |
| Less:   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries  |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries  |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)  |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)  |        |        |          |             |             |               |                            |
| 19. Non-health claims   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses, including \$..... cost containment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses   |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts  |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)  |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Line 8 – 23)   |        |        |          |             |             |               |                            |
| 25. Net investment income earned  |        |        |          |             |             |               |                            |
| 26. Net realized capital gains or (losses) less capital gains taxes of \$ .....   |        |        |          |             |             |               |                            |
| 27. Net investment gains or (losses) (Lines 25 + 26)  |        |        |          |             |             |               |                            |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)] |        |        |          |             |             |               |                            |
| 29. Aggregate write-ins for other income or expenses  |        |        |          |             |             |               |                            |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 + 27 + 28 + 29)          |        |        |          |             |             |               |                            |
| 31. Federal and foreign income taxes incurred   |        |        |          |             |             |               |                            |
| 32. Net income (loss) (Lines 30 – 31)   |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS  |        |        |          |             |             |               |                            |
| 0601.   |        |        |          |             |             |               |                            |
| 0602.   |        |        |          |             |             |               |                            |
| 0603.   |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page  |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)  |        |        |          |             |             |               |                            |
| 14.101.   |        |        |          |             |             |               |                            |
| 14.102.   |        |        |          |             |             |               |                            |
| 14.103.   |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page   |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)   |        |        |          |             |             |               |                            |
| 2901.   |        |        |          |             |             |               |                            |
| 2902.   |        |        |          |             |             |               |                            |
| 2903.   |        |        |          |             |             |               |                            |
| 2998. Summary of remaining write-ins for Line 29 from overflow page   |        |        |          |             |             |               |                            |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)   |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

STATEMENT OF REVENUE AND EXPENSES (Continued)

| CAPITAL & SURPLUS ACCOUNT  | 1                    | 2                  | 3              |
|--|----------------------|--------------------|----------------|
|  | Current Year-to-Date | Prior Year-to-Date | Prior Year End |
| 33. Capital and surplus prior reporting year   |                      |                    |                |
| GAINS AND LOSSES TO CAPITAL & SURPLUS:   |                      |                    |                |
| 34. Net Income or (loss) from Line 32  |                      |                    |                |
| 35. Change in valuation basis of aggregate policy and claim reserve                        |                      |                    |                |
| 36. Change in net unrealized capital gains and losses<br>less capital gains tax of \$..... |                      |                    |                |
| 37. Change in net unrealized foreign exchange capital gain or (loss)                       |                      |                    |                |
| 38. Change in net deferred income tax  |                      |                    |                |
| 39. Change in nonadmitted assets   |                      |                    |                |
| 40. Change in unauthorized and certified reinsurance                                       |                      |                    |                |
| 41. Change in treasury stock   |                      |                    |                |
| 42. Change in surplus notes  |                      |                    |                |
| 43. Cumulative effect of changes in accounting principles                                  |                      |                    |                |
| 44. Capital Changes:   |                      |                    |                |
| 44.1. Paid in  |                      |                    |                |
| 44.2. Transferred from surplus (Stock Dividend)  |                      |                    |                |
| 44.3. Transferred to surplus   |                      |                    |                |
| 45. Surplus adjustments:   |                      |                    |                |
| 45.1. Paid in  |                      |                    |                |
| 45.2. Transferred to capital (Stock Dividend)  |                      |                    |                |
| 45.3. Transferred from capital   |                      |                    |                |
| 46. Dividends to stockholders  |                      |                    |                |
| 47. Aggregate write-ins for gains or (losses) in surplus                                   |                      |                    |                |
| 48. Net change in capital and surplus (Lines 34 to 47)                                     |                      |                    |                |
| 49. Capital and surplus end of reporting year (Line 33 plus 48)                            |                      |                    |                |
| DETAILS OF WRITE-INS   |                      |                    |                |
| 4701.  |                      |                    |                |
| 4702.  |                      |                    |                |
| 4703.  |                      |                    |                |
| 4798. Summary of remaining write-ins for Line 47 from overflow page                        |                      |                    |                |
| 4799. TOTALS (Line 4701 thru 4703 plus 4798) (Line 47 above)                               |                      |                    |                |

REPORT #2Q - QUARTERLY STATEMENT OF REVENUE AND EXPENSES (TOTAL)

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                                   |
|--|--------|--------|----------|-------------|-------------|---------------|-------------------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                                 |
| 2. Net premium income:   |        |        |          |             |             |               |                                     |
| 2.1 Basic  |        |        |          |             |             |               |                                     |
| 2.2 Drugs  |        |        |          |             |             |               |                                     |
| 2.3 Other riders   |        |        |          |             |             |               |                                     |
| 2.4 Government programs  |        |        |          |             |             |               |                                     |
| 2.5 Total  |        |        |          |             |             |               |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:   |        |        |          |             |             |               |                                     |
| 3.1 Basic  |        |        |          |             |             |               |                                     |
| 3.2 Drugs  |        |        |          |             |             |               |                                     |
| 3.3 Other riders   |        |        |          |             |             |               |                                     |
| 3.4 Government programs  |        |        |          |             |             |               |                                     |
| 3.5 Total  |        |        |          |             |             |               |                                     |
| 4. Fee-for-service<br>(net of \$. medical expenses)  |        |        |          |             |             |               |                                     |
| 5. Risk revenue  |        |        |          |             |             |               |                                     |
| 6. Aggregate write-ins for other health care related revenues  |        |        |          |             |             |               |                                     |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                                 |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                                     |
| Hospital and Medical:  |        |        |          |             |             |               |                                     |
| 9.1 Hospital (inpatient and outpatient)  |        |        |          |             |             |               |                                     |
| 9.2 Medical  |        |        |          |             |             |               |                                     |
| 10. Other professional services  |        |        |          |             |             |               |                                     |
| 11. Outside referrals  |        |        |          |             |             |               |                                     |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                                     |
| 13. Prescription drugs   |        |        |          |             |             |               |                                     |
| 14.1. Aggregate write-ins for other hospital and medical   |        |        |          |             |             |               |                                     |
| 14.2. Rider expense  |        |        |          |             |             |               |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts   |        |        |          |             |             |               |                                     |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                                     |
| Less:  |        |        |          |             |             |               |                                     |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                                     |
| 17.2. Federal/State reinsurance recoveries   |        |        |          |             |             |               |                                     |
| 17.3. Federal/State risk-sharing recoveries (payments)   |        |        |          |             |             |               |                                     |
| 18. Total hospital and medical (Lines 16 – 17)   |        |        |          |             |             |               |                                     |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                                 |
| 20. Claims adjustment expenses, including \$. cost containment expenses  |        |        |          |             |             |               |                                     |
| 21. General administrative expenses  |        |        |          |             |             |               |                                     |
| 22. Increase in reserves for A&H contracts   |        |        |          |             |             |               |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)   |        |        |          |             |             |               |                                     |
| 24. Net underwriting gain or (loss) (Line 8 – 23)  |        |        |          |             |             |               |                                     |
| 25. Net investment income earned   |        |        |          |             |             |               |                                     |
| 26. Net realized capital gains or (losses) less capital gains tax of \$ .....  |        |        |          |             |             |               |                                     |
| 27. Net investment gains or (losses) (Lines 25 + 26)   |        |        |          |             |             |               |                                     |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.)(amount charged off \$.)] |        |        |          |             |             |               |                                     |
| 29. Aggregate write-ins for other income or expenses   |        |        |          |             |             |               |                                     |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 + 27 + 28 + 29) |        |        |          |             |             |               |                                     |
| 31. Federal and foreign income taxes incurred  |        |        |          |             |             |               |                                     |
| 32. Net income (loss) (Lines 30 – 31)  |        |        |          |             |             |               |                                     |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                                     |
| 0601.  |        |        |          |             |             |               |                                     |
| 0602.  |        |        |          |             |             |               |                                     |
| 0603.  |        |        |          |             |             |               |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page   |        |        |          |             |             |               |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)   |        |        |          |             |             |               |                                     |
| 14.101.  |        |        |          |             |             |               |                                     |
| 14.102.  |        |        |          |             |             |               |                                     |
| 14.103.  |        |        |          |             |             |               |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page  |        |        |          |             |             |               |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)  |        |        |          |             |             |               |                                     |
| 2901.  |        |        |          |             |             |               |                                     |
| 2902.  |        |        |          |             |             |               |                                     |
| 2903.  |        |        |          |             |             |               |                                     |
| 2998. Summary of remaining write-ins for Line 29 from overflow page  |        |        |          |             |             |               |                                     |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)   |        |        |          |             |             |               |                                     |

Unfavorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.



YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

PART 1

|  | Total<br>(5 thru 54, amounts) |           | Total Excluding<br>Gov't Programs, Healthy NY,<br>Other Insured and Uninsured<br>Businesses<br>(5 thru 26, 47-50 amounts) |           | HMO ONLY        |           |                 |           |             |            | P.O.S. IN-NETWORK ONLY <sup>(a)</sup> |            |                                   |            |                 |            |              |            |
|--|-------------------------------|-----------|---|-----------|-----------------|-----------|-----------------|-----------|-------------|------------|---------------------------------------|------------|-----------------------------------|------------|-----------------|------------|--------------|------------|
|  |                               |           |   |           | Large<br>Groups |           | Small<br>Groups |           | Individual  |            | Large Groups<br>Community Rated       |            | Large Groups<br>Experienced Rated |            | Small<br>Groups |            | Individual   |            |
|  | 1<br>Amount                   | 2<br>PMPM | 3<br>Amount   | 4<br>PMPM | 5<br>Amount     | 6<br>PMPM | 7<br>Amount     | 8<br>PMPM | 9<br>Amount | 10<br>PMPM | 11<br>Amount                          | 12<br>PMPM | 13<br>Amount                      | 14<br>PMPM | 15<br>Amount    | 16<br>PMPM | 17<br>Amount | 18<br>PMPM |
| 1. Member Months   |                               | XXX       |   | XXX       |                 | XXX       |                 | XXX       |             | XXX        |                                       | XXX        |                                   | XXX        |                 | XXX        |              | XXX        |
| 2. Net premium income:   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 2.1 Basic  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 2.2 Drugs  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 2.3 Other riders   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 2.4 Government programs  |                               |           | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                               | XXX        | XXX             | XXX        | XXX          | XXX        |
| 2.5 Total  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 3. Change in unearned premium reserves and reserve for rate credits: |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 3.1 Basic  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 3.2 Drugs  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 3.3 Other riders   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 3.4 Government programs  |                               |           | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                               | XXX        | XXX             | XXX        | XXX          | XXX        |
| 3.5 Total  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 4. Fee-for-service net of medical expenses                           |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 5. Risk revenue  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 6. Other health care related revenues                                |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 7. Non-health revenues   | XXX                           | XXX       | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                               | XXX        | XXX             | XXX        | XXX          | XXX        |
| 8. Total revenues (Lines 2 to 7)                                     |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| <b>Hospital and Medical:</b>   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 9.1 Hospital (inpatient and outpatient)                              |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 9.2 Medical  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 10. Other professional services                                      |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 11. Outside referrals  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 12. Emergency room and out-of-area                                   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 13. Prescription drugs   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 14.1. Aggregate write-ins for other hospital and medical             |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 14.2. Rider expense  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 15. Incentive pool, withhold adjustments and bonus amounts           |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 16. Subtotal (Lines 9 to 15)   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| <b>Less:</b>   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 17.1. Net reinsurance recoveries                                     |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 17.2. Federal/State reinsurance recoveries                           |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 17.3 Federal/State risk-sharing recoveries (payments)                |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 18. Total hospital and medical (Lines 16 – 17)                       |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 19. Non-health claims  | XXX                           | XXX       | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                               | XXX        | XXX             | XXX        | XXX          | XXX        |
| 20. Claims adjustment expenses                                       |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 21. General administrative expenses                                  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 22. Increase in reserves for A&H contracts                           |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 23. Total underwriting deductions (Lines 18 plus 20 through 22)      |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                   |            |                 |            |              |            |

(a) Complete this section only for point-of-service business for which the HMO provides only in-network benefits (i.e., out-of-network benefits are provided by a separate Article 42 or Article 43 insurer).

YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

PART 2

|                              |  | P.O.S. IN- AND OUT-OF-NETWORK (a) |                   |                                  |                   |                 |                   |              |                   |              |                   | GOVERNMENT PROGRAMS |                   |  |                   |  |            |              |            |
|------------------------------|--|-----------------------------------|-------------------|----------------------------------|-------------------|-----------------|-------------------|--------------|-------------------|--------------|-------------------|---------------------|-------------------|--|-------------------|--|------------|--------------|------------|
|                              |  | Large Groups<br>Community Rated   |                   | Large Groups<br>Experience Rated |                   | Small<br>Groups |                   | Individual   |                   |              |                   | Healthy<br>New York |                   | Medicare Advantage<br>Including Part D |                   | Medicare Advantage<br>Not Including Part D |            | Medicaid     |            |
|                              |  | 19<br>Amount                      | 20<br>PMPM<br>XXX | 21<br>Amount                     | 22<br>PMPM<br>XXX | 23<br>Amount    | 24<br>PMPM<br>XXX | 25<br>Amount | 26<br>PMPM<br>XXX | 27<br>Amount | 28<br>PMPM<br>XXX | 29<br>Amount        | 30<br>PMPM<br>XXX | 31<br>Amount                           | 32<br>PMPM<br>XXX | 33<br>Amount                               | 34<br>PMPM | 35<br>Amount | 36<br>PMPM |
| 1.                           | Member Months  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 2.                           | Net premium income:  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 2.1 Basic  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 2.2 Drugs  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 2.3 Other riders   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 2.4 Government programs  | XXX                               | XXX               | XXX                              | XXX               | XXX             | XXX               | XXX          | XXX               | XXX          | XXX               |                     |                   |  |                   |  |            |              |            |
|                              | 2.5 Total  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 3.                           | Change in unearned premium reserves and<br>reserve for rate credits: |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 3.1 Basic  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 3.2 Drugs  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 3.3 Other riders   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
|                              | 3.4 Government programs  | XXX                               | XXX               | XXX                              | XXX               | XXX             | XXX               | XXX          | XXX               | XXX          | XXX               |                     |                   |  |                   |  |            |              |            |
|                              | 3.5 Total  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 4.                           | Fee-for-service net of medical expenses                              |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 5.                           | Risk revenue   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 6.                           | Other health care related revenues                                   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 7.                           | Non-health revenues  | XXX                               | XXX               | XXX                              | XXX               | XXX             | XXX               | XXX          | XXX               | XXX          | XXX               | XXX                 | XXX               | XXX                                    | XXX               | XXX  | XXX        | XXX          | XXX        |
| 8.                           | Total revenues (Lines 2 to 7)  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| <b>Hospital and Medical:</b> |  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 9.1                          | Hospital (inpatient and outpatient)                                  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 9.2                          | Medical  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 10.                          | Other professional services  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 11.                          | Outside referrals  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 12.                          | Emergency room and out-of-area                                       |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 13.                          | Prescription drugs   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 14.1.                        | Aggregate write-ins for other hospital and<br>medical                |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 14.2.                        | Rider expense  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 15.                          | Incentive pool, withhold adjustments and<br>bonus amounts            |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 16.                          | Subtotal (Lines 9 to 15)   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| <b>Less:</b>                 |  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 17.1.                        | Net reinsurance recoveries   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 17.2.                        | Federal/State reinsurance recoveries                                 |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 17.3.                        | Federal/State risk-sharing recoveries<br>(payments)                  |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 18.                          | Total hospital and medical (Lines 16 – 17)                           |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 19.                          | Non-health claims  | XXX                               | XXX               | XXX                              | XXX               | XXX             | XXX               | XXX          | XXX               | XXX          | XXX               | XXX                 | XXX               | XXX                                    | XXX               | XXX  | XXX        | XXX          | XXX        |
| 20.                          | Claims adjustment expenses   |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 21.                          | General administrative expenses                                      |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 22.                          | Increase in reserves for A&H contracts                               |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 23.                          | Total underwriting deductions<br>(Lines 18 +20 through 22)           |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |
| 24.                          | Net underwriting gain or (loss)(Lines 8–23)                          |                                   |                   |                                  |                   |                 |                   |              |                   |              |                   |                     |                   |  |                   |  |            |              |            |

**PLAN NAME** ..... **QUARTER ENDING** .....

**YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS**  
**PART 3**

[illegible]

NY9

QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

PART 1

|   | Total<br>(5 thru 54, amounts) |           | Total Excluding<br>Gov't Programs, Healthy NY,<br>Other Insured and<br>Uninsured Businesses<br>(5 thru 26, 47-50 amounts) |           | HMO ONLY        |           |                 |           |             |            | P.O.S. IN-NETWORK ONLY <sup>(a)</sup> |            |                                  |            |                 |            |              |            |
|---|-------------------------------|-----------|---|-----------|-----------------|-----------|-----------------|-----------|-------------|------------|---------------------------------------|------------|----------------------------------|------------|-----------------|------------|--------------|------------|
|   |                               |           |   |           | Large<br>Groups |           | Small<br>Groups |           | Individual  |            | Large Groups<br>Community Rated       |            | Large Groups<br>Experience Rated |            | Small<br>Groups |            | Individual   |            |
|   | 1<br>Amount                   | 2<br>PMPM | 3<br>Amount   | 4<br>PMPM | 5<br>Amount     | 6<br>PMPM | 7<br>Amount     | 8<br>PMPM | 9<br>Amount | 10<br>PMPM | 11<br>Amount                          | 12<br>PMPM | 13<br>Amount                     | 14<br>PMPM | 15<br>Amount    | 16<br>PMPM | 17<br>Amount | 18<br>PMPM |
| 1. Member Months  |                               | XXX       |   | XXX       |                 | XXX       |                 | XXX       |             | XXX        |                                       | XXX        |                                  | XXX        |                 | XXX        |              | XXX        |
| 2. Net premium income:  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 2.1 Basic   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 2.2 Drugs   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 2.3 Other riders  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 2.4 Government programs   |                               |           | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        |
| 2.5 Total   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 3. Change in unearned premium reserves and<br>reserve for rate credits: |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 3.1 Basic   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 3.2 Drugs   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 3.3 Other riders  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 3.4 Government programs   |                               |           | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        |
| 3.5 Total   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 4. Fee-for-service net of medical expenses                              |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 5. Risk revenue   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 6. Other health care related revenues                                   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 7. Non-health revenues  | XXX                           | XXX       | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        |
| 8. Total revenues (Lines 2 to 7)  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| Hospital and Medical:   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 9.1 Hospital (inpatient and outpatient)                                 |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 9.2 Medical   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 10. Other professional services   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 11. Outside referrals   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 12. Emergency room and out-of-area                                      |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 13. Prescription drugs  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 14.1. Aggregate write-ins for other hospital and<br>medical             |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 14.2. Rider expense   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 15. Incentive pool, withhold adjustments and<br>bonus amounts           |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 16. Subtotal (Lines 9 to 15)  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| Less:   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 17.1. Net reinsurance recoveries  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 17.2. Federal/State reinsurance recoveries                              |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 17.3. Federal/State risk-sharing recoveries<br>(payments)               |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 18. Total hospital and medical (Lines 16 – 17)                          |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 19. Non-health claims   | XXX                           | XXX       | XXX   | XXX       | XXX             | XXX       | XXX             | XXX       | XXX         | XXX        | XXX                                   | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        |
| 20. Claims adjustment expenses  |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 21. General administrative expenses                                     |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 22. Increase in reserves for A&H contracts                              |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 23. Total underwriting deductions (Lines 18<br>+ 20 through 22)         |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |
| 24. Net underwriting gain or (loss)<br>(Lines 8 – 23)                   |                               |           |   |           |                 |           |                 |           |             |            |                                       |            |                                  |            |                 |            |              |            |

(a) Complete this section only for point-of-service business for which the HMO provides only in-network benefits (i.e., out-of-network benefits are provided by a separate Article 42 or Article 43 insurer).

QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

PART 2

|                              |  | P.O.S. IN- AND OUT-OF-NETWORK (a) |            |                                  |            |                 |            |              |            |              |            | GOVERNMENT PROGRAMS |            |  |            |  |            |              |            |
|------------------------------|--|-----------------------------------|------------|----------------------------------|------------|-----------------|------------|--------------|------------|--------------|------------|---------------------|------------|--|------------|--|------------|--------------|------------|
|                              |  | Large Groups<br>Community Rated   |            | Large Groups<br>Experience Rated |            | Small<br>Groups |            | Individual   |            |              |            | Healthy<br>New York |            | Medicare Advantage<br>Including Part D |            | Medicare Advantage<br>Not Including Part D |            | Medicaid     |            |
|                              |  | 19<br>Amount                      | 20<br>PMPM | 21<br>Amount                     | 22<br>PMPM | 23<br>Amount    | 24<br>PMPM | 25<br>Amount | 26<br>PMPM | 27<br>Amount | 28<br>PMPM | 29<br>Amount        | 30<br>PMPM | 31<br>Amount                           | 32<br>PMPM | 33<br>Amount                               | 34<br>PMPM | 35<br>Amount | 36<br>PMPM |
| 1.                           | Member Months  |                                   | XXX        |                                  | XXX        |                 | XXX        |              | XXX        |              | XXX        |                     | XXX        |  | XXX        |  | XXX        |              | XXX        |
| 2.                           | Net premium income:  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 2.1 Basic  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 2.2 Drugs  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 2.3 Other riders   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 2.4 Government programs  | XXX                               | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        | XXX          | XXX        |                     |            |  |            |  |            |              |            |
|                              | 2.5 Total  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 3.                           | Change in unearned premium reserves and<br>reserve for rate credits: |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 3.1 Basic  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 3.2 Drugs  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 3.3 Other riders   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
|                              | 3.4 Government programs  | XXX                               | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        | XXX          | XXX        |                     |            |  |            |  |            |              |            |
|                              | 3.5 Total  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 4.                           | Fee-for-service net of medical expenses                              |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 5.                           | Risk revenue   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 6.                           | Other health care related revenues                                   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 7.                           | Non-health revenues  | XXX                               | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        | XXX          | XXX        | XXX                 | XXX        | XXX                                    | XXX        | XXX  | XXX        | XXX          | XXX        |
| 8.                           | Total revenues (Lines 2 to 7)  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| <b>Hospital and Medical:</b> |  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 9.1                          | Hospital (inpatient and outpatient)                                  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 9.2                          | Medical  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 10.                          | Other professional services  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 11.                          | Outside referrals  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 12.                          | Emergency room and out-of-area                                       |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 13.                          | Prescription drugs   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 14.1.                        | Aggregate write-ins for other hospital and<br>medical                |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 14.2.                        | Rider expense  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 15.                          | Incentive pool, withhold adjustments and<br>bonus amounts            |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 16.                          | Subtotal (Lines 9 to 15)   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| <b>Less:</b>                 |  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 17.1.                        | Net reinsurance recoveries   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 17.2.                        | Federal/State reinsurance recoveries                                 |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 17.3.                        | Federal/State risk-sharing recoveries<br>(payments)                  |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 18.                          | Total hospital and medical (Lines 16 – 17)                           |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 19.                          | Non-health claims  | XXX                               | XXX        | XXX                              | XXX        | XXX             | XXX        | XXX          | XXX        | XXX          | XXX        | XXX                 | XXX        | XXX                                    | XXX        | XXX  | XXX        | XXX          | XXX        |
| 20.                          | Claims adjustment expenses   |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 21.                          | General administrative expenses                                      |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 22.                          | Increase in reserves for A&H contracts                               |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 23.                          | Total underwriting deductions<br>(Lines 18 +20 through 22)           |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |
| 24.                          | Net underwriting gain or (loss)(Lines 8–23)                          |                                   |            |                                  |            |                 |            |              |            |              |            |                     |            |  |            |  |            |              |            |

|                  |                       |
|------------------|-----------------------|
| <b>PLAN NAME</b> | <b>QUARTER ENDING</b> |
|------------------|-----------------------|

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS**  
**PART 3**

[illegible]

NY12

REPORT #3 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES

EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #3Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.



REPORT #4 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES

HEALTHY NEW YORK

|   | 1      | 2      | 3        | 4              | 5              | 6                | 7                                   |
|---|--------|--------|----------|----------------|----------------|------------------|-------------------------------------|
|   | Budget | Actual | Variance | Budget<br>PMPM | Actual<br>PMPM | Variance<br>PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months  |        |        |          | XXX            | XXX            | XXX              | XXX                                 |
| 2. Net premium income:  |        |        |          |                |                |                  |                                     |
| 2.1 Basic   |        |        |          |                |                |                  |                                     |
| 2.2 Drugs   |        |        |          |                |                |                  |                                     |
| 2.3 Other riders  |        |        |          |                |                |                  |                                     |
| 2.4 Government programs   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 2.5 Total   |        |        |          |                |                |                  |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:      |        |        |          |                |                |                  |                                     |
| 3.1 Basic   |        |        |          |                |                |                  |                                     |
| 3.2 Drugs   |        |        |          |                |                |                  |                                     |
| 3.3 Other riders  |        |        |          |                |                |                  |                                     |
| 3.4 Government programs   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 3.5 Total   |        |        |          |                |                |                  |                                     |
| 4. Fee-for-service net of medical expenses                                |        |        |          |                |                |                  |                                     |
| 5. Risk revenue   |        |        |          |                |                |                  |                                     |
| 6. Aggregate write-ins for other health care related revenues             |        |        |          |                |                |                  |                                     |
| 7. Non-health revenues  | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 8. Total revenues (Lines 2 to 7)  |        |        |          |                |                |                  |                                     |
| <b>Hospital and Medical:</b>  |        |        |          |                |                |                  |                                     |
| 9.1 Hospital (inpatient and outpatient)                                   |        |        |          |                |                |                  |                                     |
| 9.2 Medical   |        |        |          |                |                |                  |                                     |
| 10. Other professional services   |        |        |          |                |                |                  |                                     |
| 11. Outside referrals   |        |        |          |                |                |                  |                                     |
| 12. Emergency room and out-of-area  |        |        |          |                |                |                  |                                     |
| 13. Prescription drugs  |        |        |          |                |                |                  |                                     |
| 14.1. Aggregate write-ins for other hospital and medical                  |        |        |          |                |                |                  |                                     |
| 14.2. Rider expense   |        |        |          |                |                |                  |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts                |        |        |          |                |                |                  |                                     |
| 16. Subtotal (Lines 9 to 15)  |        |        |          |                |                |                  |                                     |
| <b>Less:</b>  |        |        |          |                |                |                  |                                     |
| 17.1. Net reinsurance recoveries  |        |        |          |                |                |                  |                                     |
| 17.2. Federal/State reinsurance recoveries                                |        |        |          |                |                |                  |                                     |
| 17.3. Federal/State risk-sharing recoveries (payments)                    |        |        |          |                |                |                  |                                     |
| 18. Total hospital and medical (Lines 16 – 17)                            |        |        |          |                |                |                  |                                     |
| 19. Non-health claims   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 20. Claims adjustment expenses  |        |        |          |                |                |                  |                                     |
| 21. General administrative expenses                                       |        |        |          |                |                |                  |                                     |
| 22. Increase in reserves for A&H contracts                                |        |        |          |                |                |                  |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)              |        |        |          |                |                |                  |                                     |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                        |        |        |          |                |                |                  |                                     |
| <b>DETAILS OF WRITE-INS</b>   |        |        |          |                |                |                  |                                     |
| 0601.   |        |        |          |                |                |                  |                                     |
| 0602.   |        |        |          |                |                |                  |                                     |
| 0603.   |        |        |          |                |                |                  |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page        |        |        |          |                |                |                  |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)            |        |        |          |                |                |                  |                                     |
| 14.101.   |        |        |          |                |                |                  |                                     |
| 14.102.   |        |        |          |                |                |                  |                                     |
| 14.103.   |        |        |          |                |                |                  |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page   |        |        |          |                |                |                  |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1above) |        |        |          |                |                |                  |                                     |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #4Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

