

ANNUAL REPORT

For the fiscal year ended December 31 20 11

East End Health Plan
(Name of Welfare Fund)
Eastern Suffolk BOCES

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 BALANCE

<u>Item</u>	
1. Contributions: (Exclude amounts entered in Item 2)	
(a) Employer (Schedule 1)	24,618,567
(b) Employee	1,998,496
(c) Other (Specify) _____	
(d) Total Contributions	26,617,063
2. Dividends and Experience Rating Refunds from Insurance Companies	
3. Investment Income:	
(a) Interest	25,514
(b) Dividends	
(c) Rents	
(d) Other (Specify) _____	
(e) Total Income from Investments	25,514
4. Profit on disposal of investments	
5. Increase by adjustment in asset values of investments	
6. Other Additions: (Itemize)	
(a) Stop Loss Recovery	105,267
(b) Formulary Rebate	505,824
(c) Total Other Additions	611,091
7. Total Additions	27,253,668

DEDUCTIONS FROM FUND BALANCE

8. Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)	269,957
9. Benefits Provided Directly by the Trust or Separately Maintained Fund	27,234,597
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)	1,404,036
(e) Rent	
(f) Insurance Premiums	8,471
(g) Fidelity Bond Premiums	2,634
(h) Other Administrative Expenses (Specify) Office, Postage & Supplies	5,253
(i) Total Administrative Expenses	1,420,394
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	28,924,948

RECONCILEMENT OF FUND BALANCE

17. Fund Balance (Reserve for Future Benefits at Beginning of Year)	(394,622)
18. Total Additions During Year (Item 7)	27,253,668
19. Total Deductions During Year (Item 16)	28,924,948
20. Total Net Increase (Decrease)	(1,671,280)
21. Fund Balance (Reserve for Future Benefits) at End of Year (Item 14, Statement of Assets and Liabilities)	(2,065,902)

STATEMENT OF ASSETS AND LIABILITIES

<u>Item</u>	<u>ASSETS</u>	<u>End of Reporting Year</u>
1. Cash		
2. Receivables:		
(a) Contributions:		
(1) Employer		226,053
(2) Other (Specify)		
(b) Dividends or Experience Rating Refunds		
(c) Other (Specify) <u>Formulary rebates</u>		148,770
3. Investments (Other than Real Estate):		
(a) Bank Deposits At Interest and Deposits or Shares in Savings and Loan Associations		2,530,113
(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) Prepaid		13,011
(c) Other (Specify) <u>Deposits Held for Claims</u>		
8. Total Assets		2,917,947
	<u>LIABILITIES</u>	
9. Insurance and Annuity Premiums Payable		2,763,563
10. Unpaid Claims (Not Covered by Insurance)		
11. Accounts Payable		372,014
12. Accrued Expenses		1,848,272
13. Other Liabilities (Specify) <u>Advance Premium Contributions</u>		(2,065,902)
14. Reserve for Future Benefits (Fund Balance)		2,917,947
15. Total Liabilities and Reserves		

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

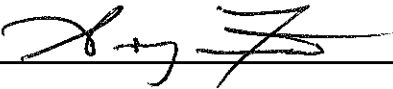
SS.

_____ 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:



Employee trustee:



