

Plan Name: _____

**SCHEDULE K
BALANCE SHEET**

ASSETS

CURRENT ASSETS	Year 1 Beginning /01/	Year 1 Ending 12/31	Year 2 Ending 12/31	Year 3 Ending 12/31
1 . Cash				
2 . Short-Term Investments				
3 . Premiums Receivable - Net				
4 . Interest Receivable				
5 . NYS Medicaid Reinsurance Recovery Receivable				
6 . Other Receivables - Net				
7 . Prepaid Expenses				
8 . Aggregate Write-Ins for Current Assets *				
9 . Total Other Assets (Items 1 to 8)				
OTHER ASSETS				
10 . Restricted Cash and Other Assets				
11 . Amounts Due from Affiliates				
12 . Loan Escrow				
13 . Long-Term Investments				
14 . Intangible Investments and Goodwill *				
15 . Leasehold Improvements				
16 . Aggregate Write-ins for Other Assets *				
17 . Total Other Assets (Items 10 to 16)				
PROPERTY AND EQUIPMENT				
18 . Land				
19 . Building and Improvements				
20 . Construction In Progress				
21 . Furniture and Equipment				
22 . Aggregate Write-ins for Other Equipment *				
23 . Total Property & Equipment (Items 18 to 22)				
24 . Total Assets (Items 9 + 17 + 23)				
* Detail For Lines 8, 14, 16, and 22:				

Plan Name: _____

**SCHEDULE K
BALANCE SHEET**

LIABILITIES AND NET WORTH

CURRENT LIABILITIES	Year 1 Beginning ____/01/____	Year 1 Ending 12/31____	Year 2 Ending 12/31____	Year 3 Ending 12/31____
1 . Accounts Payable				
2 . Claims Payable				
3 . Accrued Inpatient Claims (Not reported)				
4 . Accrued Physician Claims (Not Reported)				
5 . Accrued Referral Claims (Not Reported)				
6 . Accrued Other Medical				
7 . Accrued Medical Incentive Pool				
8 . Unearned Premiums				
9 . Loans and Notes Payable				
10 . Aggregate Write-ins for Current Liabilities *				
11 . Total Current Liabilities (Items 1 to 10)				
OTHER LIABILITES				
12 . Loans and Notes				
13 . Amounts Due to Affiliates				
14 . Aggregate Write-ins for Other Liabilities *				
15 . Total Other Liabilities (Items 12 to 14)				
16 . Total Liabilities (Items 11 and 15)				
NET WORTH				
17 . Donated Capital				
18 . Capital				
19 . Paid In Surplus				
20 . NYS Contingent Reserve Fund				
21 . Aggregate Write-ins for Other Net Worth Items *				
22 . Unassigned Surplus				
23 . Total Net Worth (Items 17 to 22)				
24 . Total Liabilities & Net Worth (Items 16 + 23)				

* Detail For Lines 10, 14 and 21: