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QUARTERLY STATEMENT

AS OF MARCH 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

JMM/CBH

102

✓ MEWA

NAIC Group Code 0001 NAIC Company Code 00001 Employer's ID Number 34-1820838
(Current Period) (Prior Period)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:

Life, Accident and Health Dental Service Corporation Health Maintenance Organization

Property/Casualty Vision Service Corporation

Hospital, Medical and Dental Service or Indemnity Other

Is HMO Federally Qualified? Yes No

Incorporated/Organized January 11, 1979 Commenced Business January 1, 1979

Statutory Home Office 10100 Brecksville Road, Brecksville, Ohio 44141
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 10100 Brecksville Road, Brecksville, Ohio 44141
(Street and Number, City or Town, State and Zip Code) 1-440-746-1500
(Area Code) (Telephone Number)

Mail Address 10100 Brecksville Road, Brecksville, Ohio 44141
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 10100 Brecksville Road, Brecksville, Ohio 44141
(Street and Number, City or Town, State and Zip Code) 1-440-746-1500
(Area Code) (Telephone Number)

Internet Website Address www.gcada.org
Statutory Statement Contact George Hoss 1-440-746-1500
(Name) (Area Code) (Telephone Number) (Extension)
geohoss@gmail.com (E-Mail Address) 1-440-746-1500
(Fax Number)

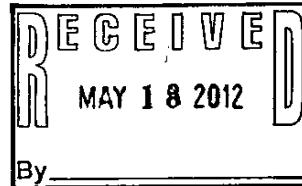
OFFICERS

Richard M. Bass (Officer)
Kirt Frye (Officer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Richard M. Bass
Richard Marcellino
Robert Gillingham
Jay Park
Vincent Divincenzo
Donald Petruzzli
Kirt Frye



State of Ohio }
County of Cuyahoga } ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, 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 reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

unavailable

unavailable

Donald J. Petruzzli

Exhibit I
CLEVELAND AUTOMOBILE DEALERS' ASSOCIATION GROUP HEALTH PLAN
Experience Summary for 2010 - 2012 -- Statutory basis
Based on Claims and Contributions through March 31, 2012

| | 2012 | | 2011 | | | 2010 | | |
|--|---------------------------|---------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|-----------------------------|---------------------------|
| | 3/31/12 | 2/29/12 | 12/31/11 | 9/30/11 | 6/30/11 | 3/31/11 | 12/31/10 | 9/30/10 |
| A. Financial Status | | | | | | | | |
| 1. <u>Assets</u> | | | | | | | | |
| a. Cash, CDs, Cash Equivalents | \$ 6,599,391 | \$ 6,586,397 | \$ 6,928,581 | \$ 7,648,907 | \$ 7,781,054 | \$ 7,710,128 | \$ 7,511,184 | \$ 7,850,289 |
| b. Investments | - | - | - | - | - | - | - | - |
| c. Receivables (net of bad debt allowances) | 40,531 | 108,476 | 93,240 | 37,241 | 100,607 | 60,013 | 210,398 | 74,709 |
| d. Accrued Interest | - | - | - | - | - | - | - | - |
| e. Total assets | 6,639,922 | 6,694,873 | 7,021,821 | 7,686,148 | 7,881,661 | 7,770,141 | 7,721,582 | 7,924,998 |
| 2. <u>Liabilities</u> | | | | | | | | |
| a. IBNR Reserve | 2,317,000 | 2,337,000 | 2,271,000 | 2,154,000 | 1,909,000 | 1,992,000 | 2,037,000 | 1,956,000 |
| b. Claims Payable | 349,967 | 402,226 | 390,049 | 407,245 | 223,119 | 339,350 | 446,342 | 275,357 |
| c. Subtotal | 2,666,967 | 2,739,226 | 2,661,049 | 2,561,245 | 2,132,119 | 2,331,350 | 2,483,342 | 2,231,357 |
| d. Other Liabilities | 46,933 | 19,940 | 17,457 | 17,554 | 30,920 | 20,069 | 46,203 | 26,485 |
| e. Total | 2,713,900 | 2,759,166 | 2,678,506 | 2,578,799 | 2,163,039 | 2,351,419 | 2,529,545 | 2,257,842 |
| 3. <u>Surplus</u> | 3,926,022 | 3,935,707 | 4,343,315 | 5,107,349 | 5,718,622 | 5,418,722 | 5,192,037 | 5,667,156 |
| B. Underwriting & Investment Experience | | | | | | | | |
| | 2012 | | 2011 | | | 2010 | | |
| | 3 months ended 3/31/12 | 2 months ended 2/29/12 | 12 months ended 12/31/11 | 9 months ended 9/30/11 | 6 months ended 6/30/11 | 3 months ended 3/31/11 | 12 months ended 12/31/10 | 9 months ended 9/30/10 |
| 1. <u>Income</u> | | | | | | | | |
| a. Premium income | 5,036,523 | 3,341,459 | 18,457,652 | 13,452,603 | 8,715,900 | 4,250,764 | 17,242,363 | 12,943,966 |
| b. Investment income | 3,745 | 2,508 | 24,291 | 19,741 | 13,716 | 6,926 | 39,639 | 29,917 |
| c. Other income and net adjustments | (1) | (1) | 1 | - | (1) | 1 | 905 | - |
| d. Total | 5,040,267 | 3,343,966 | 18,481,944 | 13,472,344 | 8,729,615 | 4,257,691 | 17,282,907 | 12,973,883 |
| 2. <u>Incurred Claims</u> | | | | | | | | |
| a. Paid Claims | 4,794,062 | 3,250,975 | 16,703,012 | 11,690,375 | 7,207,152 | 3,562,110 | 14,656,988 | 10,475,993 |
| b. Change in IBNR Claims | 46,000 | 66,000 | 221,000 | 104,000 | (128,000) | (45,000) | 103,000 | 22,000 |
| c. Incurred Claims | 4,840,062 | 3,316,975 | 16,924,012 | 11,794,375 | 7,079,152 | 3,517,110 | 14,759,988 | 10,497,993 |
| d. Incurred Loss Ratio (B2c / B1a) | 96.1% | 99.3% | 91.7% | 87.7% | 81.2% | 82.7% | 85.6% | 81.1% |
| 3. <u>Expenses</u> | | | | | | | | |
| a. Paid Administrative Expenses | 395,535 | 254,941 | 1,452,283 | 1,075,468 | 708,158 | 342,733 | 1,438,149 | 1,081,628 |
| b. Change in Loss Adj Expense | - | - | 13,000 | 13,000 | - | - | 7,000 | 7,000 |
| c. Incurred Administrative Expenses | 395,535 | 254,941 | 1,465,283 | 1,088,468 | 708,158 | 342,733 | 1,445,149 | 1,088,628 |
| d. <u>Stop Loss Premium</u> | | | | | | | | |
| 1) Stop loss premium paid | 283,369 | 189,272 | 1,011,981 | 730,356 | 469,998 | 231,122 | 882,585 | 655,746 |
| 2) Stop loss reimbursements | (68,227) | (17,190) | (67,713) | (56,166) | (56,166) | (56,653) | (142,473) | (84,568) |
| 3) Net stop loss expense | 215,142 | 172,082 | 944,268 | 674,190 | 413,832 | 174,469 | 740,112 | 571,178 |
| e. Total Incurred Expenses (c + d3) | 610,677 | 427,023 | 2,409,551 | 1,762,658 | 1,121,990 | 517,202 | 2,185,261 | 1,659,806 |
| 4. <u>Gain/(Loss) During Period</u> | | | | | | | | |
| a. Underwriting Gain/(Loss) (1a - 2c - 3e) | (414,216) | (402,539) | (875,911) | (104,430) | 514,758 | 216,452 | 297,114 | 786,167 |
| b. Investment and Other Income (1b + 1c) | 3,744 | 2,507 | 24,292 | 19,741 | 13,715 | 6,927 | 40,544 | 29,917 |
| c. Total Gain/(Loss) | (410,472) | (400,032) | (851,619) | (84,689) | 528,473 | 223,379 | 337,658 | 816,084 |
| 5. <u>Surplus</u> | | | | | | | | |
| a. Surplus Reported at End of Prior Year | 4,343,315 | 4,343,315 | 5,192,037 | 5,192,037 | 5,192,037 | 5,192,037 | 4,854,379 | 4,854,379 |
| b. Change in Non-Admitted assets ytd | (6,821) | (7,576) | 2,897 | 1 | (1,888) | 3,306 | - | (3,307) |
| c. Change in Surplus YTD (4c+5b) | (417,293) | (407,608) | (848,722) | (84,688) | 526,585 | 226,685 | 337,658 | 812,777 |
| d. <u>Surplus at End of Period</u> | 3,926,022 | 3,935,707 | 4,343,315 | 5,107,349 | 5,718,622 | 5,418,722 | 5,192,037 | 5,667,156 |

Exhibit 2

CLEVELAND AUTOMOBILE DEALERS' ASSOCIATION GROUP HEALTH PLAN

Summary of Experience through 3/31/12

Based on Claims and Contributions through March 31, 2012

| Projected Experience | Total 5/1/05-4/30/06 | vs prior plan year | Total 5/1/06-4/30/07 | vs prior plan year | Total 5/1/07-4/30/08 | vs prior plan year | Total 5/1/08-4/30/09 | vs prior plan year | 5/1/09 - 4/30/10 | vs prior plan year |
|---|---------------------------|--------------------|------------------------------|--------------------|------------------------------|--------------------|------------------------------|--------------------|------------------------------|--------------------|
| | | | | | | | | | | |
| A. INCOME | | | | | | | | | | |
| 1. Premium | \$ 18,293,798 | + 11.4% | \$ 19,335,832 | + 5.7% | \$ 18,278,601 | - 5.5% | \$ 17,432,441 | - 4.6% | \$ 17,272,776 | - 0.9% |
| 2. Investment & Other Income | <u>258,543</u> | <u>+ 201.1%</u> | <u>206,060</u> | | <u>216,455</u> | | <u>96,615</u> | | <u>47,951</u> | |
| 3. Total Income | 18,552,341 | + 12.3% | 19,541,892 | + 5.3% | 18,495,056 | - 5.4% | 17,529,056 | - 5.2% | 17,320,727 | - 1.2% |
| B. EXPENSES | | | | | | | | | | |
| 1. Incurred Claims | | | | | | | | | | |
| a. Medical | 11,564,387 | + 14.1% | 13,990,917 | + 21.0% | 12,304,173 | - 12.1% | 11,935,352 | - 3.0% | 9,757,306 | - 18.2% |
| b. Pres Drug | 2,830,559 | + 8.2% | 2,995,989 | + 5.8% | 2,364,263 | - 21.1% | 2,397,575 | + 1.4% | 2,489,844 | + 3.8% |
| c. Dental & Vision | 1,400,360 | + 17.4% | 1,330,247 | - 5.0% | 1,285,570 | + 3.4% | 1,186,366 | - 7.7% | 1,144,745 | - 3.5% |
| d. Disability | <u>68,087</u> | <u>+ 126.8%</u> | <u>74,807</u> | <u>+ 9.9%</u> | <u>38,809</u> | <u>- 48.1%</u> | <u>19,656</u> | <u>- 49.4%</u> | <u>(4,376)</u> | <u>- 122.3%</u> |
| e. Total incurred claims | 15,863,393 | + 13.6% | 18,391,960 | + 15.9% | 15,992,815 | - 13.0% | 15,538,949 | - 2.8% | 13,387,519 | - 13.8% |
| 2. Incurred Admin Expenses | 1,845,104 | + 10.3% | 1,830,333 | - 0.8% | 1,748,928 | - 4.4% | 1,649,918 | - 5.7% | 1,305,806 | - 20.9% |
| 3. Net Stop Loss Prem | <u>(712,243)</u> | | <u>(429,575)</u> | | <u>(168,378)</u> | | <u>372,372</u> | | <u>714,663</u> | |
| 4. Total Claims plus Expenses | 16,996,254 | + 9.6% | 19,792,718 | + 16.5% | 17,573,365 | - 11.2% | 17,561,239 | - 0.1% | 15,407,988 | - 12.3% |
| C. SURPLUS | | | | | | | | | | |
| 1. Total Gain/(Loss) for Period (A3 - B4) | 1,556,087 | | (250,826) | | 921,691 | | (32,183) | | 1,912,739 | |
| 2. Change in non-admitted assets | <u>(13,225)</u> | | <u>13,225</u> | | <u>(13,225)</u> | | | | <u>13,225</u> | |
| 3. Change in surplus (1 + 2) | 1,542,862 | | (237,601) | | 908,466 | | (32,183) | | 1,925,964 | |
| 4. Surplus at End of Period | 2,835,458 | | 2,597,857 | | 3,506,323 | + 35.0% | 3,474,140 | - 0.9% | 5,400,104 | + 55.4% |
| | | | | | | | | | | |
| | <u><u>5/05 - 4/06</u></u> | | <u><u>5/1/06-4/30/07</u></u> | | <u><u>5/1/07-4/30/08</u></u> | | <u><u>5/1/08-4/30/09</u></u> | | <u><u>5/1/09-4/30/10</u></u> | |
| a/ Paid admin expenses: | 1,810,104 | + 8.6% | 1,820,333 | + 0.6% | 1,748,928 | - 3.9% | 1,649,918 | - 5.7% | 1,377,806 | - 16.5% |
| Change in LAE: | <u>35,000</u> | | <u>10,000</u> | | | | | | <u>(72,000)</u> | |
| Incurred Admin Expenses: | 1,845,104 | + 10.3% | 1,830,333 | - 0.8% | 1,748,928 | - 4.4% | 1,649,918 | - 5.7% | 1,305,806 | - 20.9% |

Exhibit 2 (continued)

| | Projected Experience | | | | | Approved Adjustments | | | | |
|---|----------------------|---------------|---------------|---------------|---------------|----------------------|---------------|---------------|---------------|---------------|
| | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 |
| A. INCOME | | | | | | | | | | |
| 1. Premium | \$ 1,494,876 | \$ 1,498,538 | \$ 1,381,350 | \$ 1,427,340 | \$ 1,444,680 | \$ 1,441,147 | \$ 1,425,114 | \$ 1,432,136 | \$ 1,388,527 | \$ 1,431,020 |
| 2. Investment & Other Income | <u>3,072</u> | <u>3,560</u> | <u>3,284</u> | <u>3,423</u> | <u>2,562</u> | <u>4,455</u> | <u>3,297</u> | <u>2,875</u> | <u>2,593</u> | <u>2,052</u> |
| 3. Total Income | 1,497,948 | 1,502,098 | 1,384,634 | 1,430,763 | 1,447,242 | 1,445,602 | 1,428,411 | 1,435,011 | 1,391,120 | 1,433,072 |
| B. EXPENSES | | | | | | | | | | |
| 1. Incurred Claims | | | | | | | | | | |
| a. Medical | 758,580 | 1,141,127 | 845,410 | 896,049 | 764,614 | 849,648 | 1,134,382 | 1,345,191 | 906,305 | 610,401 |
| b. Pres Drug | 260,251 | 250,577 | 249,742 | 215,840 | 197,063 | 217,182 | 192,733 | 218,715 | 177,298 | 233,360 |
| c. Dental & Vision | 111,240 | 86,256 | 66,473 | 101,675 | 49,724 | 126,132 | 90,962 | 84,620 | 93,505 | 81,553 |
| d. Disability | <u>1,470</u> | <u>1,520</u> | <u>1,910</u> | <u>100</u> | <u>3,500</u> | <u>1,400</u> | <u>330</u> | <u>700</u> | <u>1,360</u> | <u>2,600</u> |
| e. Total incurred claims | 1,131,541 | 1,479,480 | 1,163,535 | 1,213,664 | 1,014,901 | 1,194,362 | 1,418,407 | 1,649,226 | 1,178,468 | 927,914 |
| 2. Incurred Admin Expenses | 115,628 | 118,360 | 126,021 | 128,434 | 108,859 | 116,331 | 98,135 | 142,055 | 108,656 | 112,277 |
| 3. Net Stop Loss Prem | <u>75,971</u> | <u>75,688</u> | <u>84,091</u> | <u>78,981</u> | <u>72,764</u> | <u>75,982</u> | <u>75,661</u> | <u>17,291</u> | <u>61,751</u> | <u>71,886</u> |
| 4. Total Claims plus Expenses | 1,323,140 | 1,673,528 | 1,373,647 | 1,421,079 | 1,196,524 | 1,386,675 | 1,592,203 | 1,808,572 | 1,348,875 | 1,112,077 |
| C. SURPLUS | | | | | | | | | | |
| 1. Total Gain/(Loss) for Period (A3 - B4) | 174,808 | (171,430) | 10,987 | 9,684 | 250,718 | 58,927 | (163,792) | (373,561) | 42,245 | 320,995 |
| 2. Change in non-admitted assets | <u>(12,123)</u> | <u>1,102</u> | <u>1,102</u> | <u>1,102</u> | <u>1,102</u> | <u>1,102</u> | <u>1,102</u> | <u>1,103</u> | <u>1,102</u> | <u>1,102</u> |
| 3. Change in surplus (1 + 2) | 162,685 | (170,328) | 12,089 | 10,786 | 251,820 | 60,029 | (162,689) | (372,459) | 43,347 | 322,097 |
| 4. Surplus at End of Period | 5,562,789 | 5,392,461 | 5,404,550 | 5,415,336 | 5,667,156 | 5,727,185 | 5,564,496 | 5,192,037 | 5,235,384 | 5,557,481 |
| | | | | | | | | | | |
| | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 |
| a/ Paid admin expenses: | 115,628 | 118,360 | 126,021 | 119,344 | 108,859 | 116,331 | 98,135 | 142,055 | 108,656 | 112,277 |
| Change in LAE: | | | | 9,000 | - | - | - | - | - | - |
| Incurred Admin Expenses: | 115,628 | 118,360 | 126,021 | 128,434 | 108,859 | 116,331 | 98,135 | 142,055 | 108,656 | 112,277 |

Exhibit 2 (continued)

| Assumptions | | <u>5/1/2007</u> | | <u>5/1/2008</u> | | <u>5/1/2009</u> | | <u>5/1/2010</u> | | <u>5/1/2011</u> | |
|---|--|----------------------|--------------|------------------|---------|-----------------------|--------------|-----------------|--------------|-----------------|--|
| Annual Trend - Medical | | 11.5% | | 11.0% | | 10.0% | | 8.0% | | 8.0% | |
| Annual Trend - Pres Drug | | 11.5% | | 11.0% | | 10.0% | | 8.0% | | 8.0% | |
| Annual Trend - Dm/Vsn | | 7.0% | | 7.0% | | 7.0% | | 5.0% | | 5.0% | |
| Increase in admin expenses | | 1.030 | | 1.030 | | 0.873 | | 1.000 | | 1.020 | |
| Increase in stop loss prem. | | 1.990 | | 1.099 | | 1.047 | | 1.060 | | 1.025 | |
| | | (actual) | | (actual) | | (actual) | | (actual) | | (actual) | |
| | | Mar-11 | | Apr-11 | | May-11 | | Jun-11 | | Jul-11 | |
| | | Projected Experience | | 5/1/10 - 4/30/11 | | vs prior plan year | | Aug-11 | | Sep-11 | |
| A. INCOME | | | | | | | | | | | |
| 1. Premium | | \$ 1,431,217 | \$ 1,442,825 | \$ 17,238,770 | - 0.2% | \$ 1,509,243 | \$ 1,513,068 | \$ 1,527,989 | \$ 1,579,367 | \$ 1,629,347 | |
| 2. Investment & Other Income | | 2,282 | 2,148 | 35,603 | | 2,595 | 2,045 | 2,023 | 2,148 | 1,855 | |
| 3. Total Income | | 1,433,499 | 1,444,973 | 17,274,373 | - 0.3% | 1,511,838 | 1,515,113 | 1,530,012 | 1,581,515 | 1,631,202 | |
| B. EXPENSES | | | | | | | | | | | |
| 1. Incurred Claims | | 1,076,069 | 836,277 | 11,164,053 | + 14.4% | 819,464 | 966,707 | 1,057,413 | 1,212,695 | 1,423,474 | |
| a. Medical | | 244,989 | 233,826 | 2,691,576 | + 8.1% | 222,366 | 206,497 | 363,496 | 242,210 | 195,530 | |
| b. Pres Drug | | 84,150 | 90,526 | 1,066,816 | - 6.8% | 79,193 | 101,666 | 80,274 | 78,724 | 54,487 | |
| c. Dental & Vision | | 5,520 | 780 | 21,190 | | 660 | 4,080 | 480 | 4,780 | 1,660 | |
| d. Disability | | | | | | | | | | | |
| e. Total incurred claims | | 1,410,728 | 1,161,409 | 14,943,635 | + 11.6% | 1,121,683 | 1,278,950 | 1,501,663 | 1,538,409 | 1,675,151 | |
| 2. Incurred Admin Expenses | | 121,800 | 131,401 | 1,427,957 | + 9.4% | 123,971 | 110,053 | 115,081 | 114,830 | 150,399 | |
| 3. Net Stop Loss Prem | | 40,832 | 77,779 | 808,677 | | 79,226 | 82,358 | 84,842 | 85,381 | 90,135 | |
| 4. Total Claims plus Expenses | | 1,573,360 | 1,370,589 | 17,180,269 | + 11.5% | 1,324,880 | 1,471,361 | 1,701,586 | 1,738,620 | 1,915,685 | |
| C. SURPLUS | | | | | | | | | | | |
| 1. Total Gain/(Loss) for Period (A3 - B4) | | (139,861) | 74,384 | 94,104 | | 186,958 | 43,752 | (171,574) | (157,105) | (284,483) | |
| 2. Change in non-admitted assets | | 1,102 | 1,102 | - | | (6,925) | 629 | 630 | 629 | 630 | |
| 3. Change in surplus (1 + 2) | | (138,759) | 75,486 | 94,104 | | 180,033 | 44,381 | (170,944) | (156,476) | (283,853) | |
| 4. Surplus at End of Period | | 5,418,722 | 5,494,268 | 5,494,208 | + 1.7% | 5,674,241 | 5,718,622 | 5,547,678 | 5,391,202 | 5,107,349 | |
| | | Mar-11 | | Apr-11 | | May-11 | | Jun-11 | | Jul-11 | |
| a/ Paid admin expenses: | | 121,800 | 131,401 | 1,418,957 | + 3.0% | 123,971 | 110,053 | 115,081 | 114,830 | 137,399 | |
| Change in LAE: | | | | 9,000 | | | | | | | |
| Incurred Admin Expenses: | | 121,800 | 131,401 | 1,427,957 | + 9.4% | 123,971 | 110,053 | 115,081 | 114,830 | 150,399 | |

Exhibit 2 (continued)

| Projected Experience | (actual) | | | | (actual) | | | | (actual) | | | | (actual) | | | |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|-----------|--------|--|
| | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Mar-12 | Mar-12 | Apr-12 | Apr-12 | Apr-12 | Apr-12 | 5/1/11 - 4/30/12 | (proj) | (proj) | |
| A. INCOME | | | | | | | | | | | | | | | | |
| 1. Premium | \$ 1,609,018 | \$ 1,688,820 | \$ 1,707,211 | \$ 1,677,592 | \$ 1,663,867 | \$ 1,695,064 | \$ 1,663,867 | \$ 1,663,867 | \$ 1,663,867 | \$ 1,663,867 | \$ 1,663,867 | \$ 1,663,867 | \$ 19,464,453 | | | |
| 2. Investment & Other Income | 1,710 | 1,546 | 1,295 | 1,419 | 1,089 | 1,236 | 1,236 | 1,236 | 1,236 | 1,236 | 1,236 | 1,236 | 18,961 | | | |
| 3. Total Income | 1,610,728 | 1,690,366 | 1,708,506 | 1,679,011 | 1,664,956 | 1,696,300 | 1,663,867 | 1,663,867 | 1,663,867 | 1,663,867 | 1,663,867 | 1,663,867 | 19,483,414 | | | |
| B. EXPENSES | | | | | | | | | | | | | | | | |
| 1. Incurred Claims | | | | | | | | | | | | | | | | |
| a. Medical | 1,226,998 | 1,186,769 | 1,532,264 | 1,086,722 | 1,375,018 | 1,096,956 | 1,110,837 | 1,110,837 | 1,110,837 | 1,110,837 | 1,110,837 | 1,110,837 | 14,095,345 | | | |
| b. Prcs Drug | 245,060 | 280,922 | 358,397 | 289,584 | 363,250 | 305,782 | 277,749 | 277,749 | 277,749 | 277,749 | 277,749 | 277,749 | 3,350,810 | | | |
| c. Dental & Vision | 113,901 | 70,283 | 114,889 | 93,945 | 109,456 | 118,031 | 90,199 | 90,199 | 90,199 | 90,199 | 90,199 | 90,199 | 1,127,444 | | | |
| d. Disability | | | | | | | | | | | | | | | | |
| e. Total incurred claims | 1,585,959 | 1,537,974 | 2,005,704 | 1,470,251 | 1,846,724 | 1,523,087 | 1,480,802 | 1,480,802 | 1,480,802 | 1,480,802 | 1,480,802 | 1,480,802 | 18,588,686 | | | |
| 2. Incurred Admin Expenses | 125,660 | 97,425 | 153,730 | 132,703 | 122,238 | 140,594 | 125,000 | 125,000 | 125,000 | 125,000 | 125,000 | 125,000 | 1,511,684 | | | |
| 3. Net Stop Loss Prem | 91,213 | 80,285 | 98,580 | 89,470 | 82,612 | 43,060 | 93,939 | 93,939 | 93,939 | 93,939 | 93,939 | 93,939 | 1,001,101 | | | |
| 4. Total Claims plus Expenses | 1,802,832 | 1,715,684 | 2,258,014 | 1,692,424 | 2,051,574 | 1,706,741 | 1,699,741 | 1,699,741 | 1,699,741 | 1,699,741 | 1,699,741 | 1,699,741 | 21,101,471 | | | |
| C. SURPLUS | | | | | | | | | | | | | | | | |
| 1. Total Gain/(Loss) for Period (A3 - B4) | (192,104) | (25,318) | (549,508) | (13,413) | (386,618) | (10,441) | (35,874) | (35,874) | (35,874) | (35,874) | (35,874) | (35,874) | (1,618,057) | | | |
| 2. Change in non-admitted assets | 1,385 | 755 | 756 | 755 | (8,331) | 755 | | | | | | | | (8,332) | | |
| 3. Change in surplus (1 + 2) | (190,719) | (24,563) | (548,752) | (12,658) | (394,949) | (9,686) | (35,874) | (35,874) | (35,874) | (35,874) | (35,874) | (35,874) | (1,626,389) | | | |
| 4. Surplus at End of Period | 4,916,630 | 4,892,067 | 4,343,315 | 4,330,657 | 3,935,708 | 3,926,022 | 3,899,834 | 3,899,834 | 3,899,834 | 3,899,834 | 3,899,834 | 3,899,834 | 3,867,819 | 3,867,819 | | |
| Oct-11 | | | | | | | | | | | | | | | | |
| | 125,660 | 97,425 | 153,730 | 132,703 | 122,238 | 140,594 | | | | | | | | | | |
| a/ Paid admin expenses: | | | | | | | | | | | | | | | | |
| Change in LAE: | | | | | | | | | | | | | | | | |
| Incurred Admin Expenses: | | | | | | | | | | | | | | | | |

Exhibit 3

CLEVELAND AUTOMOBILE DEALERS' ASSOCIATION
Development of March 31, 2012 IBNR Reserves
Based on Claims and Contributions through March 31, 2012

| Item | 3/31/2012 | 2/29/2012 | 12/31/2011 | 9/30/2011 | 6/30/2010 | 3/31/2011 | 12/31/2010 | 9/30/2010 | 6/30/2010 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------|
| 1. Medical Reserve | \$ 1,860,000 | \$ 1,910,000 | \$ 1,890,000 | \$ 1,740,000 | \$ 1,460,000 | \$ 1,590,000 | \$ 1,670,000 | \$ 1,540,000 | \$ 1,660,000 |
| 2. Rx Reserve | 122,000 | 102,000 | 60,000 | 102,000 | 142,000 | 94,000 | 47,000 | 91,000 | 133,000 |
| 3. Dental Reserve | 96,000 | 86,000 | 80,000 | 71,000 | 80,000 | 81,000 | 92,000 | 96,000 | 112,000 |
| 4. Vision Reserve | 6,000 | 6,000 | 7,000 | 7,000 | 7,000 | 7,000 | 7,000 | 7,000 | 7,000 |
| 5. Disability Reserves | 8,000 | 8,000 | 9,000 | 9,000 | 8,000 | 8,000 | 8,000 | 9,000 | 10,000 |
| 6. Total Estimated Claim Reserve | 2,092,000 | 2,112,000 | 2,046,000 | 1,929,000 | 1,697,000 | 1,780,000 | 1,825,000 | 1,744,000 | 1,922,000 |
| 7. Expense Load Used (% of claims+exp) a/ | 9.7% | 9.63% | 9.91% | 10.45% | 11.11% | 10.64% | 10.41% | 10.84% | 9.56% |
| 8. Total Reserve, Including Expenses | 2,317,000 | 2,271,000 | 2,154,000 | 1,909,000 | 1,992,000 | 2,037,000 | 1,956,000 | 2,125,000 | |
| 9. Expense Portion | 225,000 | 225,000 | 225,000 | 225,000 | 212,000 | 212,000 | 212,000 | 212,000 | 203,000 |
| 10. Claim Portion | 2,092,000 | 2,112,000 | 2,046,000 | 1,929,000 | 1,697,000 | 1,780,000 | 1,825,000 | 1,744,000 | 1,922,000 |
| 11. Claims Assumed Due and Payable b/ | 360,000 | 351,000 | 340,000 | 364,000 | 300,000 | 318,000 | 299,000 | 287,000 | 284,000 |
| 12. Remaining claims in IBNR | 1,732,000 | 1,761,000 | 1,706,000 | 1,565,000 | 1,397,000 | 1,462,000 | 1,526,000 | 1,457,000 | 1,638,000 |
| 13. Change in claim reserves during year | 46,000 | 66,000 | 221,000 | 104,000 | (128,000) | (45,000) | 103,000 | 22,000 | 200,000 |
| Change in claim reserve since prior quarter | 46,000 | 66,000 | 117,000 | 232,000 | (83,000) | (45,000) | 82,000 | (99,000) | 305,000 |
| 14. Change in LAE during year | - | - | 13,000 | 13,000 | - | - | 7,000 | 7,000 | (2,000) |
| Change in LAE since prior quarter | - | - | - | 13,000 | - | - | - | - | - |
| 15. Change in total reserve during year | 46,000 | 66,000 | 234,000 | 117,000 | (128,000) | (45,000) | 110,000 | 29,000 | 198,000 |
| Change in total reserve since prior quarter | 46,000 | 66,000 | 117,000 | 245,000 | (83,000) | (45,000) | 82,000 | (99,000) | 305,000 |
| a/ YTD Paid Admin Expenses Expense load - actual ytd (% of claims+exp) | 395,534 | 254,941 | 1,452,283 | 1,075,467 | 708,157 | 342,732 | 1,459,060 | 1,081,628 | 727,314 |
| b/ Claims that have been reported to carrier but not yet paid by carrier. | | | | | | | | | |
| Annual incurred claims | ytd annualized | 17,751,584 | 17,349,417 | 16,924,012 | 17,767,529 | 14,624,047 | 15,749,167 | 14,276,411 | 13,825,083 |
| Trend to end of ytd period | 9.0%/yr | 1,055 | 1,052 | 1,044 | 1,067 | 1,067 | 1,052 | 1,090 | 1,078 |
| Incurred claims/day (approx) | 260 days/yr | 72,054 | 70,169 | 67,958 | 72,899 | 60,002 | 63,697 | 59,851 | 57,338 |
| #Days Claims: | | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 |

Exhibit 4
CLEVELAND AUTOMOBILE DEALERS' ASSOCIATION
Reconciliation of Paid Claims

| | <u>Sep-11</u> | <u>Oct-11</u> | <u>Nov-11</u> | <u>Dec-11</u> | <u>Jan-12</u> | <u>Feb-12</u> | <u>Mar-12</u> |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| <u>Medical</u> | | | | | | | |
| Carrier's Lag Report | \$1,144,496 ^{a/} | \$1,238,673 ^{b/} | \$1,183,456 ^{c/} | \$1,381,992 ^{d/} | \$1,149,100 ^{e/} | \$1,356,070 ^{f/} | \$1,147,668 ^{g/} |
| Cumulative YTD | 8,828,321 | 10,066,995 | 11,250,451 | 12,632,443 | 11,149,100 | 2,505,170 | 3,652,838 |
| CADA Financials | 1,143,474 ^{a/} | 1,226,998 ^{b/} | 1,186,769 ^{c/} | 1,382,264 ^{d/} | 1,086,722 ^{e/} | 1,355,018 ^{f/} | 1,146,956 ^{g/} |
| Cumulative YTD | 8,838,805 | 10,065,803 | 11,252,572 | 12,634,836 | 10,086,722 | 2,441,740 | 3,588,696 |
| Difference (Lag Report - CADA) | 1,022 | 11,675 | (3,313) | (272) | 62,378 | 1,052 | 712 |
| Cumulative YTD | (10,484) | 1,192 | (2,121) | (2,393) | 62,378 | 63,430 | 64,142 |
| Reason for difference: | Timing | | | | | | |
| <u>Pres. Drugs</u> | | | | | | | |
| Carrier's Lag Report | 267,840 | 266,880 | 304,277 | 423,633 | 313,733 | 353,486 | 309,413 |
| Cumulative YTD | 2,353,107 | 2,619,987 | 2,924,264 | 3,347,897 | 313,733 | 667,219 | 976,632 |
| CADA Financials (after rebates) | 235,530 | 245,060 | 280,922 | 400,397 | 289,584 | 321,250 | 285,782 |
| Cumulative YTD | 2,064,572 | 2,309,632 | 2,590,554 | 2,990,951 | 289,584 | 610,834 | 896,616 |
| Difference (Lag Report - CADA) | 32,310 | 21,820 | 23,355 | 23,236 | 24,149 | 32,236 | 23,631 |
| Cumulative YTD | 288,535 | 310,355 | 333,710 | 356,946 | 24,149 | 56,385 | 80,016 |
| Reason for difference: | Timing & rebates | | | | | | |
| <u>Dental / Vision</u> | | | | | | | |
| Carrier's Lag Report ^{h/} | 70,247 | 99,767 | 58,076 | 112,667 | 93,229 | 108,565 | 110,550 |
| Cumulative YTD | 783,366 | 883,133 | 941,209 | 1,053,876 | 93,229 | 201,794 | 312,344 |
| CADA Financials | 63,487 | 104,901 | 79,283 | 105,889 | 93,945 | 104,456 | 108,031 |
| Cumulative YTD | 765,078 | 869,979 | 949,262 | 1,055,151 | 93,945 | 198,401 | 306,432 |
| Difference (Lag Report - CADA) | 6,760 | (5,134) | (21,207) | 6,778 | (716) | 4,109 | 2,519 |
| Cumulative YTD | 18,288 | 13,154 | (8,053) | (1,275) | (716) | 3,393 | 5,912 |
| Reason for difference: | Timing | | | | | | |
| <u>Total of Medical, Pres Drug, Dental, Vision</u> | | | | | | | |
| Carrier's Lag Report (w/ Spitzer) | 1,482,584 | 1,605,320 | 1,545,810 | 1,918,292 | 1,556,062 | 1,818,121 | 1,567,631 |
| Cumulative YTD | 11,964,794 | 13,570,114 | 15,115,924 | 17,034,216 | 1,556,062 | 3,374,183 | 4,941,814 |
| CADA Financials | 1,442,491 | 1,576,959 | 1,546,974 | 1,888,550 | 1,470,251 | 1,780,724 | 1,540,769 |
| Cumulative YTD | 11,668,455 | 13,245,414 | 14,792,388 | 16,680,938 | 1,470,251 | 3,250,975 | 4,791,744 |
| Difference (Lag Report - CADA) | 40,093 | 28,361 | (1,164) | 29,742 | 85,811 | 37,397 | 26,862 |
| Cumulative YTD | 296,339 | 324,700 | 323,536 | 353,278 | 85,811 | 123,208 | 150,070 |

^{a/} No stop loss reimbursements in September 2011

^{b/} No stop loss reimbursements in October 2011

^{c/} Before removal of \$9,852 in stop loss reimbursements.

^{d/} Before removal of \$1,696 in stop loss reimbursements.

^{e/} Before removal of \$5,863 in stop loss reimbursements.

^{f/} Before removal of \$11,327 in stop loss reimbursements.

^{g/} Before removal of \$51,037 in stop loss reimbursements.

^{h/} Estimate - lag reports not available for vision

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

ASSETS

| | Current Statement Date | | | 4 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|--|-------------------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Col. 1 minus Col. 2) | |
| 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: | | | | |
| 4.1 Properties occupied by the company (less \$encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$encumbrances) | | | | |
| 4.3 Properties held for sale (less \$encumbrances) | | | | |
| 5. Cash (\$ 6,599,392), cash equivalents (\$) and short-term investments (\$) | 6,599,392 | | 6,599,392 | 6,928,581 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | | | | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Line 1 to Line 11) | 6,599,392 | | 6,599,392 | 6,928,581 |
| 13. Title plants (less \$ charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | | | | |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 40,531 | | 40,531 | 93,240 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 15.3 Accrued retrospective premiums | | | | |
| 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 receivable relating to uninsured plans | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | | | | |
| 24. Health care (\$) and other amounts receivable | | | | |
| 25. Aggregate write-ins for other than invested assets | 8,332 | | 8,332 | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) | 6,648,255 | 8,332 | 6,639,923 | 7,021,821 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. Totals (Line 26 and Line 27) | 6,648,255 | 8,332 | 6,639,923 | 7,021,821 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Line 1001 through Line 1103 plus Line 1198) (Line 11 above) | | | | |

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| | | | | |
| 1. Claims unpaid (less \$, reinsurance ceded) | 2,092,000 | | 2,092,000 | 2,046,000 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 225,000 | | 225,000 | 225,000 |
| 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 | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | 31,756 | | 31,756 | 12,749 |
| 9. General expenses due or accrued | 15,047 | | 15,047 | 4,708 |
| 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 | 131 | | 131 | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$, current) and interest thereon \$, (including \$, current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | | | | |
| 16. Derivatives | | | | |
| 17. Payable for securities | | | | |
| 18. Payable for securities lending | | | | |
| 19. Funds held under reinsurance treaties with (\$, authorized reinsurers and \$, unauthorized reinsurers) | | | | |
| 20. Reinsurance in unauthorized companies | | | | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. Liability for amounts held under uninsured plans | | | | |
| 23. Aggregate write-ins for other liabilities (including \$, current) | 349,967 | | 349,967 | 390,049 |
| 24. Total liabilities (Line 1 to Line 23) | 2,713,901 | | 2,713,901 | 2,678,506 |
| 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. Aggregate write-ins for other than special surplus funds | XXX | XXX | | |
| 31. Unassigned funds (surplus) | XXX | XXX | 3,926,022 | 4,343,315 |
| 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 (Line 25 to Line 31 minus Line 32) | XXX | XXX | 3,926,022 | 4,343,315 |
| 34. Total Liabilities, capital and surplus (Line 24 and Line 33) | XXX | XXX | 6,639,923 | 7,021,821 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Invoices payable to carriers | 349,967 | | 349,967 | 390,049 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 349,967 | | 349,967 | 390,049 |
| 2399. Totals (Line 2301 through Line 2303 plus Line 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 (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | XXX | XXX | | |

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

STATEMENT OF REVENUE AND EXPENSES

| | Current Year to Date | | Prior Year to Date | Prior Year Ended December 31 |
|---|----------------------|------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| | XXX | 9,087 | 7,967 | 33,427 |
| 1. Member Months..... | XXX | 9,087 | 7,967 | 33,427 |
| 2. Net premium income (including \$.....non-health premium income)..... | XXX | 4,756,893 | 4,023,911 | 17,461,877 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$.....medical expenses)..... | XXX | | | |
| 5. Risk revenue..... | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX | | | |
| 7. Aggregate write-ins for other non-health revenues..... | XXX | | | |
| 8. Total revenues (Line 2 to Line 7)..... | XXX | 4,756,893 | 4,023,911 | 17,461,877 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 3,588,696 | 2,672,775 | 12,634,836 |
| 10. Other professional services..... | | 306,432 | 270,207 | 1,055,151 |
| 11. Outside referrals..... | | | | |
| 12. Emergency room and out-of-area..... | | | | |
| 13. Prescription drugs..... | | 896,616 | 608,647 | 2,990,951 |
| 14. Aggregate write-ins for other hospital and medical..... | | 2,318 | 10,480 | 22,074 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | | |
| 16. Subtotal (Line 9 to Line 15)..... | | 4,794,062 | 3,562,109 | 16,703,012 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | 68,227 | 56,653 | 67,713 |
| 18. Total hospital and medical (Line 16 minus Line 17)..... | | 4,725,835 | 3,505,456 | 16,635,299 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$.....cost containment expenses..... | | 323,626 | 281,551 | 1,197,774 |
| 21. General administrative expenses..... | | 75,649 | 65,451 | 270,715 |
| 22. Increase in reserves for life and accident and health contracts (including \$.....increase in reserves for life only)..... | | 46,000 | (45,000) | 234,000 |
| 23. Total underwriting deductions (Line 18 through Line 22)..... | | 5,171,110 | 3,807,458 | 18,337,788 |
| 24. Net underwriting gain or (loss) (Line 8 minus Line 23)..... | XXX | (414,217) | 216,453 | (875,911) |
| 25. Net investment income earned..... | | 3,745 | 6,926 | 24,292 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | | | |
| 27. Net investment gains (losses) (Line 25 plus Line 26)..... | | 3,745 | 6,926 | 24,292 |
| 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. (Line 24 plus Line 27 plus Line 28 plus Line 29)..... | XXX | (410,472) | 223,379 | (851,619) |
| 31. Federal and foreign income taxes incurred..... | XXX | | | |
| 32. Net income (loss) (Line 30 minus Line 31)..... | XXX | (410,472) | 223,379 | (851,619) |
| DETAILS OF WRITE-INS | | | | |
| 0601..... | XXX | | | |
| 0602..... | XXX | | | |
| 0603..... | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX | | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)..... | XXX | | | |
| 0701..... | XXX | | | |
| 0702..... | XXX | | | |
| 0703..... | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX | | | |
| 0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)..... | XXX | | | |
| 1401. Disability insurance (short-term)..... | | 2,318 | 10,480 | 22,074 |
| 1402..... | | | | |
| 1403..... | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | | | | |
| 1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)..... | | 2,318 | 10,480 | 22,074 |
| 2901..... | | | | |
| 2902..... | | | | |
| 2903..... | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | | | | |
| 2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)..... | | | | |

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

STATEMENT OF REVENUE AND EXPENSES (continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 | 2 | 3 |
|--|-------------------------|-----------------------|---------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| 33. Capital and surplus prior reporting year | 4,343,315 | 5,192,037 | 5,192,037 |
| 34. Net income (loss) from Line 32 | (410,472) | 223,379 | (851,619) |
| 35. Change in valuation basis of aggregate policy and claims reserves | | | |
| 36. Change in net unrealized capital gains (losses) 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 | (6,821) | 3,306 | 2,897 |
| 40. Change in unauthorized 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 (Line 34 to Line 47) | (417,293) | 226,685 | (848,722) |
| 49. Capital and surplus end of reporting period (Line 33 plus Line 48) | 3,926,022 | 5,418,722 | 4,343,315 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) | | | |

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 4,828,609 | 4,158,818 | 17,558,331 |
| 2. Net investment income | 3,745 | 6,926 | 24,292 |
| 3. Miscellaneous income | | | |
| 4. Total (Line 1 through Line 3) | 4,832,354 | 4,165,744 | 17,582,623 |
| 5. Benefit and loss related payments | 4,765,786 | 3,611,856 | 16,704,592 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 395,757 | 354,944 | 1,460,634 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | | | |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | | |
| 10. Total (Line 5 through Line 9) | 5,161,543 | 3,966,800 | 18,165,226 |
| 11. Net cash from operations (Line 4 minus Line 10) | (329,189) | 198,944 | (582,603) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | | | |
| 12.2 Stocks | | | |
| 12.3 Mortgage loans | | | |
| 12.4 Real estate | | | |
| 12.5 Other invested assets | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| 12.7 Miscellaneous proceeds | | | |
| 12.8 Total investment proceeds (Line 12.1 through Line 12.7) | | | |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | | | |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | | | |
| 13.6 Miscellaneous applications | | | |
| 13.7 Total investments acquired (Line 13.1 through Line 13.6) | | | |
| 14. Net increase or (decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | | | |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | | | |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | | | |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | (329,189) | 198,944 | (582,603) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 6,928,581 | 7,511,184 | 7,511,184 |
| 19.2 End of period (Line 18 plus Line 19.1) | 6,599,392 | 7,710,128 | 6,928,581 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | | |
|---------------|--|--|--|
| 20.0001 | | | |
| 20.0002 | | | |
| 20.0003 | | | |
| 20.0004 | | | |
| 20.0005 | | | |
| 20.0006 | | | |
| 20.0007 | | | |
| 20.0008 | | | |
| 20.0009 | | | |
| 20.0010 | | | |

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | | Comprehensive (Hospital and Medical) | | 4 | 5 | 6 | Federal Employees Health Benefit Plan | 7 | 8 | 9 | 10 |
|---|-------|-----------------|--------------------------------------|------------------------|----------------|----------------|---|--|-----------------------|-------|---|--------|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | 8 | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | 3,037 | | | 3,037 | | | | | | | |
| 2. First Quarter | | 3,037 | | | 3,037 | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | 9,087 | | | 9,087 | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (a) | | 5,036,522 | | | 4,688,919 | | | | | | | |
| 13. Life Premiums Direct | | 15,381 | | | | | | | | | | 15,381 |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | 5,036,522 | | | 4,688,919 | | | | | | | 9,823 |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | 4,794,062 | | | 4,485,312 | | | | | | | 2,318 |
| 18. Amount Incurred for Provision of Health Care Services | | 4,840,062 | | | 4,517,312 | | | | | | | 1,318 |

(a) For health premiums written; amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1-30 Days | 3 31-60 Days | 4 61-90 Days | 5 91-120 Days | 6 Over 120 Days |
|--------------|----------------|-----------------|-----------------|------------------|--------------------|
| | | | | | |

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | Liability End of Current Quarter | | Claims incurred in Prior Years (Columns 1 plus 3) | Estimate Reserve Liability December Prior Year |
|---|--|---|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims unpaid December 31 of Prior Year | 4 On Claims incurred During the Year | |
| 1. Comprehensive [Hospital and medical] | 1,441,532 | 2,975,553 | 244,800 | 1,737,200 | 1,686,332 |
| 2. Medicare Supplement | | | | | |
| 3. Dental only | 69,770 | 235,662 | 5,000 | 97,300 | 74,770 |
| 4. Vision only | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | |
| 6. Title XVIII - Medicare | | | | | |
| 7. Title XIX - Medicaid | | | | | |
| 8. Other Health | 1,159 | 1,159 | 8,000 | 1,159 | |
| 9. Health subtotal [Line 1 to Line 8] | 1,512,461 | 3,213,374 | 249,800 | 1,842,200 | 1,762,261 |
| 10. Healthcare receivables (a) | | | | | |
| 11. Other non-health | | | | | |
| 12. Medical incentive tools and bonus amounts | | | | | |
| 13. Totals [Line 9 minus Line 10 plus Line 11 plus Line 12] | 1,512,461 | 3,213,374 | 249,800 | 1,842,200 | 1,762,261 |

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Summary of Significant Accounting Policies

DESCRIPTION OF PLAN

Nature of Operations: The Cleveland Automobile Dealers' Group Health Plan (the Plan) provides and maintains a program of group insurance for the benefit of members of the Greater Cleveland Automobile Dealers' Association. The Plan, as amended and restated by the Board of Trustees was adopted effective June 1, 1990. GCADA is the plan's sponsor.

Premiums: Contributions to the Trust are made by members of the Association in accordance with rates established for the insurance coverage provided.

Health Insurance Benefits: Group health insurance benefits are provided by direct payments of claims per agreements with Medical Mutual of Ohio.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying statutory financial statements have been prepared in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance.

Prescribed statutory accounting practices include state laws, regulations and general administrative rules, as well as a variety of publications of the National Association of Insurance Commissioners (NAIC).

Permitted statutory accounting practices encompass all accounting practices that are not prescribed; such practices may differ from state to state, may differ from company to company within a state and may change in the future. Statutory accounting practices used by the Plan vary from accounting principles generally accepted in the United States of America as follows:

Reinsurance: Reserves for losses and loss adjustment expenses and unearned premiums are reported net of reinsured amounts.

For the purpose of the annual and quarterly statements, the following policies have been treated as reinsurance.

- Specific and aggregate stop loss
- Fully-insured, no-risk life insurance

Reported premium income is generally net of reinsurance – it has been reduced by the cost of ceded reinsurance (the cost of stop loss premium and life insurance premium). Likewise, incurred claims and the reserve for incurred but unpaid claims do not include the cost of ceded reinsurance. Premium is reported gross of reinsurance on Exhibit of Premiums and Enrollment and Schedule T.

Vision premium and claims are included with dental.

Nonadmitted Assets: Certain assets designated as "nonadmitted," including furniture and fixtures, automobiles and equipment, unrealized gain and loss on investments and intangible assets related to costs of insurance licenses, prepaid assets and deferred expenses, are excluded from the statements of admitted assets, liabilities and surplus statutory basis and are charged directly to unassigned surplus.

Statements of Cash Flows - Statutory Basis: The Plan reports cash flows in accordance with NAIC guidelines.

Valuation of Bonds and Mutual Funds: Bonds and mutual funds are valued in accordance with the laws of the State of Ohio or the valuations prescribed by the Committee on Valuation of Securities of the NAIC. Generally, bonds are stated at amortized cost and stocks (mutual funds) are valued based on market quotations.

Losses Payable: A liability for losses is provided based on: (1) case basis estimates for losses reported, (2) estimates of unreported losses based on past experience, (3) information received relating to assumed reinsurance, and (4) deduction of amounts for reinsurance placed with reinsurers.

Loss Adjustment Expenses Payable: A liability for loss adjustment expenses payable is provided by estimating future expenses to be incurred in settlement of the claims provided for in the liability for losses.

Recognition of Premium Revenues: Premiums are billed monthly. Revenue is recognized in the month billed.

Bonds: Includes all bonds with maturity dates, when purchased, greater than one year.

NOTES TO FINANCIAL STATEMENTS

Cash Equivalents: Highly liquid, short-term investments with maturities of three months or less from acquisition date are considered cash equivalents. As of the statement date, there were no cash equivalents.

The preparation of financial statements in conformity with the statutory basis of accounting for insurance companies requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates. Liability for incurred but unpaid claims is a significant estimate that could change in the near term.

NOTE 2 - Accounting Changes and Corrections of Errors

Not Applicable

NOTE 3 - Business Combinations and Goodwill

Not Applicable

NOTE 4 - Discontinued Operations

Not Applicable

NOTE 5 - Investments

Not Applicable

NOTE 6 - Joint Ventures, Partnerships, and Limited Liability Companies

Not Applicable

NOTE 7 - Investment Income

Not Applicable

NOTE 8 - Derivative Instruments

Not Applicable

NOTE 9 - Income Taxes

Not Applicable – the Plan is exempt.

NOTE 10 - Information Concerning Parent, Subsidiaries and Affiliates

In the first 3 months of 2012, management fees of \$20,625 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$16,000 were paid to GCADA in the first 3 months of 2011.

NOTE 11 - Debt

None

NOTES TO FINANCIAL STATEMENTS

NOTE 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable

NOTE 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

Not Applicable

NOTE 14 - Contingencies

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. All Other Contingencies - None

NOTE 15 - Leases

Not Applicable

NOTE 16 - Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk

Not Applicable

NOTE 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

NOTE 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

NOTE 19 - Direct Premium Written/Produced by Managing General Agents /Third Party Administrators

Not Applicable

NOTE 20 - September 11 Events

Not Applicable

NOTE 21 - Other Items

- A. Extraordinary Items - None
- B. Troubled Debt Restructuring - None
- C. Other Disclosures - None
- D. All Other Contingencies - None

NOTE 22 - Events Subsequent

NOTES TO FINANCIAL STATEMENTS

NOTE 23 - Reinsurance

A. Ceded Reinsurance

The following table shows the approximate amounts by which ceded reinsurance has reduced the indicated financial statement accounts for the 12-month period ending December 31:

| | <u>1/1/12 - 3/31/12</u> | <u>1/1/11 - 3/31/11</u> |
|------------------------------------|-------------------------|-------------------------|
| Premium Income | | |
| Cost of Stop Loss Insurance | \$ 283,369 | \$ 231,122 |
| Cost of Life Insurance | 11,641 | 13,128 |
| Total | 295,010 | 244,250 |
| Underwriting Deductions | | |
| Stop Loss Reimbursements | \$ 68,227 | \$ 56,653 |

B. Uncollectible Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Note Applicable

NOTE 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

NOTE 25 - Change in Incurred Claims and Claim Adjustment Expenses

Not Applicable

NOTE 26 - Intercompany Pooling Arrangements

Not Applicable

NOTE 27 - Structured Settlements

Not Applicable

NOTE 28 - Health Care Receivables

Not Applicable

NOTE 29 - Participating Policies

Not Applicable

NOTE 30 - Premium Deficiency Reserves

Not Applicable

NOTE 31 - Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes () No (X)
- 1.2 If yes, has the report been filed with the domiciliary state? Yes () No ()
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
| | | |
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes () No () N/A (X)
12/31/2008
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008
- 6.2 State as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2008
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/02/2010
- 6.4 By what department or departments?
Ohio Dept of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes (X) No () N/A ()
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No () N/A ()
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes () No (X)
- 7.2 If yes, give full information
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

GENERAL INTERROGATORIES (continued)**PART 1 - COMMON INTERROGATORIES****GENERAL**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ()
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.

- 9.11 If the response to 9.1 is No, please explain:
-

- 9.2 Has the code of ethics for senior managers been amended? Yes () No (X)

- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
-

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)

- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
-

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)

- 10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes () No (X)

- 11.2 If yes, give full and complete information relating thereto:
-

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes () No (X)

- 14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/ Adjusted Carrying Value | 2 Current Quarter Book/ Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26) | \$ | \$ |
| 14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above | \$ | \$ |

- 15.1 Has the reporting entity entered into any hedging transactions reported on schedule DB? Yes () No (X)

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

GENERAL INTERROGATORIES (continued)

PART 1 - COMMON INTERROGATORIES

INVESTMENT

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Consideration, F - Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes (X) No ()

- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|------------------------|
| | |
| | |
| | |

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |
| | | |
| | | |

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes () No (X)

- 16.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |
| | | |
| | | |

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes (X) No ()

- 17.2 If no, list exceptions:

.....

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

| | | | |
|-----|--|----------------|--------|
| 1.1 | A&H loss percent | | 99.3 % |
| 1.2 | A&H cost containment percent | | % |
| 1.3 | A&H expense percent excluding cost containment expenses | | 8.4 % |
| 2.1 | Do you act as a custodian for health savings accounts? | Yes () No (X) | |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ | |
| 2.3 | Do you act as an administrator for health savings accounts? | Yes () No (X) | |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date. | \$ | |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Is Insurer Authorized? (Yes or No) |
|------------------------------|------------------------------|------------------------|------------------------|----------------------------------|--------------------------------------|---|
| | | | | | | |

