

ANNUAL REPORT

For the fiscal year ended December 31 20 12

East End Health Plan
(Name of Welfare Fund)

201 Sunrise Highway, Patchogue, NY 11772
(Address of Fund)

to the
SUPERINTENDENT OF INSURANCE
of the
STATE OF NEW YORK

STATEMENT OF CHANGES IN FUND BALANCE (RESERVE FOR FUTURE BENEFITS)

ADDITIONS TO FUND BALANCEItem

1. Contributions: (Exclude amounts entered in Item 2)	
(a) Employer (Schedule 1)	26,382,836
(b) Employee	1,740,943
(c) Other (Specify) _____	212,253
(d) Total Contributions	<u>28,336,032</u>
2. Dividends and Experience Rating Refunds from Insurance Companies	_____
3. Investment Income:	
(a) Interest	_____
(b) Dividends	_____
(c) Rents	_____
(d) Other (Specify) _____	_____
(e) Total Income from Investments	_____
4. Profit on disposal of investments	_____
5. Increase by adjustment in asset values of investments	_____
6. Other Additions: (Itemize)	
(a) Stop Loss Recovery	_____
(b) Formulary Rebate	510,745
(c) Total Other Additions	510,745
7. Total Additions	<u>28,846,777</u>

DEDUCTIONS FROM FUND BALANCE

8. Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)	288,957
9. Benefits Provided Directly by the Trust or Separately Maintained Fund	<u>29,029,104</u>
10. Payments to an Organization Maintained by the Plan for the Purpose of Providing Benefits to Participants (Attach latest operating statement of the Organization showing, detail of administrative expenses, supplies, fees,	_____
11. Payments of Contract Fees Paid to Independent Organizations or Individuals Providing Plan Benefits (Clinics, Hospitals, Doctors, etc.)	_____
12. Administrative Expenses:	
(a) Salaries (Schedule 2)	_____
(b) Allowances, Expenses, etc. (Schedule 2)	_____
(c) Taxes	_____
(d) Fees and Commissions (Schedule 3)	1,500,916
(e) Rent	_____
(f) Insurance Premiums	15,415
(g) Fidelity Bond Premiums	_____
(h) Other Administrative Expenses (Specify) <u>Office, Postage & Supplies</u>	4,728
(i) Total Administrative Expenses	<u>1,521,059</u>
13. Loss on disposal of investments	_____
14. Decrease by adjustment in asset values of investments	_____
15. Other Deductions: (Itemize)	
(a) _____	_____
(b) _____	_____
(c) Total Other Deductions	_____
16. Total Deductions	<u>30,839,120</u>

RECONCILEMENT OF FUND BALANCE

17. Fund Balance (Reserve for Future Benefits at Beginning of Year) - restated	<u>(2,079,759)</u>
18. Total Additions During Year (Item 7)	28,846,777
19. Total Deductions During Year (Item 16)	<u>(30,839,120)</u>
20. Total Net Increase (Decrease)	<u>(1,992,343)</u>
21. Fund Balance (Reserve for Future Benefits) at End of Year (Item 14, Statement of Assets and Liabilities)	<u>(4,072,102)</u>

STATEMENT OF ASSETS AND LIABILITIES

<u>ASSETS</u>	<u>End of Reporting Year</u>
<u>Item</u>	3,630,183
1. Cash	_____
2. Receivables:	
(a) Contributions:	
(1) Employer	_____
(2) Other (Specify)	_____
(b) Dividends or Experience Rating Refunds	_____
(c) Other (Specify) <u>Formulary rebates</u>	329,248
3. Investments (Other than Real Estate):	
(a) Bank Deposits At Interest and Deposits or Shares in Savings and Loan Associations	_____
(b) Stocks:	
(1) Preferred	_____
(2) Common	_____
(c) Bonds and Debentures:	
(1) Government Obligations	
(a) Federal	_____
(b) State and Municipal	_____
(2) Foreign Government Obligations	_____
(3) Non-Government Obligations	_____
(d) Common Trusts-	
(1) (Identify) _____	_____
(2) (Identify) _____	_____
I e) Subsidiary Organizations	
(Identify and Indicate Percentage of Ownership by this plan in the subsidiary)	
(1) _____ % _____	_____
(2) _____ % _____	_____
4. Real Estate Loans and Mortgages	_____
5. Loans and Notes Receivable: (Other than Real Estate)	
(a) Secured	_____
(b) Unsecured	_____
6. Real Estate:	
(a) Operated	_____
(b) Other Real Estate	_____
7. Other Assets:	
(a) Accrued Income	_____
(b) Prepaid	103,042
(c) Other (Specify) <u>Deposits Held for Claims</u>	_____
8. Total Assets	4,062,473
<u>LIABILITIES</u>	
9. Insurance and Annuity Premiums Payable	_____
10. Unpaid Claims (Not Covered by Insurance)	2,915,468
11. Accounts Payable	_____
12. Accrued Exp. & Payable to Claims Adm.	650,809
13. Other Liabilities (Specify) <u>Advance Premium Contributions</u>	4,568,298
14. Reserve for Future Benefits (Fund Balance)	(4,072,102)
15. Total Liabilities and Reserves	4,062,473

ADDITIONAL INFORMATION IS AVAILABLE

REPORT ON EXAMINATION: fund is subject to periodic examination by the New York State Insurance Department. All employee-members of the fund. All contributing employers and the Participating unions may inspect the Reports on Examination at the New York State Insurance Department upon presentation of proper credentials. If you wish to see the Report please contact the New York State Insurance Department Life Insurance Companies Bureau, 160 West Broadway, New York, NY 10013 – Telephone 212-602-0309

OTHER INFORMATION: Also available for inspection-to the public generally-are the annual statements and registration documents filed by the Fund. These may be inspected during working hours at the above address, or at the office of the Fund.

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STATE OF New York

COUNTY OF Suffolk

SS.

_____ and _____

Trustees of the Fund and _____

affirm, under the penalties of perjury that the contents of this Annual Report are true and hereby subscribe thereto.

Employer trustee:

Ang Fu
Champion EEP

Employee trustee:

Michelle Wang
Vice Chair