HEALTHY NEW YORK

|   | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|---|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|   | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months  |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:  |        |        |          |             |             |               |                            |
| 2.1 Basic   |        |        |          |             |             |               |                            |
| 2.2 Drugs   |        |        |          |             |             |               |                            |
| 2.3 Other riders  |        |        |          |             |             |               |                            |
| 2.4 Government programs   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 2.5 Total   |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:      |        |        |          |             |             |               |                            |
| 3.1 Basic   |        |        |          |             |             |               |                            |
| 3.2 Drugs   |        |        |          |             |             |               |                            |
| 3.3 Other riders  |        |        |          |             |             |               |                            |
| 3.4 Government programs   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 3.5 Total   |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                |        |        |          |             |             |               |                            |
| 5. Risk revenue   |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues             |        |        |          |             |             |               |                            |
| 7. Non-health revenues  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)  |        |        |          |             |             |               |                            |
| Hospital and Medical:   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                   |        |        |          |             |             |               |                            |
| 9.2 Medical   |        |        |          |             |             |               |                            |
| 10. Other professional services   |        |        |          |             |             |               |                            |
| 11. Outside referrals   |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area  |        |        |          |             |             |               |                            |
| 13. Prescription drugs  |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                  |        |        |          |             |             |               |                            |
| 14.2. Rider expense   |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)  |        |        |          |             |             |               |                            |
| Less:   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries  |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                    |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                            |        |        |          |             |             |               |                            |
| 19. Non-health claims   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses  |        |        |          |             |             |               |                            |
| 21. General administrative expenses                                       |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)              |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                        |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS  |        |        |          |             |             |               |                            |
| 0601.   |        |        |          |             |             |               |                            |
| 0602.   |        |        |          |             |             |               |                            |
| 0603.   |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page        |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)            |        |        |          |             |             |               |                            |
| 14.101.   |        |        |          |             |             |               |                            |
| 14.102.   |        |        |          |             |             |               |                            |
| 14.103.   |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page   |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #5 – YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES

MEDICARE ADVANTAGE, INCLUDING PART D

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #5Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

MEDICARE ADVANTAGE, INCLUDING PART D

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| <b>Hospital and Medical:</b>   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| <b>Less:</b>   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #6 – YEAR–TO-DATE STATEMENT OF REVENUE AND EXPENSES

MEDICARE ADVANTAGE, NOT INCLUDING PART D

|   | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|---|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|   | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months  |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:  |        |        |          |             |             |               |                            |
| 2.1 Basic   |        |        |          |             |             |               |                            |
| 2.2 Drugs   |        |        |          |             |             |               |                            |
| 2.3 Other riders  |        |        |          |             |             |               |                            |
| 2.4 Government programs   |        |        |          |             |             |               |                            |
| 2.5 Total   |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:      |        |        |          |             |             |               |                            |
| 3.1 Basic   |        |        |          |             |             |               |                            |
| 3.2 Drugs   |        |        |          |             |             |               |                            |
| 3.3 Other riders  |        |        |          |             |             |               |                            |
| 3.4 Government programs   |        |        |          |             |             |               |                            |
| 3.5 Total   |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                |        |        |          |             |             |               |                            |
| 5. Risk revenue   |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues             |        |        |          |             |             |               |                            |
| 7. Non-health revenues  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)  |        |        |          |             |             |               |                            |
| Hospital and Medical:   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                   |        |        |          |             |             |               |                            |
| 9.2 Medical   |        |        |          |             |             |               |                            |
| 10. Other professional services   |        |        |          |             |             |               |                            |
| 11. Outside referrals   |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area  |        |        |          |             |             |               |                            |
| 13. Prescription drugs  |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                  |        |        |          |             |             |               |                            |
| 14.2. Rider expense   |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)  |        |        |          |             |             |               |                            |
| Less:   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries  |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                    |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                            |        |        |          |             |             |               |                            |
| 19. Non-health claims   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses  |        |        |          |             |             |               |                            |
| 21. General administrative expenses                                       |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)              |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss)(Lines 8 - 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS  |        |        |          |             |             |               |                            |
| 0601.   |        |        |          |             |             |               |                            |
| 0602.   |        |        |          |             |             |               |                            |
| 0603.   |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page        |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)            |        |        |          |             |             |               |                            |
| 14.101.   |        |        |          |             |             |               |                            |
| 14.102.   |        |        |          |             |             |               |                            |
| 14.103.   |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page   |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on page NY35.

REPORT #6Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

MEDICARE ADVANTAGE, NOT INCLUDING PART D

|   | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|---|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|   | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months  |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:  |        |        |          |             |             |               |                            |
| 2.1 Basic   |        |        |          |             |             |               |                            |
| 2.2 Drugs   |        |        |          |             |             |               |                            |
| 2.3 Other riders  |        |        |          |             |             |               |                            |
| 2.4 Government programs   |        |        |          |             |             |               |                            |
| 2.5 Total   |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:      |        |        |          |             |             |               |                            |
| 3.1 Basic   |        |        |          |             |             |               |                            |
| 3.2 Drugs   |        |        |          |             |             |               |                            |
| 3.3 Other riders  |        |        |          |             |             |               |                            |
| 3.4 Government programs   |        |        |          |             |             |               |                            |
| 3.5 Total   |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                |        |        |          |             |             |               |                            |
| 5. Risk revenue   |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues             |        |        |          |             |             |               |                            |
| 7. Non-health revenues  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)  |        |        |          |             |             |               |                            |
| Hospital and Medical:   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                   |        |        |          |             |             |               |                            |
| 9.2 Medical   |        |        |          |             |             |               |                            |
| 10. Other professional services   |        |        |          |             |             |               |                            |
| 11. Outside referrals   |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area  |        |        |          |             |             |               |                            |
| 13. Prescription drugs  |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                  |        |        |          |             |             |               |                            |
| 14.2. Rider expense   |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)  |        |        |          |             |             |               |                            |
| Less:   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries  |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                    |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                            |        |        |          |             |             |               |                            |
| 19. Non-health claims   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses  |        |        |          |             |             |               |                            |
| 21. General administrative expenses                                       |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)              |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss)(Lines 8 - 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS  |        |        |          |             |             |               |                            |
| 0601.   |        |        |          |             |             |               |                            |
| 0602.   |        |        |          |             |             |               |                            |
| 0603.   |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page        |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)            |        |        |          |             |             |               |                            |
| 14.101.   |        |        |          |             |             |               |                            |
| 14.102.   |        |        |          |             |             |               |                            |
| 14.103.   |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page   |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on page NY35.

REPORT #7 – YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES  
MEDICAID

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #7Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES  
MEDICAID

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.



REPORT #8 – YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES

MEDICAID ADVANTAGE

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| <b>Hospital and Medical:</b>   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| <b>Less:</b>   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #8Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

MEDICAID ADVANTAGE

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| <b>Hospital and Medical:</b>   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| <b>Less:</b>   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #9 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES

MAP, MLTC-Partial, PACE

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #9Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

MAP, MLTC-Partial, PACE

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| Hospital and Medical:  |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| Less:  |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| DETAILS OF WRITE-INS   |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #10 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES  
CHILD HEALTH PLUS

|  | 1      | 2      | 3        | 4              | 5              | 6                | 7                                   |
|--|--------|--------|----------|----------------|----------------|------------------|-------------------------------------|
|  | Budget | Actual | Variance | Budget<br>PMPM | Actual<br>PMPM | Variance<br>PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months   |        |        |          | XXX            | XXX            | XXX              | XXX                                 |
| 2. Net premium income:   |        |        |          |                |                |                  |                                     |
| 2.1 Basic  |        |        |          |                |                |                  |                                     |
| 2.2 Drugs  |        |        |          |                |                |                  |                                     |
| 2.3 Other riders   |        |        |          |                |                |                  |                                     |
| 2.4 Government programs  |        |        |          |                |                |                  |                                     |
| 2.5 Total  |        |        |          |                |                |                  |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |                |                |                  |                                     |
| 3.1 Basic  |        |        |          |                |                |                  |                                     |
| 3.2 Drugs  |        |        |          |                |                |                  |                                     |
| 3.3 Other riders   |        |        |          |                |                |                  |                                     |
| 3.4 Government programs  |        |        |          |                |                |                  |                                     |
| 3.5 Total  |        |        |          |                |                |                  |                                     |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |                |                |                  |                                     |
| 5. Risk revenue  |        |        |          |                |                |                  |                                     |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |                |                |                  |                                     |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |                |                |                  |                                     |
| <b>Hospital and Medical:</b>   |        |        |          |                |                |                  |                                     |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |                |                |                  |                                     |
| 9.2 Medical  |        |        |          |                |                |                  |                                     |
| 10. Other professional services  |        |        |          |                |                |                  |                                     |
| 11. Outside referrals  |        |        |          |                |                |                  |                                     |
| 12. Emergency room and out-of-area   |        |        |          |                |                |                  |                                     |
| 13. Prescription drugs   |        |        |          |                |                |                  |                                     |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |                |                |                  |                                     |
| 14.2. Rider expense  |        |        |          |                |                |                  |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |                |                |                  |                                     |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |                |                |                  |                                     |
| <b>Less:</b>   |        |        |          |                |                |                  |                                     |
| 17.1. Net reinsurance recoveries   |        |        |          |                |                |                  |                                     |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |                |                |                  |                                     |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |                |                |                  |                                     |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |                |                |                  |                                     |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 20. Claims adjustment expenses   |        |        |          |                |                |                  |                                     |
| 21. General administrative expenses  |        |        |          |                |                |                  |                                     |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |                |                |                  |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |                |                |                  |                                     |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |                |                |                  |                                     |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |                |                |                  |                                     |
| 0601.  |        |        |          |                |                |                  |                                     |
| 0602.  |        |        |          |                |                |                  |                                     |
| 0603.  |        |        |          |                |                |                  |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |                |                |                  |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |                |                |                  |                                     |
| 14.101.  |        |        |          |                |                |                  |                                     |
| 14.102.  |        |        |          |                |                |                  |                                     |
| 14.103.  |        |        |          |                |                |                  |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |                |                |                  |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |                |                |                  |                                     |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #10Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES

CHILD HEALTH PLUS

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| <b>Hospital and Medical:</b>   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| <b>Less:</b>   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims  | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #11 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES

HEALTH AND RECOVERY PLAN (HARP)

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| <b>Hospital and Medical:</b>   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| <b>Less:</b>   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims)   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #11Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES  
HEALTH AND RECOVERY PLAN (HARP)

|  | 1      | 2      | 3        | 4              | 5              | 6                | 7                                   |
|--|--------|--------|----------|----------------|----------------|------------------|-------------------------------------|
|  | Budget | Actual | Variance | Budget<br>PMPM | Actual<br>PMPM | Variance<br>PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months   |        |        |          | XXX            | XXX            | XXX              | XXX                                 |
| 2. Net premium income:   |        |        |          |                |                |                  |                                     |
| 2.1 Basic  |        |        |          |                |                |                  |                                     |
| 2.2 Drugs  |        |        |          |                |                |                  |                                     |
| 2.3 Other riders   |        |        |          |                |                |                  |                                     |
| 2.4 Government programs  |        |        |          |                |                |                  |                                     |
| 2.5 Total  |        |        |          |                |                |                  |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |                |                |                  |                                     |
| 3.1 Basic  |        |        |          |                |                |                  |                                     |
| 3.2 Drugs  |        |        |          |                |                |                  |                                     |
| 3.3 Other riders   |        |        |          |                |                |                  |                                     |
| 3.4 Government programs  |        |        |          |                |                |                  |                                     |
| 3.5 Total  |        |        |          |                |                |                  |                                     |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |                |                |                  |                                     |
| 5. Risk revenue  |        |        |          |                |                |                  |                                     |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |                |                |                  |                                     |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |                |                |                  |                                     |
| <b>Hospital and Medical:</b>   |        |        |          |                |                |                  |                                     |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |                |                |                  |                                     |
| 9.2 Medical  |        |        |          |                |                |                  |                                     |
| 10. Other professional services  |        |        |          |                |                |                  |                                     |
| 11. Outside referrals  |        |        |          |                |                |                  |                                     |
| 12. Emergency room and out-of-area   |        |        |          |                |                |                  |                                     |
| 13. Prescription drugs   |        |        |          |                |                |                  |                                     |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |                |                |                  |                                     |
| 14.2. Rider expense  |        |        |          |                |                |                  |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |                |                |                  |                                     |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |                |                |                  |                                     |
| <b>Less:</b>   |        |        |          |                |                |                  |                                     |
| 17.1. Net reinsurance recoveries   |        |        |          |                |                |                  |                                     |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |                |                |                  |                                     |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |                |                |                  |                                     |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |                |                |                  |                                     |
| 19. Non-health claims)   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 20. Claims adjustment expenses   |        |        |          |                |                |                  |                                     |
| 21. General administrative expenses  |        |        |          |                |                |                  |                                     |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |                |                |                  |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |                |                |                  |                                     |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |                |                |                  |                                     |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |                |                |                  |                                     |
| 0601.  |        |        |          |                |                |                  |                                     |
| 0602.  |        |        |          |                |                |                  |                                     |
| 0603.  |        |        |          |                |                |                  |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |                |                |                  |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |                |                |                  |                                     |
| 14.101.  |        |        |          |                |                |                  |                                     |
| 14.102.  |        |        |          |                |                |                  |                                     |
| 14.103.  |        |        |          |                |                |                  |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |                |                |                  |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |                |                |                  |                                     |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.



REPORT #12 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES  
ESSENTIAL PLAN

|  | 1      | 2      | 3        | 4              | 5              | 6                | 7                                   |
|--|--------|--------|----------|----------------|----------------|------------------|-------------------------------------|
|  | Budget | Actual | Variance | Budget<br>PMPM | Actual<br>PMPM | Variance<br>PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months   |        |        |          | XXX            | XXX            | XXX              | XXX                                 |
| 2. Net premium income:   |        |        |          |                |                |                  |                                     |
| 2.1 Basic  |        |        |          |                |                |                  |                                     |
| 2.2 Drugs  |        |        |          |                |                |                  |                                     |
| 2.3 Other riders   |        |        |          |                |                |                  |                                     |
| 2.4 Government programs  |        |        |          |                |                |                  |                                     |
| 2.5 Total  |        |        |          |                |                |                  |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |                |                |                  |                                     |
| 3.1 Basic  |        |        |          |                |                |                  |                                     |
| 3.2 Drugs  |        |        |          |                |                |                  |                                     |
| 3.3 Other riders   |        |        |          |                |                |                  |                                     |
| 3.4 Government programs  |        |        |          |                |                |                  |                                     |
| 3.5 Total  |        |        |          |                |                |                  |                                     |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |                |                |                  |                                     |
| 5. Risk revenue  |        |        |          |                |                |                  |                                     |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |                |                |                  |                                     |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |                |                |                  |                                     |
| <b>Hospital and Medical:</b>   |        |        |          |                |                |                  |                                     |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |                |                |                  |                                     |
| 9.2 Medical  |        |        |          |                |                |                  |                                     |
| 10. Other professional services  |        |        |          |                |                |                  |                                     |
| 11. Outside referrals  |        |        |          |                |                |                  |                                     |
| 12. Emergency room and out-of-area   |        |        |          |                |                |                  |                                     |
| 13. Prescription drugs   |        |        |          |                |                |                  |                                     |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |                |                |                  |                                     |
| 14.2. Rider expense  |        |        |          |                |                |                  |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |                |                |                  |                                     |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |                |                |                  |                                     |
| <b>Less:</b>   |        |        |          |                |                |                  |                                     |
| 17.1. Net reinsurance recoveries   |        |        |          |                |                |                  |                                     |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |                |                |                  |                                     |
| 17.3. Federal State risk-sharing recoveries (payments)                     |        |        |          |                |                |                  |                                     |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |                |                |                  |                                     |
| 19. Non-health claims)   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 20. Claims adjustment expenses   |        |        |          |                |                |                  |                                     |
| 21. General administrative expenses  |        |        |          |                |                |                  |                                     |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |                |                |                  |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |                |                |                  |                                     |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |                |                |                  |                                     |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |                |                |                  |                                     |
| 0601.  |        |        |          |                |                |                  |                                     |
| 0602.  |        |        |          |                |                |                  |                                     |
| 0603.  |        |        |          |                |                |                  |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |                |                |                  |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |                |                |                  |                                     |
| 14.101.  |        |        |          |                |                |                  |                                     |
| 14.102.  |        |        |          |                |                |                  |                                     |
| 14.103.  |        |        |          |                |                |                  |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |                |                |                  |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |                |                |                  |                                     |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #12Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES  
ESSENTIAL PLAN

|  | 1      | 2      | 3        | 4           | 5           | 6             | 7                          |
|--|--------|--------|----------|-------------|-------------|---------------|----------------------------|
|  | Budget | Actual | Variance | Budget PMPM | Actual PMPM | Variance PMPM | Prior Year End Actual PMPM |
| 1. Member Months   |        |        |          | XXX         | XXX         | XXX           | XXX                        |
| 2. Net premium income:   |        |        |          |             |             |               |                            |
| 2.1 Basic  |        |        |          |             |             |               |                            |
| 2.2 Drugs  |        |        |          |             |             |               |                            |
| 2.3 Other riders   |        |        |          |             |             |               |                            |
| 2.4 Government programs  |        |        |          |             |             |               |                            |
| 2.5 Total  |        |        |          |             |             |               |                            |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |             |             |               |                            |
| 3.1 Basic  |        |        |          |             |             |               |                            |
| 3.2 Drugs  |        |        |          |             |             |               |                            |
| 3.3 Other riders   |        |        |          |             |             |               |                            |
| 3.4 Government programs  |        |        |          |             |             |               |                            |
| 3.5 Total  |        |        |          |             |             |               |                            |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |             |             |               |                            |
| 5. Risk revenue  |        |        |          |             |             |               |                            |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |             |             |               |                            |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |             |             |               |                            |
| <b>Hospital and Medical:</b>   |        |        |          |             |             |               |                            |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |             |             |               |                            |
| 9.2 Medical  |        |        |          |             |             |               |                            |
| 10. Other professional services  |        |        |          |             |             |               |                            |
| 11. Outside referrals  |        |        |          |             |             |               |                            |
| 12. Emergency room and out-of-area   |        |        |          |             |             |               |                            |
| 13. Prescription drugs   |        |        |          |             |             |               |                            |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |             |             |               |                            |
| 14.2. Rider expense  |        |        |          |             |             |               |                            |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |             |             |               |                            |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |             |             |               |                            |
| <b>Less:</b>   |        |        |          |             |             |               |                            |
| 17.1. Net reinsurance recoveries   |        |        |          |             |             |               |                            |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |             |             |               |                            |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |             |             |               |                            |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |             |             |               |                            |
| 19. Non-health claims)   | XXX    | XXX    | XXX      | XXX         | XXX         | XXX           | XXX                        |
| 20. Claims adjustment expenses   |        |        |          |             |             |               |                            |
| 21. General administrative expenses  |        |        |          |             |             |               |                            |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |             |             |               |                            |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |             |             |               |                            |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |             |             |               |                            |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |             |             |               |                            |
| 0601.  |        |        |          |             |             |               |                            |
| 0602.  |        |        |          |             |             |               |                            |
| 0603.  |        |        |          |             |             |               |                            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |             |             |               |                            |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |             |             |               |                            |
| 14.101.  |        |        |          |             |             |               |                            |
| 14.102.  |        |        |          |             |             |               |                            |
| 14.103.  |        |        |          |             |             |               |                            |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |             |             |               |                            |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |             |             |               |                            |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #13 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES  
FIDA

|  | 1      | 2      | 3        | 4              | 5              | 6                | 7                                   |
|--|--------|--------|----------|----------------|----------------|------------------|-------------------------------------|
|  | Budget | Actual | Variance | Budget<br>PMPM | Actual<br>PMPM | Variance<br>PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months   |        |        |          | XXX            | XXX            | XXX              | XXX                                 |
| 2. Net premium income:   |        |        |          |                |                |                  |                                     |
| 2.1 Basic  |        |        |          |                |                |                  |                                     |
| 2.2 Drugs  |        |        |          |                |                |                  |                                     |
| 2.3 Other riders   |        |        |          |                |                |                  |                                     |
| 2.4 Government programs  |        |        |          |                |                |                  |                                     |
| 2.5 Total  |        |        |          |                |                |                  |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |                |                |                  |                                     |
| 3.1 Basic  |        |        |          |                |                |                  |                                     |
| 3.2 Drugs  |        |        |          |                |                |                  |                                     |
| 3.3 Other riders   |        |        |          |                |                |                  |                                     |
| 3.4 Government programs  |        |        |          |                |                |                  |                                     |
| 3.5 Total  |        |        |          |                |                |                  |                                     |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |                |                |                  |                                     |
| 5. Risk revenue  |        |        |          |                |                |                  |                                     |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |                |                |                  |                                     |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |                |                |                  |                                     |
| <b>Hospital and Medical:</b>   |        |        |          |                |                |                  |                                     |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |                |                |                  |                                     |
| 9.2 Medical  |        |        |          |                |                |                  |                                     |
| 10. Other professional services  |        |        |          |                |                |                  |                                     |
| 11. Outside referrals  |        |        |          |                |                |                  |                                     |
| 12. Emergency room and out-of-area   |        |        |          |                |                |                  |                                     |
| 13. Prescription drugs   |        |        |          |                |                |                  |                                     |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |                |                |                  |                                     |
| 14.2. Rider expense  |        |        |          |                |                |                  |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |                |                |                  |                                     |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |                |                |                  |                                     |
| <b>Less:</b>   |        |        |          |                |                |                  |                                     |
| 17.1. Net reinsurance recoveries   |        |        |          |                |                |                  |                                     |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |                |                |                  |                                     |
| 17.3. Federal State risk-sharing recoveries (payments)                     |        |        |          |                |                |                  |                                     |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |                |                |                  |                                     |
| 19. Non-health claims)   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 20. Claims adjustment expenses   |        |        |          |                |                |                  |                                     |
| 21. General administrative expenses  |        |        |          |                |                |                  |                                     |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |                |                |                  |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |                |                |                  |                                     |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |                |                |                  |                                     |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |                |                |                  |                                     |
| 0601.  |        |        |          |                |                |                  |                                     |
| 0602.  |        |        |          |                |                |                  |                                     |
| 0603.  |        |        |          |                |                |                  |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |                |                |                  |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |                |                |                  |                                     |
| 14.101.  |        |        |          |                |                |                  |                                     |
| 14.102.  |        |        |          |                |                |                  |                                     |
| 14.103.  |        |        |          |                |                |                  |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |                |                |                  |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |                |                |                  |                                     |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

REPORT #13Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES  
FIDA

|  | 1      | 2      | 3        | 4              | 5              | 6                | 7                                   |
|--|--------|--------|----------|----------------|----------------|------------------|-------------------------------------|
|  | Budget | Actual | Variance | Budget<br>PMPM | Actual<br>PMPM | Variance<br>PMPM | Prior Year<br>End<br>Actual<br>PMPM |
| 1. Member Months   |        |        |          | XXX            | XXX            | XXX              | XXX                                 |
| 2. Net premium income:   |        |        |          |                |                |                  |                                     |
| 2.1 Basic  |        |        |          |                |                |                  |                                     |
| 2.2 Drugs  |        |        |          |                |                |                  |                                     |
| 2.3 Other riders   |        |        |          |                |                |                  |                                     |
| 2.4 Government programs  |        |        |          |                |                |                  |                                     |
| 2.5 Total  |        |        |          |                |                |                  |                                     |
| 3. Change in unearned premium reserves and reserve for rate credits:       |        |        |          |                |                |                  |                                     |
| 3.1 Basic  |        |        |          |                |                |                  |                                     |
| 3.2 Drugs  |        |        |          |                |                |                  |                                     |
| 3.3 Other riders   |        |        |          |                |                |                  |                                     |
| 3.4 Government programs  |        |        |          |                |                |                  |                                     |
| 3.5 Total  |        |        |          |                |                |                  |                                     |
| 4. Fee-for-service net of medical expenses                                 |        |        |          |                |                |                  |                                     |
| 5. Risk revenue  |        |        |          |                |                |                  |                                     |
| 6. Aggregate write-ins for other health care related revenues              |        |        |          |                |                |                  |                                     |
| 7. Non-health revenues   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 8. Total revenues (Lines 2 to 7)   |        |        |          |                |                |                  |                                     |
| <b>Hospital and Medical:</b>   |        |        |          |                |                |                  |                                     |
| 9.1 Hospital (inpatient and outpatient)                                    |        |        |          |                |                |                  |                                     |
| 9.2 Medical  |        |        |          |                |                |                  |                                     |
| 10. Other professional services  |        |        |          |                |                |                  |                                     |
| 11. Outside referrals  |        |        |          |                |                |                  |                                     |
| 12. Emergency room and out-of-area   |        |        |          |                |                |                  |                                     |
| 13. Prescription drugs   |        |        |          |                |                |                  |                                     |
| 14.1. Aggregate write-ins for other hospital and medical                   |        |        |          |                |                |                  |                                     |
| 14.2. Rider expense  |        |        |          |                |                |                  |                                     |
| 15. Incentive pool, withhold adjustments and bonus amounts                 |        |        |          |                |                |                  |                                     |
| 16. Subtotal (Lines 9 to 15)   |        |        |          |                |                |                  |                                     |
| <b>Less:</b>   |        |        |          |                |                |                  |                                     |
| 17.1. Net reinsurance recoveries   |        |        |          |                |                |                  |                                     |
| 17.2. Federal/State reinsurance recoveries                                 |        |        |          |                |                |                  |                                     |
| 17.3. Federal/State risk-sharing recoveries (payments)                     |        |        |          |                |                |                  |                                     |
| 18. Total hospital and medical (Lines 16 – 17)                             |        |        |          |                |                |                  |                                     |
| 19. Non-health claims)   | XXX    | XXX    | XXX      | XXX            | XXX            | XXX              | XXX                                 |
| 20. Claims adjustment expenses   |        |        |          |                |                |                  |                                     |
| 21. General administrative expenses  |        |        |          |                |                |                  |                                     |
| 22. Increase in reserves for A&H contracts                                 |        |        |          |                |                |                  |                                     |
| 23. Total underwriting deductions (Lines 18 + 20 through 22)               |        |        |          |                |                |                  |                                     |
| 24. Net underwriting gain or (loss) (Lines 8 – 23)                         |        |        |          |                |                |                  |                                     |
| <b>DETAILS OF WRITE-INS</b>  |        |        |          |                |                |                  |                                     |
| 0601.  |        |        |          |                |                |                  |                                     |
| 0602.  |        |        |          |                |                |                  |                                     |
| 0603.  |        |        |          |                |                |                  |                                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page         |        |        |          |                |                |                  |                                     |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)             |        |        |          |                |                |                  |                                     |
| 14.101.  |        |        |          |                |                |                  |                                     |
| 14.102.  |        |        |          |                |                |                  |                                     |
| 14.103.  |        |        |          |                |                |                  |                                     |
| 14.198. Summary of remaining write-ins for Line 14.1 from overflow page    |        |        |          |                |                |                  |                                     |
| 14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above) |        |        |          |                |                |                  |                                     |

Unfavorable variances should be indicated by parentheses around the amount. favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a narrative on Page NY35.

VARIANCE NARRATIVES

Please provide explanations for favorable and unfavorable PMPM variances greater than \$2.00, appearing in column 6 on pages NY4, NY6, NY13 through NY34.

