

ANNUAL REPORT

For the fiscal year ended June 30, 2021

East End Health Plan, Inc.

(Name of Welfare Fund)

201 Sunrise Highway, Patchogue, NY 11772

(Address of Fund)

to the

SUPERINTENDENT OF INSURANCE

of the

STATE OF NEW YORK

ANNUAL STATEMENT

For the fiscal year ended June 30, 2021.

East End Health Plan, Inc.
(Name of Welfare Fund)

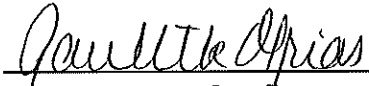
201 Sunrise Highway, Patchogue, NY 11772
(Address of Fund)

to the
SUPERINTENDENT OF INSURANCE
of the
STATE OF NEW YORK

Trustees of the Fund, and N/A
affirm, under the penalties of perjury that the contents of the Annual Statement which follow,
consisting of 14 pages, and of the Supplement to the Annual Statement consisting of 6 pages,
are true and hereby subscribe thereto.

Employer trustees:

Paulette Ofrias - Chairperson; Richard Malone; Jeffrey E.

Employer trustees signature: 

Ryvicker; Ryan Ruf; Donald King; Halsey Stevens

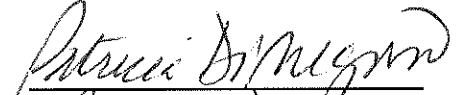
Name (Printed): Paulette Ofrias

Employer trustees signature: 

Name (Printed): Richard Malone

Employee trustees:

Ray Stenberg - Vice Chairperson; Cindy Goldsmith-Agosta;

Employee trustees signature: 

Patti DiGregorio - Secretary; Lauren Porter; Darren Phillips;

Name (Printed): Patricia DiGregorio

Nicholas Kochis

Employee trustees signature: 

Name (Printed): Mindy Viggiano

Others (Indicate titles):

Kathy Brower - Treasurer

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

ADDITIONS TO FUND BALANCE

Item

1. Contributions: (Exclude amounts entered in Item 2)		
(a) Employer (Schedule 1)	\$ 31,612,496	
(b) Employee	2,022,133	
(c) Other (Specify) Flex plan contributions	307,503	
(d) Total Contributions		\$ 33,942,132
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) Miscellaneous Income - Interest Income _____	26,776	
(b) Formulary Rebate _____	648,411	
(c) Total Other Additions		675,187
7. Total Additions		\$ 34,617,319

DEDUCTIONS FROM FUND BALANCE

8. Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)		\$ 5,056,209
9. Benefits Provided Directly by the Trust or Separately Maintained Fund		25,141,803
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 or 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 - Excise Tax	4,985	
(d) Fees and Commissions (Schedule 3)	1,188,765	
(e) Rent		
(f) Insurance Premiums	23,575	
(g) Fidelity Bond Premiums		
(h) Other Administrative Expenses		
Other (specify) Office, Postage, and Supplies _____	34	
(i) Total Administrative Expenses		1,217,359
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		\$ 31,415,371

RECONCILEMENT OF FUND BALANCE

17. Fund Balance (Reserve for Future Benefits at Beginning of Year)		\$ 11,815,142
18. Total Additions During Year (Item 7)	34,617,319	
19. Total Deductions During Year (Item 16)	(31,415,371)	
20. Total Net Increase (Decrease)		3,201,948
21. Fund Balance (Reserve for Future Benefits) at End of Year (Item 14, Statement of Assets and Liabilities)		\$ 15,017,090

STATEMENT OF ASSETS AND LIABILITIES

<u>Item</u>	<u>ASSETS</u>	<u>End of Reporting Year</u>
1. Cash		<u>\$ 17,704,410</u>
2. Receivables:		
(a) Contributions		
(1) Employer		
(2) Other (Specify) - Other receivables		<u>38,958</u>
(b) Dividends or Experience Rating Refunds		
(c) Other (Specify) Formulary rebates _____		<u>573,188</u>
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) _____		
(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) Prepays		<u>377,743</u>
(c) Other (Specify)		
8. Total Assets		<u>\$ 18,694,299</u>
	<u>LIABILITIES</u>	
9. Insurance and Annuity Premiums Payable		<u>\$</u>
10. Unpaid Claims (Not Covered by Insurance)		<u>2,319,114</u>
11. Accounts Payable		
12. Accrued Expenses		<u>653,420</u>
13. Other Liabilities (Specify) - Advance premium contributions		<u>704,675</u>
14. Reserve for Future Benefits (Fund Balance)		<u>15,017,090</u>
15. Total Liabilities and Reserves		<u>\$ 18,694,299</u>

ADDITIONAL INFORMATION IS AVAILABLE

REPORT ON EXAMINATION: This 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:

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.

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:

Paulette Ofrias - Chairperson; Richard Malone; Jeffrey E.

Ryvicker; Ryan Ruf; Donald King, Halsey Stevens

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