REPORT #14

YEAR-TO-DATE

EXPENSES FOR OUT OF PLAN SERVICES<sup>(a)</sup>

Enrollment:

Total HMO:\_\_\_\_\_

Point of Service Product: \_\_\_\_\_

|   | 1<br>Total Plan | 2<br>Out of Plan | 3<br>Percent of<br>Out-of-Plan Expenses<br>to Total Plan Expense<br>(Col. 2/Col. 1) |
|---|-----------------|------------------|---|
| <b>Hospital and Medical:</b>                                  |                 |                  |   |
| 1. Hospital (inpatient and outpatient)                        |                 |                  | XXX   |
| 2. Medical  |                 |                  | XXX   |
| 3. Other professional services                                |                 |                  | XXX   |
| 4. Outside referrals  |                 |                  | XXX   |
| 5. Emergency room and out-of-area                             |                 | XXX              | XXX   |
| 6. Prescription drugs   |                 |                  | XXX   |
| 7. Other hospital and medical                                 |                 | XXX              | XXX   |
| 8. Rider expense  |                 |                  | XXX   |
| 9. Incentive pool and withhold adjustments                    |                 | XXX              | XXX   |
| 10. Subtotal (Items 1 to 8)                                   |                 |                  | XXX   |
| <b>LESS:</b>  |                 |                  |   |
| 11. Net reinsurance recoveries                                |                 |                  | XXX   |
| 12. Federal/State reinsurance recoveries                      |                 |                  | XXX   |
| 13. Federal/State risk-sharing recoveries (payments)          |                 |                  | XXX   |
| 14. TOTAL HOSPITAL AND MEDICAL<br>(Line 10 less 11,12 and 13) |                 |                  |   |

(a) The HMO must use the accrual method for reporting expenses using its standard methodology for estimating claims incurred but not reported and other accruals.

The Annual Balance Sheet and Revenue and Expense Statements must show that the HMO meets the 2% Point of Service Contingent Reserve Requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual “standardized” POS contracts. Do not complete this exhibit if the HMO only writes the individual “standardized” POS contracts.

Pursuant to Section 4406 of the Public Health Law, exclude individual “standardized” Point of Service contracts issued under New York Insurance Law Section 4322 from column 2 of this exhibit.

REPORT #14  
QUARTERLY  
EXPENSES FOR OUT OF PLAN SERVICES<sup>(a)</sup>

Enrollment:  
Total HMO: \_\_\_\_\_  
Point of Service Product: \_\_\_\_\_

|  | 1<br>Total Plan | 2<br>Out of Plan | 3<br>Percent of<br>Out-of-Plan Expenses<br>to Total Plan Expense<br>(Col. 2/Col. 1) |
|--|-----------------|------------------|---|
| <b>Hospital and Medical:</b>                                   |                 |                  |   |
| 1. Hospital (inpatient and outpatient)                         |                 |                  | XXX   |
| 2. Medical   |                 |                  |   |
| 3. Other professional services                                 |                 |                  | XXX   |
| 4. Outside referrals   |                 |                  | XXX   |
| 5. Emergency room and out-of-area                              |                 | XXX              | XXX   |
| 6. Prescription drugs  |                 |                  | XXX   |
| 7. Other hospital and medical                                  |                 | XXX              | XXX   |
| 8. Rider expense   |                 |                  | XXX   |
| 9. Incentive pool and withhold adjustments                     |                 | XXX              | XXX   |
| 10. Subtotal (Items 1 to 8)                                    |                 |                  | XXX   |
| <b>LESS:</b>   |                 |                  |   |
| 11. Net reinsurance recoveries                                 |                 |                  | XXX   |
| 12. Federal/State reinsurance recoveries                       |                 |                  | XXX   |
| 13. Federal/State risk-sharing recoveries (payments)           |                 |                  | XXX   |
| 14. TOTAL HOSPITAL AND MEDICAL<br>(Line 10 less 11, 12 and 13) |                 |                  |   |

(a) The HMO must use the accrual method for reporting expenses using its standard methodology for estimating claims incurred but not reported and other accruals.

The Annual Balance Sheet and Revenue and Expense Statements must show that the HMO meets the 2% Point of Service Contingent Reserve Requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual “standardized” POS contracts. Do not complete this exhibit if the HMO only writes the individual “standardized” POS contracts.

Pursuant to Section 4406 of the Public Health Law, exclude individual “standardized” Point of Service contracts issued under New York Insurance Law Section 4322 from column 2 of this exhibit.

Report #16A

Calculations Of The Escrow Deposit And Contingent Reserve  
Health Department Regulation Part 98-1.11(e) and (f)

1. Escrow Deposit requirement (the greater of 5% of the total projected expenditures for health care services for the current year, or \$100,000) i.e., 5% of most recently filed Annual New York Supplement, Page NY6, Line 16, Col. 9) <sup>(a)</sup>
2. Contingent Reserve, should equal Page NY3, Line 30.11, Column 3.<sup>(b)</sup>
3. Escrow Deposit, after offset of the Contingent Reserve (Line 1 less Line 2; minimum of \$0, should equal Page NY3, Line 30.12, Column 3).
4. Total minimum net worth (Line 2 + Line 3; should equal Page NY3, Line 30.13, Column 3).

(a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust account with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO’s must include 100% of the projected pharmacy expenses in the calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Schedule E (N.Y.) – Part 3, Special Deposits,  
(b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40, Report 16A, line 7.

Escrow Deposit and Contingent Reserve  
Interrogatories

- 1.1 Is the HMO required to file a Medicaid Managed Care Operations Report (“MMCOR”)?

Yes \_\_\_\_\_ No \_\_\_\_\_
- 1.2 If answer is “Yes” to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New York State Contingent Reserve Requirement in the MMCOR?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is “No,” please explain and reconcile.

Explanation: \_\_\_\_\_

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Schedule E Part 3 (N.Y.) – Special Deposits

|                       | 1<br>Book/Adjusted Carrying Value | 2<br>Fair Value |
|-----------------------|-----------------------------------|-----------------|
| 1. Escrow Deposit     |                                   |                 |
| 2. All Other Deposits |                                   |                 |
| 3. TOTAL              |                                   |                 |



SCHEDULE 1 — ENROLLMENT DATA THIS QUARTER

|  | 1<br>Enrollment End of<br>Previous Quarter | 2<br>Additions<br>During Quarter | 3<br>Terminations<br>During Quarter | 4<br>Net Enrollment<br>End of Quarter | Member Months           |                   |
|--|--|----------------------------------|-------------------------------------|---------------------------------------|-------------------------|-------------------|
|  |  |                                  |                                     |                                       | 5<br>Current<br>Quarter | 6<br>Year to Date |
| 1. <b>HMO Only</b>                             |  |                                  |                                     |                                       |                         |                   |
| 1.1 Large Group                                |  |                                  |                                     |                                       |                         |                   |
| 1.2 Small Group                                |  |                                  |                                     |                                       |                         |                   |
| 1.3 Individual                                 |  |                                  |                                     |                                       |                         |                   |
| 2. <b>P.O.S.</b>                               |  |                                  |                                     |                                       |                         |                   |
| 2.1 Large Group                                |  |                                  |                                     |                                       |                         |                   |
| 2.2 Small Group                                |  |                                  |                                     |                                       |                         |                   |
| 2.3 Individual                                 |  |                                  |                                     |                                       |                         |                   |
| 3. <b>Grandfathered Business</b>               |  |                                  |                                     |                                       |                         |                   |
| 3.1 Small Group                                |  |                                  |                                     |                                       |                         |                   |
| 3.2 Individual                                 |  |                                  |                                     |                                       |                         |                   |
| 4. Conversion                                  |  |                                  |                                     |                                       |                         |                   |
| 5. Healthy New York                            |  |                                  |                                     |                                       |                         |                   |
| 6. Essential Plan                              |  |                                  |                                     |                                       |                         |                   |
| 7. Medicare Advantage,<br>Including Part D     |  |                                  |                                     |                                       |                         |                   |
| 8. Medicare Advantage,<br>Not Including Part D |  |                                  |                                     |                                       |                         |                   |
| 9. Medicaid                                    |  |                                  |                                     |                                       |                         |                   |
| 10. Medicaid Advantage                         |  |                                  |                                     |                                       |                         |                   |
| 11. Medicaid Advantage Plus                    |  |                                  |                                     |                                       |                         |                   |
| 12. MLTC-Partial                               |  |                                  |                                     |                                       |                         |                   |
| 13. Child Health Plus                          |  |                                  |                                     |                                       |                         |                   |
| 14. HARP                                       |  |                                  |                                     |                                       |                         |                   |
| 15. FIDA                                       |  |                                  |                                     |                                       |                         |                   |
| 16. Other                                      |  |                                  |                                     |                                       |                         |                   |
| 17. Total                                      |  |                                  |                                     |                                       |                         |                   |

SCHEDULE 2 — HOSPITAL UTILIZATION THIS QUARTER INPATIENT SERVICES

| Types of Services<br>(Excluding Medicare) | 1<br>Number of Cases | 2<br>Total Cost | 3<br>Average Cost Per Case |
|---|----------------------|-----------------|----------------------------|
| 1. General Medical                        |                      |                 |                            |
| 2. Surgical                               |                      |                 |                            |
| 3. Obstetrical                            |                      |                 |                            |
| 4. Pediatric                              |                      |                 |                            |
| 5. Mental Health                          |                      |                 |                            |
| 6. New Born                               |                      |                 |                            |
| 7. Other                                  |                      |                 |                            |
| 8. TOTAL                                  |                      |                 |                            |
| 9. COB                                    |                      |                 |                            |
| 10. TOTAL                                 |                      |                 |                            |
| 11. Medicare                              |                      |                 |                            |
| 12. Medicaid                              |                      |                 |                            |
| 13. Grand Total                           |                      |                 |                            |

SCHEDULE 3 — QUARTERLY CLAIMS UNPAID DEVELOPMENT SCHEDULE

| Description of Claims                                  | Claims Paid During<br>the Current Year                                 |  | Claims Unpaid End of<br>Current Quarter Viz.:<br>Estimated Liability<br>End of Current Quarter |   | 5<br><br>Total Claims Paid<br>During the Current Year<br>and Claims Unpaid at<br>End of Current Quarter<br>on Claims Incurred in<br>Prior Years<br>(1+3) | 6<br><br>Estimated<br>Liability of<br>Unpaid Claims<br>December 31 of<br>Previous Year |
|--|--|--|--|---|--|--|
|  | 1<br>On Claims<br>Incurred Prior<br>to January 1<br>of Current<br>Year | 2<br>On Claims<br>Incurred<br>During the<br>Current Year | 3<br>On Claims<br>Unpaid<br>December 31 of<br>Previous Year                                    | 4<br>On Claims Incurred<br>During the<br>Current Year |  |  |
| 1. Comprehensive<br>(Hospital & Medical)               |  |  |  |   |  |  |
| 2. Medicare Supplement                                 |  |  |  |   |  |  |
| 3. Dental Only   |  |  |  |   |  |  |
| 4. Vision Only   |  |  |  |   |  |  |
| 5. Federal Employees Health<br>Benefits Plan Premiums  |  |  |  |   |  |  |
| 6. Healthy New York                                    |  |  |  |   |  |  |
| 7. Essential Plan                                      |  |  |  |   |  |  |
| 8. Medicare Adv. Inc. Pt. D                            |  |  |  |   |  |  |
| 9. Medicare Adv. Not Incl. Pt. D                       |  |  |  |   |  |  |
| 10. Medicaid   |  |  |  |   |  |  |
| 11. Medicaid Advantage                                 |  |  |  |   |  |  |
| 12. Medicaid Advantage Plus                            |  |  |  |   |  |  |
| 13. MLTC-Partial                                       |  |  |  |   |  |  |
| 14. Child Health Plus                                  |  |  |  |   |  |  |
| 15. HARP   |  |  |  |   |  |  |
| 16. FIDA   |  |  |  |   |  |  |
| 17. Other  |  |  |  |   |  |  |
| 18. Health Subtotal                                    |  |  |  |   |  |  |
| 19. Healthcare Receivables                             |  |  |  |   |  |  |
| 20. Other Non-Health                                   |  |  |  |   |  |  |
| 21. Medical Incentive Pool<br>Accruals & Disbursements |  |  |  |   |  |  |
| 22. TOTAL  |  |  |  |   |  |  |

SCHEDULE 4 — Enrollment Data by County (Number of members at end of quarter)

|                | 1     | 2                               | 3                            | 4              | 5                                 | 6                                | 7                   | 8  | 9   | 10       | 11                    | 12                                | 13                      | 14   | 15                | 16   | 17    |
|----------------|-------|---------------------------------|------------------------------|----------------|-----------------------------------|----------------------------------|---------------------|--|---|----------|-----------------------|-----------------------------------|-------------------------|------|-------------------|------|-------|
| County         | Total | Direct<br>Pay – Off<br>Exchange | Direct Pay<br>On<br>Exchange | Large<br>Group | Small<br>Group<br>Off<br>Exchange | Small<br>Group<br>On<br>Exchange | Healthy<br>New York | Medicare<br>Advantage<br>Including<br>Part D | Medicare<br>Advantage<br>Not<br>Including<br>Part D | Medicaid | Medicaid<br>Advantage | MAP,<br>MLTC-<br>Partial,<br>PACE | Child<br>Health<br>Plus | HARP | Essential<br>Plan | FIDA | Other |
| 1. Albany      |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 2. Allegany    |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 3. Bronx       |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 4. Broome      |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 5. Cattaraugus |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 6. Cayuga      |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 7. Chautauqua  |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 8. Chemung     |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 9. Chenango    |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 10. Clinton    |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 11. Columbia   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 12. Cortland   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 13. Delaware   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 14. Dutchess   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 15. Erie       |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 16. Essex      |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 17. Franklin   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 18. Fulton     |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 19. Genesee    |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 20. Greene     |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 21. Hamilton   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 22. Herkimer   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 23. Jefferson  |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 24. Kings      |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 25. Lewis      |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 26. Livingston |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 27. Madison    |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 28. Monroe     |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 29. Montgomery |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 30. Nassau     |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 31. New York   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 32. Niagara    |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 33. Oneida     |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 34. Onondaga   |       |                                 |                              |                |                                   |                                  |                     |  |   |          |                       |                                   |                         |      |                   |      |       |

SCHEDULE 4 — Enrollment Data by County (Continued)

(Number of members at end of quarter)

|                  | 1     | 2                               | 3                            | 4              | 5                                 | 6                             | 7                   | 8  | 9   | 10       | 11                    | 12                                | 13                      | 14   | 15                | 16   | 17    |
|------------------|-------|---------------------------------|------------------------------|----------------|-----------------------------------|-------------------------------|---------------------|--|---|----------|-----------------------|-----------------------------------|-------------------------|------|-------------------|------|-------|
| County           | Total | Direct<br>Pay – Off<br>Exchange | Direct Pay<br>On<br>Exchange | Large<br>Group | Small<br>Group<br>Off<br>Exchange | Small<br>Group On<br>Exchange | Healthy<br>New York | Medicare<br>Advantage<br>Including<br>Part D | Medicare<br>Advantage<br>Not<br>Including<br>Part D | Medicaid | Medicaid<br>Advantage | MAP,<br>MLTC-<br>Partial,<br>PACE | Child<br>Health<br>Plus | HARP | Essential<br>Plan | FIDA | Other |
| 35. Ontario      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 36. Orange       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 37. Orleans      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 38. Oswego       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 39. Otsego       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 40. Putnam       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 41. Queens       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 42. Rensselaer   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 43. Richmond     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 44. Rockland     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 45. Saratoga     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 46. Schenectady  |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 47. Schoharie    |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 48. Schuyler     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 49. Seneca       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 50. Steuben      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 51. St. Lawrence |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 52. Suffolk      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 53. Sullivan     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 54. Tioga        |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 55. Tompkins     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 56. Ulster       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 57. Warren       |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 58. Washington   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 59. Wayne        |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 60. Westchester  |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 61. Wyoming      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 62. Yates        |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 63. NY Total     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 64. Other States |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 65. Total        |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |

The total of Schedule 4, Column 1 should agree with the total of Schedule 1, Line 17, Column 4.

For group policies, use location of employer. For individual policies, use location of residence.

For line 64, list the states that are included:\_\_\_\_\_

| SCHEDULE 5 — Direct Premiums by County |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
|--|------------|--------------------------------------|-----------------------------------|---------------------|--|---------------------------------------|--------------------------|---|--|----------------|-----------------------------|---|-------------------------------|------------|-------------------------|------------|-------------|
| County                                 | 1<br>Total | 2<br>Direct<br>Pay – Off<br>Exchange | 3<br>Direct Pay<br>On<br>Exchange | 4<br>Large<br>Group | 5<br>Small<br>Group<br>Off<br>Exchange | 6<br>Small<br>Group<br>On<br>Exchange | 7<br>Healthy<br>New York | 8<br>Medicare<br>Advantage<br>Including<br>Part D | 9<br>Medicare<br>Advantage<br>Not<br>Including<br>Part D | 10<br>Medicaid | 11<br>Medicaid<br>Advantage | 12<br>MAP,<br>MLTC-<br>Partial,<br>PACE | 13<br>Child<br>Health<br>Plus | 14<br>HARP | 15<br>Essential<br>Plan | 16<br>FIDA | 17<br>Other |
| 1. Albany                              |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 2. Allegany                            |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 3. Bronx                               |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 4. Broome                              |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 5. Cattaraugus                         |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 6. Cayuga                              |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 7. Chautauqua                          |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 8. Chemung                             |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 9. Chenango                            |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 10. Clinton                            |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 11. Columbia                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 12. Cortland                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 13. Delaware                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 14. Dutchess                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 15. Erie                               |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 16. Essex                              |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 17. Franklin                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 18. Fulton                             |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 19. Genesee                            |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 20. Greene                             |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 21. Hamilton                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 22. Herkimer                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 23. Jefferson                          |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 24. Kings                              |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 25. Lewis                              |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 26. Livingston                         |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 27. Madison                            |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 28. Monroe                             |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 29. Montgomery                         |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 30. Nassau                             |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 31. New York                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 32. Niagara                            |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 33. Oneida                             |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |
| 34. Onondaga                           |            |                                      |                                   |                     |  |                                       |                          |   |  |                |                             |   |                               |            |                         |            |             |

SCHEDULE 5 — Direct Premiums by County (Continued)

|  | 1     | 2                               | 3                            | 4              | 5                                 | 6                             | 7                   | 8  | 9   | 10       | 11                    | 12                                | 13                      | 14   | 15                | 16   | 17    |
|--|-------|---------------------------------|------------------------------|----------------|-----------------------------------|-------------------------------|---------------------|--|---|----------|-----------------------|-----------------------------------|-------------------------|------|-------------------|------|-------|
| County   | Total | Direct<br>Pay – Off<br>Exchange | Direct Pay<br>On<br>Exchange | Large<br>Group | Small<br>Group<br>Off<br>Exchange | Small<br>Group On<br>Exchange | Healthy<br>New York | Medicare<br>Advantage<br>Including<br>Part D | Medicare<br>Advantage<br>Not<br>Including<br>Part D | Medicaid | Medicaid<br>Advantage | MAP,<br>MLTC-<br>Partial,<br>PACE | Child<br>Health<br>Plus | HARP | Essential<br>Plan | FIDA | Other |
| 35. Ontario                                    |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 36. Orange                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 37. Orleans                                    |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 38. Oswego                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 39. Otsego                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 40. Putnam                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 41. Queens                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 42. Rensselaer                                 |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 43. Richmond                                   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 44. Rockland                                   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 45. Saratoga                                   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 46. Schenectady                                |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 47. Schoharie                                  |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 48. Schuyler                                   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 49. Seneca                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 50. Steuben                                    |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 51. St. Lawrence                               |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 52. Suffolk                                    |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 53. Sullivan                                   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 54. Tioga                                      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 55. Tompkins                                   |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 56. Ulster                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 57. Warren                                     |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 58. Washington                                 |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 59. Wayne                                      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 60. Westchester                                |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 61. Wyoming                                    |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 62. Yates                                      |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 63. NY Direct – Total                          |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 64. Less: NY Ceded                             |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 65. NY Net Premium<br>(Lns. 63-64)             |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 66. Other States Direct                        |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |
| 67. Total Direct<br>(All States Lns.<br>63+66) |       |                                 |                              |                |                                   |                               |                     |  |   |          |                       |                                   |                         |      |                   |      |       |

The total on Schedule 5, column 1 should agree with the total of NAIC Health Blank, page Q7 – Exhibit of Premiums, Enrollment and Utilization.

For line 66, list the states that are included: \_\_\_\_\_

SCHEDULE H (NY)

Individually list in Section 1 write-in boxes all health care creditors of \$7,500 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. Group the total of all other payables and enter on line titled, “Aggregate Accounts Not Individually Listed.” For both Sections 1 and 2, age reported claims payable from date of receipt by Company or, in the case of capitation and other non-fee-for-service claim expenses, from the date payment is required under contract or from the date bill is received by Company.

Section 1 – Aging Analysis of Claims Unpaid

| Account   | 1-30 Days        |                   | 31-60 Days       |                   | 61-90 Days       |                   | 91-120 Days      |                   | Over 120 Days    |                    | Total             |                    |
|---|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|--------------------|-------------------|--------------------|
|   | 1<br>Claim Count | 2<br>Dollar Value | 3<br>Claim Count | 4<br>Dollar Value | 5<br>Claim Count | 6<br>Dollar Value | 7<br>Claim Count | 8<br>Dollar Value | 9<br>Claim Count | 10<br>Dollar Value | 11<br>Claim Count | 12<br>Dollar Value |
| 1. Reserve for Reported Claims Due and Unpaid <sup>a</sup>                  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 1.1 Aggregate write-ins for Individually Listed Claims Payable (line 1.199) |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 1.2 Aggregate Accounts Not Individually Listed                              |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 1.3 Subtotal (Lines 1.1 plus 1.2)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 2. Reserve for Reported Claims in Course of Settlement <sup>b</sup>         |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 2.1 Aggregate write-ins for Individually Listed Claims Payable (line 2.199) |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 2.2 Aggregate Accounts Not Individually Listed                              |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 2.3 Subtotal (Lines 2.1 plus 2.2)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 3. Reserve for Reported Resisted Claims <sup>c</sup>                        |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 3.1 Aggregate write-ins for Individually Listed Claims Payable (line 3.199) |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 3.2 Aggregate Accounts Not Individually Listed                              |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 3.3 Subtotal (Lines 3.1 plus 3.2)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3)                      |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 5. Unreported Claims and Other Claim Reserves <sup>d</sup>                  | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx                | xxx               |                    |
| 6. Total Amounts Withheld   | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx                | xxx               |                    |
| 7. Total Claims Unpaid (Lines 4 through 6)                                  | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx                | xxx               |                    |
| 8. Accrued Medical Incentive Pool and Bonus Amounts                         | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx               | xxx              | xxx                | xxx               |                    |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.101  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.102  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.103  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.198 (Summary of remaining write-ins for 1.1 from overflow page)                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.199 Totals (Lines 01.101 through 01.103 plus 1.198)(Line 1.1 above)              |  |  |  |  |  |  |  |  |  |  |  |  |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.101  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.102  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.103  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.198 (Summary of remaining write-ins for 2.1 from overflow page)                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.199 Totals (Lines 2.101 through 2.103 plus 2.198)(Line 2.1 above)                |  |  |  |  |  |  |  |  |  |  |  |  |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.101  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.102  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.103  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.198 (Summary of remaining write-ins for 3.1 from overflow page)                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above)                |  |  |  |  |  |  |  |  |  |  |  |  |

If the HMO writes only in New York, then Total Claims Unpaid on line 7 of Section 1 must agree with NAIC Quarterly Statement page 3, line 1, col. 3, Claims Unpaid.  
See further notes after Section 3 of this Schedule.

SCHEDULE H (NY)

Section 2A – Statutory Aging Analysis (New York Insurance Law Section 3224-a)

CLAIMS TRANSMITTED ELECTRONICALLY VIA INTERNET OR ELECTRONIC MAIL

| Account  | 1-30 Days   |              | Over 30 Days |              | Total*      |              |
|--|-------------|--------------|--------------|--------------|-------------|--------------|
|  | 1           | 2            | 3            | 4            | 5           | 6            |
|  | Claim Count | Dollar Value | Claim Count  | Dollar Value | Claim Count | Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid <sup>a</sup>                            |             |              |              |              |             |              |
| 1.11 Payable to Physicians (capitated) <sup>e</sup>                                    | xxx         |              | xxx          |              | xxx         |              |
| 1.12 Payable to Physicians (other than capitated)                                      |             |              |              |              |             |              |
| 1.21 Payable to Hospitals (capitated)  | xxx         |              | xxx          |              | xxx         |              |
| 1.22 Payable to Hospitals (other than capitated)                                       |             |              |              |              |             |              |
| 1.3 Payable to Subscribers   |             |              |              |              |             |              |
| 1.41 Payable to Others (capitated) <sup>f</sup>  | xxx         |              | xxx          |              | xxx         |              |
| 1.42 Payable to Others (other than capitated)  |             |              |              |              |             |              |
| 1.5 Subtotal (Lines 1.11 through 1.42)   |             |              |              |              |             |              |
| 2. Reserves for Reported Claims in Course of Settlement <sup>b</sup>                   |             |              |              |              |             |              |
| 2.1 Payable to Physicians (including capitation)                                       |             |              |              |              |             |              |
| 2.2 Payable to Hospitals (including capitation)  |             |              |              |              |             |              |
| 2.3 Payable to Subscribers   |             |              |              |              |             |              |
| 2.4 Payable to Others (including capitation) <sup>f</sup>                              |             |              |              |              |             |              |
| 2.5 Subtotal (Lines 2.1 through 2.4)   |             |              |              |              |             |              |
| 3. Reserves for Reported Resisted Claims <sup>c</sup>                                  |             |              |              |              |             |              |
| 3.1 Payable to Physicians (including capitation)                                       |             |              |              |              |             |              |
| 3.2 Payable to Hospitals (including capitation)  |             |              |              |              |             |              |
| 3.3 Payable to Subscribers   |             |              |              |              |             |              |
| 3.4 Payable to Others (including capitation) <sup>f</sup>                              |             |              |              |              |             |              |
| 3.5 Subtotal (Lines 3.1 through 3.4)   |             |              |              |              |             |              |
| 4. Total Reported Claims Unpaid (lines 1 through 3)                                    |             |              |              |              |             |              |
| 4.1 Payable to Physicians (including capitation)<br>(Lines 1.11+1.12+2.1+3.1)          |             |              |              |              |             |              |
| 4.2 Payable to Hospitals (including capitation)<br>(Lines 1.21+1.22+2.2+3.2)           |             |              |              |              |             |              |
| 4.3 Payable to Subscribers (Lines 1.3+2.3+3.3)   |             |              |              |              |             |              |
| 4.4 Payable to Others (including capitation) <sup>f</sup><br>(Lines 1.41+1.42+2.4+3.4) |             |              |              |              |             |              |
| 4.5 Subtotal (Lines 4.1 through 4.4)   |             |              |              |              |             |              |

Section 2B – Statutory Aging Analysis (New York Insurance Law Section 3224-a)

PAPER CLAIMS OR CLAIMS SUBMITTED VIA FACSIMILE

| Account  | 1-45 Days   |              | Over 45 Days |              | Total*      |              |
|--|-------------|--------------|--------------|--------------|-------------|--------------|
|  | 1           | 2            | 3            | 4            | 5           | 6            |
|  | Claim Count | Dollar Value | Claim Count  | Dollar Value | Claim Count | Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid <sup>a</sup>                            |             |              |              |              |             |              |
| 1.11 Payable to Physicians (capitated) <sup>e</sup>                                    | xxx         |              | xxx          |              | xxx         |              |
| 1.12 Payable to Physicians (other than capitated)                                      |             |              |              |              |             |              |
| 1.21 Payable to Hospitals (capitated)  | xxx         |              | xxx          |              | xxx         |              |
| 1.22 Payable to Hospitals (other than capitated)                                       |             |              |              |              |             |              |
| 1.3 Payable to Subscribers   |             |              |              |              |             |              |
| 1.41 Payable to Others (capitated)   | xxx         |              | xxx          |              | xxx         |              |
| 1.42 Payable to Others (other than capitated) <sup>f</sup>                             |             |              |              |              |             |              |
| 1.5 Subtotal (Lines 1.11 through 1.42)   |             |              |              |              |             |              |
| 2. Reserves for Reported Claims in Course of Settlement <sup>b</sup>                   |             |              |              |              |             |              |
| 2.1 Payable to Physicians (including capitation)                                       |             |              |              |              |             |              |
| 2.2 Payable to Hospitals (including capitation)  |             |              |              |              |             |              |
| 2.3 Payable to Subscribers   |             |              |              |              |             |              |
| 2.4 Payable to Others (including capitation) <sup>f</sup>                              |             |              |              |              |             |              |
| 2.5 Subtotal (Lines 2.1 through 2.4)   |             |              |              |              |             |              |
| 3. Reserves for Reported Resisted Claims <sup>c</sup>                                  |             |              |              |              |             |              |
| 3.1 Payable to Physicians (including capitation)                                       |             |              |              |              |             |              |
| 3.2 Payable to Hospitals (including capitation)  |             |              |              |              |             |              |
| 3.3 Payable to Subscribers   |             |              |              |              |             |              |
| 3.4 Payable to Others (including capitation) <sup>f</sup>                              |             |              |              |              |             |              |
| 3.5 Subtotal (Lines 3.1 through 3.4)   |             |              |              |              |             |              |
| 4. Total Reported Claims Unpaid (lines 1 through 3)                                    |             |              |              |              |             |              |
| 4.1 Payable to Physicians (including capitation)<br>(Lines 1.11+1.12+2.1+3.1)          |             |              |              |              |             |              |
| 4.2 Payable to Hospitals (including capitation)<br>(Lines 1.21+1.22+2.2+3.2)           |             |              |              |              |             |              |
| 4.3 Payable to Subscribers (Lines 1.3+2.3+3.3)   |             |              |              |              |             |              |
| 4.4 Payable to Others (including capitation) <sup>f</sup><br>(Lines 1.41+1.42+2.4+3.4) |             |              |              |              |             |              |
| 4.5 Subtotal (Lines 4.1 through 4.4)   |             |              |              |              |             |              |

\*Section 2A, columns 5 and 6, line 4.5 and Section 2B, columns 5 and 6, line 4.5 must total Section 1, columns 11 and 12, line 4.

SCHEDULE H (NY)

Section 3 – Claims and Interest Penalties Paid During Year

| Account   | Claims Paid During Year |                   | N.Y.I.L. Section 3224-a Interest |                                |
|---|-------------------------|-------------------|----------------------------------|--------------------------------|
|   | 1<br>Claim Count        | 2<br>Dollar Value | 3<br>Claim Count <sup>1</sup>    | 4<br>Interest Paid During Year |
| 1.1. Paid to Physicians (capitated)                         | xxx                     |                   | xxx                              | xxx                            |
| 1.2. Paid to Physicians (other than capitated)              |                         |                   |                                  |                                |
| 2.1. Paid to Hospitals (capitated)                          | xxx                     |                   | xxx                              | xxx                            |
| 2.2. Paid to Hospitals (other than capitated)               |                         |                   |                                  |                                |
| 3. Paid to Subscribers                                      |                         |                   |                                  |                                |
| 4.1. Paid to Others (Benefits) (capitated)                  | xxx                     |                   | xxx                              | xxx                            |
| 4.2. Paid to Others (Benefits) (other than capitated)       |                         |                   |                                  |                                |
| 5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1)                | xxx                     |                   | xxx                              | xxx                            |
| 5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2) |                         |                   |                                  |                                |
| 5.3. Paid to Others (Miscellaneous. <sup>g</sup> )          | xxx                     |                   | xxx                              | xxx                            |
| 6. Subtotal (Lines 5.1 + 5.2 + 5.3)                         | xxx                     |                   |                                  |                                |
| 7. Medical Incentive Pool and Bonus Amounts                 | xxx                     |                   | xxx                              | xxx                            |
| 8. Grand Total (Line 6 + 7) <sup>h</sup>                    | xxx                     |                   |                                  |                                |

Footnotes:

- a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.
- b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done, but have not yet been approved or paid.
- c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.
- d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Regulation No. 146 pool liabilities.
- e- Line 1.11 should include Doctors and IPA corporations reimbursed on a capitated basis.
- f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as “Payable to Physicians”) and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.
- g- Includes Regulation 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.
- h- Total Dollar Value (line 8, col.2) should agree with page NY37, Schedule 3 – Quarterly Claims Unpaid Development Schedule, lines 18 + 21, col. 1 + col. 2.
- i- Line 8, col. 3, Grand Total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

Name of contact person for Schedule H (NY):

Telephone Number:

E-mail Address:



SCHEDULE H (NY)

OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1

| Creditor Name  | 1-30 Days        |                   | 31-60 Days       |                   | 61-90 Days       |                   | 91-120 Days      |                   | Over 120 Days    |                    | Total             |                    |
|--|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|--------------------|-------------------|--------------------|
|  | 1<br>Claim Count | 2<br>Dollar Value | 3<br>Claim Count | 4<br>Dollar Value | 5<br>Claim Count | 6<br>Dollar Value | 7<br>Claim Count | 8<br>Dollar Value | 9<br>Claim Count | 10<br>Dollar Value | 11<br>Claim Count | 12<br>Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid – Companies individually listed (continued from Section 1)          |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| Totals overflow for line 1.1 (enter also on page NY40, line 1.198)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 2. Reserves for Reported Claims in Course of Settlement – Companies individually listed (continued from Section 1) |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| Totals overflow for line 2.1 (enter also on page NY40, line 2.198)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| 3. Reserves for Reported Resisted Claims – Companies individually listed (continued from Section 1)                |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
|  |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |
| Totals overflow for line 3.1 (enter also on page NY40, line 3.198)   |                  |                   |                  |                   |                  |                   |                  |                   |                  |                    |                   |                    |

Health care creditors should be individually listed only if the claim is for \$7,500 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY42, above Section 1 heading.

NEW YORK INTERROGATORIES

| HOLDING COMPANY SYSTEM |  | Yes | No |
|------------------------|--|-----|----|
| 1.                     | Is the HMO a member of the holding company system?<br>If yes, complete Interrogatories 2.1 through 2.4.  |     |    |
| 2.1                    | Were there any changes to the holding company system that constitute a change in control of the HMO during the reporting quarter?<br>If yes, provide details on Interrogatories 2.1.1. |     |    |
| 2.1.1                  |  |     |    |
| 2.2                    | Did the HMO acquire any new subsidiaries during the reporting quarter?<br>If yes, provide details on Interrogatories 2.2.1   |     |    |
| 2.2.1                  |  |     |    |
| 2.3                    | Did the HMO provide an organizational chart for the entire holding company system in the NAIC Blank on Schedule Y – Part 1?  |     |    |
| 2.4                    | List any new intercompany agreements of which the HMO is a party in Interrogatory Schedule 2 below.  |     |    |

| INTERROGATORY SCHEDULE 2<br>During the Report Year Only |   |                                  |                                     |  |
|---|---|----------------------------------|-------------------------------------|--|
| Intercompany Agreements with the HMO                    | Names of Parent, Subsidiary, and Affiliates | Original or Amendments (state #) | Date of Approval (or non-objection) | Any New Agreement, Amendment, or Transactions Pending Approval (Y/N) |
| Management Services                                     |   |                                  |                                     |  |
| Expense Allocation                                      |   |                                  |                                     |  |
| Employee Lease  |   |                                  |                                     |  |
| Administrative Services                                 |   |                                  |                                     |  |
| Tax Allocation  |   |                                  |                                     |  |
| Reinsurance   |   |                                  |                                     |  |
| Guarantee   |   |                                  |                                     |  |
| Capital Contribution                                    |   |                                  |                                     |  |

| STOP LOSS |   | Yes | No |
|-----------|---|-----|----|
| 16.       | Complete Interrogatory Schedule 16, Itemization of Stop-Loss Fund Recoveries below. |     |    |

| INTERROGATORY SCHEDULE 16  |                   |                 |                |
|--|-------------------|-----------------|----------------|
|  | 1<br>Year-to-Date | 2<br>Prior Year | 3<br>Projected |
| 1. Direct Payment Stop-Loss Fund<br>Per Insurance Law § 4321-a             |                   |                 |                |
| 2. Direct Payment Out-of-Plan Stop-Loss Fund<br>Per Insurance Law § 4322-a |                   |                 |                |
| 3. Small Employer Stop-Loss Fund<br>Per Insurance Law § 4327               |                   |                 |                |
| 4. Qualifying Individual Stop-Loss Fund<br>Per Insurance Law § 4327        |                   |                 |                |
| 5. TOTAL   |                   |                 |                |

Line 5, Columns 1 and 2 should agree with Page NY4, Report #2, Statement of Revenue and Expenses, Line 17.2, columns 2 and 7.  
Line 5, Column 3 should agree with Page NY6, Report #2, Projected Revenue and Expenses, Line 17.2, column 9.

| REGULATION 146 (11NYCRR 361) |  | Yes | No |
|------------------------------|--|-----|----|
| 17.                          | Complete Interrogatory Schedule 17, Itemization of Regulation 146 Pool Activity below. |     |    |

| INTERROGATORY SCHEDULE 17            |                   |                 |                |
|--------------------------------------|-------------------|-----------------|----------------|
|                                      | 1<br>Year-to-Date | 2<br>Prior Year | 3<br>Projected |
| 1. Demographic Pool Income (Expense) |                   |                 |                |
| 2. SMC Pool Income (Expense)         |                   |                 |                |
| 3. TOTAL                             |                   |                 |                |

OVERFLOW PAGE FOR WRITE-INS

# GENERAL INFORMATION AND INSTRUCTIONS — QUARTERLY

## For Filing The New York Supplement For HEALTH MAINTENANCE ORGANIZATIONS:

### GENERAL

1. An electronic PDF copy of this report to be filed with the Department of Health, to the email address shown on the cover of this report. One hard copy of this report and one electronic copy are to be filed with the Department of Financial Services (see the Department's website at [www.dfs.ny.gov](http://www.dfs.ny.gov) for further information).
2. Date of Filing: This report is required to be filed with the Department of Health and the Department of Financial Services, Health Bureau, no later than 45 days after the close of the quarters ending March 31, June 30 and September 30.
3. The New York Supplement must be filed with pages that are 8 ½" wide x 14" long and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department's website.
4. All pages of the New York Supplement MUST be bound together along the left margin, MUST have a cover sheet that precedes the Jurat page and MUST include these instructions. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
5. Unanswered questions and blank lines or schedules will not be accepted as meaning anything. If no answers or entries are to be made, write "None", "Not Applicable (N/A)", or "-0-" in the space provided.
6. Any item that cannot be readily classified under one of the printed items should be entered as a write-in item and adequately described.
7. If additional supporting statements or schedules are added in connection with answering interrogatories or providing information on the financial statement, the additions should properly refer to the item being explained (Example — "Assets, line 4"). The reporting date and the name of the HMO should be indicated on the supporting statements/schedules.
8. The jurat (Page NY1) of all filed statements, including reproduced copies, must be manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate and be properly notarized.
9. If this report does not contain the information asked for in the blanks or is not prepared in accordance with these instructions, it will not be accepted.
10. All PMPM entries are to be entered in dollars and cents. Percent entries (Report 14, line 14, column 3) are to be entered to the nearest one-tenth of one percent. Entries that call for 'average cost per case' (Schedule 2, col. 3) are to be entered to the nearest whole number.
11. All entries in columns titled "Prior Years" are to reflect the prior year filed annual statement.
12. The New York Supplement is patterned after the NAIC Health Blank. The NAIC Health Blank balance sheet includes several accounts that do not apply to HMOs (e.g., "contract loans" on page NY2, line 6). These accounts have been included in the New York Supplement to maintain consistency with the NAIC blank; however, such accounts are to be disregarded.

### SPECIAL INSTRUCTIONS FOR HMOs THAT ARE LINES OF BUSINESS OF ARTICLE 43 HEALTH SERVICE CORPORATIONS

An Article 43 Health Service Corporation that operates a line of business HMO SHOULD NOT submit a NAIC Quarterly Health Statement solely for the HMO line of business. However, such a corporation SHOULD submit the Quarterly New York Supplement for the HMO line of business. Additionally, the Article 43 Health Service Corporation is required to complete the NAIC Quarterly Health Statement and the New York Quarterly Article 43 Corporation Supplement for its entire book of business, which includes its HMO business.

### FINANCIAL STATEMENT

The Balance Sheet and Statement of Revenues and Expenses follow the format of the NAIC Quarterly Health blank. Therefore, these schedules should be completed in accordance with the NAIC Quarterly Statement Instructions for the Health blank, and with the NAIC Accounting Practices and Procedures Manual, except where New York law or regulations or the Department of Financial Services policy would require or allow a different treatment.

### JURAT PAGE

The "Service Area (Counties)" entry should state the counties in which the HMO is authorized to do business, pursuant to its Certificate of Authority issued pursuant to Public Health Law Article 44. Limitations shown on the COA, such as "Medicaid Only" for certain counties, should also be shown.

This instruction applies to the Jurat Pages in the Company's NAIC filing and this Supplement. The Jurat Page should reflect officers and directors as of the statement date, not the filing date. However, the signature section of the Jurat must reflect current executive officers, i.e. the Chief Executive Officer ("CEO"), the Secretary and the Chief Financial Officer ("CFO"). The Company may not substitute titles for the CEO, Secretary or CFO, except that if the Company does not use those titles, the Company shall substitute such titles in the Jurats with the titles of the equivalent Company executives.

### LIABILITIES

Funds held by the reporting HMO, owed to a health care provider pursuant to a risk-sharing arrangement in satisfaction of the financial security deposit requirement of Regulation 164, Section 101.5(b), should be reported as write-ins to Line 23 (Page NY3) under the account title "Funds Held Per Reg. 164, Section 101.5(b)(3)."

SURPLUS

Lines:

29. Surplus Notes — Include loans under Section 1307 of the New York Insurance Law. Such loans should be accompanied by the following footnote, at the bottom of Page NY3:
- “Pursuant to Section 1307 of the New York Insurance Law, no liability appears in this statement for a loan in the amount of \$..... of principal and \$.....of interest accrued thereon. The principal and interest may be repaid only with the permission of the Superintendent of Financial Services.
- 30.1. Required Reserves —N.Y.S. Contingent Reserve, pursuant to 10 NYCRR 98-1.11(e); N.Y.S. Escrow Deposit, pursuant to 10 NYCRR 98-1.11(f). Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO’s must include 100% of the projected pharmacy expenses in the calculation of the escrow requirement that must be on deposit as of March 31, 2021. The Contingent Reserve amount should be shown in its entirety. The Escrow Deposit should be offset by the Contingent Reserve; therefore, the Escrow Deposit should be shown only to the extent that it exceeds the Contingent Reserve. HOWEVER – The HMO is required to fund the ENTIRE Escrow Account. This requirement holds even though not the entire Escrow Deposit is shown in the Surplus portion of the Balance Sheet. Report #16A demonstrates compliance of this requirement.
- IMPORTANT NOTE – The amounts that appear on line 30.1 are to also appear on page 3 of the NAIC Health Blank, as write-ins to line 30.

REVENUES AND EXPENSES

Lines:

1. Member-Months  
A member-month is equivalent to one person for whom the HMO has recognized premium revenue for one month. (A family of four persons enrolled for one month constitutes four member-months.) Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial member may be counted for that month.
2. Net Premium Income:
- 2.1. Basic, 2.2 Drugs, 2.3 Other Riders  
Include the portion of premiums directly from subscribers for government-subsidized programs (i.e., Medicare, Child Health Plus, and HARP).
- 2.4. Government Programs  
Include the portion of premiums from Government agencies for coverage pursuant to Medicare, Medicaid, Child Health Plus, Health and Recovery Plan, and Essential Plan.
- 2.5. Total  
This line should equal line 2 of the Statement of Revenue and Expenses in the NAIC Health blank.
- 3.5. Change in Unearned Premium Reserves and Reserves for Rate Credits, Total  
This line should equal line 3 of the Statement of Revenue and Expenses in the NAIC Health blank.
13. Prescription Drugs  
This line should agree with the corresponding line in the NAIC Health blank and should be determined in accordance with the NAIC Annual Statement instructions.
- 14.2. Rider Expense  
Expenses for all riders other than prescription drugs.
- 17.2 Federal/State reinsurance recoveries includes anticipated recoveries from the Insurance Law Section 4321-a direct payment stop-loss fund, the Section 4322-a direct payment out-of-plan stop-loss fund, the Section 4327 small employer stop-loss fund and the Section 4327 qualifying individual stop-loss fund, for claims paid during the reporting period.
- 17.3. Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

Page NY4 – REPORT #2 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Reflects year-to–date operating results of the entire HMO. Columns 2 and 5 should agree with columns 1 and 2 of the Year-to-Date Statement of Revenue and Expenses by Line of Business on page NY7.

Page NY6 – REPORT #2 - QUARTERLY STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Reflects quarterly operating results of the entire HMO. Columns 2 and 5 should agree with columns 1 and 2 of the Quarterly Statement of Revenues and Expenses by Line of Business on page NY10.

**Pages NY7, NY8 and NY9 –YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS**

Columns 1 and 2 should agree with page NY4, Report #2 – Year to Date Statement of Revenue and Expenses (Total), columns 2 and 5. Columns 1 and 2 are the sums of columns 5 thru 54.

Columns 3 and 4 should agree with page NY13, Report #3 – Year to Date Statement of Revenue and Expenses Excluding Government Programs and Healthy New York, columns 2 and 5. Columns 3 and 4 are the sums of columns 5 thru 26 plus columns 45 thru 50

Columns 5 thru 10 should reflect HMO Only business, i.e. contracts with no point-of-service option.

Columns 11 thru 18 should reflect point-of-service business in which the reporting HMO writes only the in-network portion of a point-of-service service contract. An affiliated insurance company would generally write the out-of-network portion.

Columns 19 thru 26 should reflect point-of-service business in which the reporting HMO writes both the in-network and out-of-network portions of a point-of-service service contract. These columns should not duplicate any experience that is already reported in columns 11 thru 18.

Columns 27 and 28 should agree with page NY15, Report #4 – Year to Date Statement of Revenue and Expenses – Healthy New York, columns 2 and 5.

Columns 29 and 30 should agree with page NY17, Report #5 – Year to Date Statement of Revenue and Expenses – Medicare Advantage Including Part D, columns 2 and 5.

Columns 31 and 32 should agree with page NY19, Report #6 – Year to Date Statement of Revenue and Expenses – Medicare Advantage Not Including Part D, columns 2 and 5.

Columns 33 and 34 should agree with page NY21, Report #7 – Year to Date Statement of Revenue and Expenses – Medicaid, columns 2 and 5.

Columns 35 and 36 should agree with page NY23, Report #8– Year to Date Statement of Revenue and Expenses – Medicaid Advantage, columns 2 and 5.

Columns 37 and 38 should agree with page NY25, Report #9 – Year to Date Statement of Revenue and Expenses – MAP, MLTC-Partial, and PACE, columns 2 and 5.

Columns 39 and 40 should agree with page NY27, Report #10 – Year to Date Statement of Revenue and Expenses – Child Health Plus, columns 2 and 5.

Columns 41 and 42 should agree with page NY29, Report #11 – Year to Date Statement of Revenue and Expenses – HARP, columns 2 and 5.

Columns 43 and 44 should agree with page NY31, Report #12 – Year to Date Statement of Revenue and Expenses – Essential Plan, columns 2 and 5.

Columns 45 and 46 should agree with page NY33, Report #13 – Year to Date Statement of Revenue and Expenses – FIDA, columns 2 and 5.

**Pages NY10, NY11 and NY12 –QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS**

This statement should show underwriting results on a quarterly, rather than a year-to-date basis. All columns should parallel the experience shown in the Year-to-Date Statement of Revenue and Expenses by Line of Business on pages NY10, NY11 and NY12.

Columns 1 and 2 should agree with page NY6, Report #2Q – Quarterly Statement of Revenue and Expenses (Total), columns 2 and 5.

Columns 3 and 4 should agree with page NY14, Report #3Q – Quarterly Statement of Revenue and Expenses Excluding Government Programs and Healthy New York, columns 2 and 5.

Columns 27 and 28 should agree with page NY16, Report #4Q – Quarterly Statement of Revenue and Expenses – Healthy New York, columns 2 and 5.

Columns 29 and 30 should agree with page NY18, Report #5Q – Quarterly Statement of Revenue and Expenses – Medicare Advantage Including Part D, columns 2 and 5.

Columns 31 and 32 should agree with page NY20, Report #6Q – Quarterly Statement of Revenue and Expenses – Medicare Advantage Not Including Part D, columns 2 and 5.

Columns 33 and 34 should agree with page NY22, Report #7Q – Quarterly Statement of Revenue and Expenses – Medicaid, columns 2 and 5.

Columns 35 and 36 should agree with page NY24, Report #8Q– Quarterly Statement of Revenue and Expenses – Medicaid Advantage, columns 2 and 5.

Columns 37 and 38 should agree with page NY26, Report #9Q – Quarterly Statement of Revenue and Expenses – MAP, MLTC-Partial, and PACE, columns 2 and 5.

Columns 39 and 40 should agree with page NY28, Report #10Q – Quarterly Statement of Revenue and Expenses – Child Health Plus, columns 2 and 5.

Columns 41 and 42 should agree with page NY30, Report #11Q – Quarterly Statement of Revenue and Expenses – HARP, columns 2 and 5.

Columns 43 and 44 should agree with page NY32, Report #12Q – Quarterly Statement of Revenue and Expenses – Essential Plan, columns 2 and 5.

Columns 45 and 46 should agree with page NY34, Report #13 – Quarterly Statement of Revenue and Expenses – FIDA, columns 2 and 5.

**Page NY13 – REPORT #3 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK  
and**

**Page NY14 – REPORT #3Q - QUARTERLY STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK**

Reflects year-to-date and quarterly operating results for the HMO’s individual (direct pay) and its commercial small group and large group contracts. Do not include experience resulting from Medicare, Medicaid, Child Health Plus, HARP, Essential Plan or the Healthy New York programs. Columns 2 and 5 should agree with columns 3 and 4 of the Year-to-Date Statement of Revenues and Expenses by Line of Business on page NY7 and NY10 respectively.

**Page NY36 – Report #16A, Schedule E – Part 3 (N.Y.)**

Department of Health Regulation 10 NYCRR 98-1.11(e) and (f), concerning the Contingent Reserve and the Escrow Account.

Section 10 NYCRR 98-1.11(f) requires the HMO to establish an escrow deposit account, in the form of a trust account with a custodian, for which a deed of trust has been approved by the superintendent. The details of the account should be reported in Schedule E – Part 3 (N.Y.), Special Deposits. The escrow deposit amount is also used in the calculation of the HMO’s minimum net worth, and therefore should be entered in Report #16A, Line 1.

In addition to this requirement, the HMO is to establish a reserve for the Escrow Account in the capital and surplus section of its Annual Statement. This reserve may be offset by the Contingent Reserve established pursuant to NYCRR 98-1.11(e). HOWEVER – even though the escrow deposit might not be shown in its entirety in the capital and surplus portion of the balance sheet, the HMO is required to fund the ENTIRE escrow deposit asset account.

For the March 31, 2021 New York Supplement, the escrow deposit shall equal at least the greater of 5% of total projected expenditures for health care services for the current calendar year (i.e. 2021) as shown in the most recently filed Annual New York Supplement, with no deductions for reinsurance, stop-loss pools or Regulation 146 contributions or receipts, or \$100,000. The escrow deposit amount will be recalculated similarly each March 31 thereafter.

Section 10 NYCRR 98-1.11(e) indicates that the Contingent Reserve is based on net premium income, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services. The Contingent Reserve was initially established at 5% of net premium income. This percentage increases over time in accordance with the schedule set forth in 10 NYCRR 98-1.11(e).

For the March 31, 2021 New York Supplement, the Contingent Reserve shall be based on 2020 net premium income as shown in the 12/31/20 annual New York Supplement, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services. The Contingent Reserve will be recalculated each March 31 thereafter, based on net premium income as shown in the most recently filed annual New York Supplement, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services.

**Pages NY9, NY12, and NY37:** “Grandfathered Business” means pre-2014 policy forms, including all small group and individual contracts, (other than Healthy New York and other products separately indicated, such as conversion), that were written on policy forms approved to be used with new and renewals December 31, 2013 and earlier. This would not include contracts written on new ACA compliant policy forms used for new and renewals January 1, 2014 and later.

SPECIAL INSTRUCTIONS

MSQ2020JURAT1

COMPANY INFORMATION

Column 1 = Current Period Group Code  
Column 2 = Prior Period Group Code  
Column 3 = NAIC Company Code  
Column 4 = FEIN  
Column 5 = State of Domicile  
Column 6 = Web Address

MSQ2020JURAT2

COMPANY NAME INFORMATION

MSQ2020JURAT3

COMPANY ADDRESS INFORMATION

Column 1 = Street Address  
Column 2 = City  
Column 3 = State  
Column 4 = Zip Code  
  
Column 5 = Fax  
  
Line 01 = Statutory Home Office  
Line 02 = Main Administrative Office  
Line 03 = Mail Address  
Line 04 = Primary Location of Books and Records  
Line 05 = Electronic Contact Address

MSQ2020JURAT4

COMPANY CONTACT INFORMATION

Column 1 = Contact Last Name  
Column 2 = Contact First Name  
Column 3 = Contact Middle Name  
Column 4 = Phone Number  
Column 5 = E-Mail Address  
Column 6 = Fax

Line 1 = Annual Statement Contact  
Line 2 = Electronic Filing Contact

MSQ2020JURAT5

Table Length: Variable

COMPANY OFFICERS/DIRECTORS/TRUSTEES

Column 1 = Last Name  
Column 2 = First Name  
Column 3 = Middle Name  
Column 4 = Suffix  
Column 5 = New Officer Indicator  
Column 6 = State of Residence (Only needed if the company is an Article 44 HMO)  
Column 7 = Enrollee/Representative (Only needed if the company is an Article 44 HMO)

Value for Column 5 = #  
Value for Line 5 Column 7 = \*

Line 1 = Chief Executive Officer  
Line 2 = Secretary  
Line 3 = Chief Financial Officer  
Lines 04.01-04.99 = Other Officers  
Lines 05.01-05.99 = Directors/Trustees  
Lines 6 = Administrator

MSQ2020JURAT6

VENDOR INFORMATION

Column 1 = Vendor Name  
Column 2 = Vendor Version Number  
Column 3 = Vendor Code

MSQ2020JURAT7

DATES

Column 1 = HMO Certified Date  
Column 2 = Federally Qualified Date  
Column 3 = Fiscal Year End Date

Values for Columns 1, 2 and 3 = MMDDYYYY

MSQ2020JURAT8

Table Length: Variable

SERVICE AREAS OR COUNTIES

Column 1 = Service Areas or Counties

MSQ2020RP13F

REPORT 13 YEAR-TO-DATE EXPENSES FOR OUT OF PLAN SERVICES

Column 1F = Total HMO  
Column 2F = Point of Service Product

MSQ2020RP13QTR4F

REPORT 13 QUARTERLY EXPENSES FOR OUT OF PLAN SERVICES

Column 1F = Total HMO  
Column 2F = Point of Service Product



**MSQ2020SCHSN1W**  
Table Length: Variable

**SCHEDULE H - SECTION 1 AGING ANALYSIS OF CLAIMS UNPAID**

**MSQ2020SCHSN3F**

**SCHEDULE H - SECTION 3 FOOTNOTE**

- Column 1F = Last Name
  - Column 2F = First Name
  - Column 3F = Middle Name
  - Column 4F = Phone Number
  - Column 5F = E-Mail Address
- Line 0000001 = Schedule H Contact