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status | Direct Business Only Year to Date | | | | | | |
|---|--------------------|-----------------------------------|--------------------------|-------------------------|---|---|----------------------------------|--------------------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/ Casualty Premiums | 8 Total Column 2 Through Column 7 |
| 1. Alabama | AL N | | | | | | | |
| 2. Alaska | AK N | | | | | | | |
| 3. Arizona | AZ N | | | | | | | |
| 4. Arkansas | AR N | | | | | | | |
| 5. California | CA N | | | | | | | |
| 6. Colorado | CO N | | | | | | | |
| 7. Connecticut | CT N | | | | | | | |
| 8. Delaware | DE N | | | | | | | |
| 9. District of Columbia | DC N | | | | | | | |
| 10. Florida | FL N | | | | | | | |
| 11. Georgia | GA N | | | | | | | |
| 12. Hawaii | HI N | | | | | | | |
| 13. Idaho | ID N | | | | | | | |
| 14. Illinois | IL N | | | | | | | |
| 15. Indiana | IN N | | | | | | | |
| 16. Iowa | IA N | | | | | | | |
| 17. Kansas | KS N | | | | | | | |
| 18. Kentucky | KY N | | | | | | | |
| 19. Louisiana | LA N | | | | | | | |
| 20. Maine | ME N | | | | | | | |
| 21. Maryland | MD N | | | | | | | |
| 22. Massachusetts | MA N | | | | | | | |
| 23. Michigan | MI N | | | | | | | |
| 24. Minnesota | MN N | | | | | | | |
| 25. Mississippi | MS N | | | | | | | |
| 26. Missouri | MO N | | | | | | | |
| 27. Montana | MT N | | | | | | | |
| 28. Nebraska | NE N | | | | | | | |
| 29. Nevada | NV N | | | | | | | |
| 30. New Hampshire | NH N | | | | | | | |
| 31. New Jersey | NJ N | | | | | | | |
| 32. New Mexico | NM N | | | | | | | |
| 33. New York | NY N | | | | | | | |
| 34. North Carolina | NC N | | | | | | | |
| 35. North Dakota | ND N | | | | | | | |
| 36. Ohio | OH L | 5,036,522 | | | | | 15,381 | 5,051,903 |
| 37. Oklahoma | OK N | | | | | | | |
| 38. Oregon | OR N | | | | | | | |
| 39. Pennsylvania | PA N | | | | | | | |
| 40. Rhode Island | RI N | | | | | | | |
| 41. South Carolina | SC N | | | | | | | |
| 42. South Dakota | SD N | | | | | | | |
| 43. Tennessee | TN N | | | | | | | |
| 44. Texas | TX N | | | | | | | |
| 45. Utah | UT N | | | | | | | |
| 46. Vermont | VT N | | | | | | | |
| 47. Virginia | VA N | | | | | | | |
| 48. Washington | WA N | | | | | | | |
| 49. West Virginia | WV N | | | | | | | |
| 50. Wisconsin | WI N | | | | | | | |
| 51. Wyoming | WY N | | | | | | | |
| 52. American Samoa | AS N | | | | | | | |
| 53. Guam | GU N | | | | | | | |
| 54. Puerto Rico | PR N | | | | | | | |
| 55. U.S. Virgin Islands | VI N | | | | | | | |
| 56. Northern Mariana Islands | MP N | | | | | | | |
| 57. Canada | CN N | | | | | | | |
| 58. Aggregate Other Alien | OT XXX | | | | | | 15,381 | 5,051,903 |
| 59. Subtotal | XXX | 5,036,522 | | | | | | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | 15,381 | 5,051,903 |
| 61. Total (Direct Business) | (a) 1 | 5,036,522 | | | | | 15,381 | 5,051,903 |

DETAILS OF WRITE-INS

5801.

5802.

5803.

5898. Summary of remaining write-ins for Line 58 from overflow page.

5899. Total (Line 5801 through Line 5803 plus Line 5898)

(Line 58 above)

(a) Insert the number of "L" responses except for Canada and Other Alien.

Active Status Codes (Column 1):

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG

(R) Registered - Non-domiciled RRGs

(Q) Qualified - Qualified or Accredited Reinsurer

(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state

(N) None of the above - Not allowed to write business in the state

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

NONE

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 Federal ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange (If Publicly Traded (U.S. or International)) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domicile Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Con- trol Entity(ies)/PC |
|--------------------|-----------------|------------------------------|------------------------------|----------------------|----------|---|---|---------------------------|--|---|---|---|---|
|--------------------|-----------------|------------------------------|------------------------------|----------------------|----------|---|---|---------------------------|--|---|---|---|---|

NONE

NONE

| | |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

EXPLANATIONS:

BAR CODE:

Document Identifier 365:



Page SI01

Schedule A, Verification

NONE

Schedule B, Verification

NONE

Schedule BA, Verification

NONE

Schedule D, Verification

NONE

Page SI02

Schedule D, Part 1B

NONE

Page SI03

Schedule DA, Part 1

NONE

Schedule DA, Verification

NONE

Page SI04

Schedule DB, Part A, Verification

NONE

Schedule DB, Part B, Verification

NONE

Page SI05

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open

NONE

Page SI06

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open

NONE

Page SI07

Schedule DB, Verification

NONE

Page SI08

Schedule E, Verification (Cash Equivalents)

NONE

Page E01

Sch. A, Pt. 2, Real Estate Acquired

NONE

Sch. A, Pt. 3, Real Estate Disposed

NONE

Page E02

Schedule B, Part 2, Mortgage Loans Acquired

NONE

Schedule B, Part 3, Mortgage Loans Disposed

NONE

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

Page E04

Schedule D, Part 3, Long-Term Bonds and Stocks Acquired
NONE

Page E05

Schedule D, Part 4, Long-Term Bonds and Stocks Disposed Of
NONE

Page E06

Schedule DB, Part A, Section 1
NONE

Financial or Economic Impact of the Hedge
NONE

Page E07

Schedule DB, Part B, Section 1
NONE

Schedule DB, Part B, Section 1, Broker Name
NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge
NONE

Page E08

Schedule DB, Part D
NONE

Page E09

Schedule DL, Part 1
NONE

Page E10

Schedule DL, Part 2
NONE

STATEMENT AS OF MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 • |
|---|---------------------------------------|--------------|--------------------------|--|--|---|-------------------|------------------|--------|
| Name | Location and Supplemental Information | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | | |
| PNC Bank (checking) | Pennsylvania | varies | | 418,146 | 246,343 | 658,234 | | | |
| First Merit Bank | Ohio | varies | 545 | 1,096,738 | 1,096,912 | 1,097,098 | | | |
| PNC Bank (money market) | Pennsylvania | varies | 2,053 | 3,232,165 | 2,232,669 | 1,833,047 | | | |
| Fifth Third Bank | Ohio | varies | 611 | 1,004,555 | 1,004,754 | 1,004,954 | | | |
| Huntington National Bank | Ohio | varies | 281 | 1,005,595 | 1,005,674 | 1,005,759 | | | |
| CHA | Ohio | varies | 255 | 1,000,044 | 1,000,299 | | | | |
| 0199999 - TOTAL - Open Depositories | | | 3,745 | 6,757,199 | 6,586,396 | 6,599,391 | | | |
| 0399999 - TOTAL Cash on Deposit | | | | 3,745 | 6,757,199 | 6,586,396 | 6,599,391 | | |
| 0599999 - TOTALS | | | | 3,745 | 6,757,199 | 6,586,396 | 6,599,391 | | |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | |
|-------------|--|------|--|---------------|--|------------------|--|---------------|--|------------------------------|--|------------------------------------|--|-----------------------------|--|
| Description | | Code | | Date Acquired | | Rate of Interest | | Maturity Date | | Book/Adjusted Carrying Value | | Amount of Interest Due and Accrued | | Amount Received During Year | |
| | | | | | | | | | | | | | | | |

NONE



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2012 OF THE Cleveland Automobile Dealers Association Group Health Plan

MEDICARE PART D COVERAGE SUPPLEMENT
(Net of Reinsurance)

NAIC Group Code: 0001

NAIC Company Code: 00001

| | 1 | 2 | 3 | 4 | 5 |
|--|---------------------|-----------|----------------|-----------|---------------|
| | Individual Coverage | | Group Coverage | | Total Cash |
| | Insured | Uninsured | Insured | Uninsured | |
| 1. Premiums Collected | | | | XXX | |
| 2. Earned Premiums | | | | XXX | |
| 3. Claims Paid | | | | XXX | |
| 4. Claims Incurred | | | | XXX | |
| 5. Reinsurance Coverage and Low Income Claims Paid Net of Reimbursements App | | | | | |
| 6. Aggregate Policy Reserves - Change | | | XXX | | XXX |
| 7. Expenses Paid | | | XXX | | |
| 8. Expenses Incurred | | | XXX | | XXX |
| 9. Underwriting Gain or Loss | | | XXX | | XXX |
| 10. Cash Flow Result | XXX | XXX | XXX | XXX | |

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS

NONE

CADA
3/31/12 Lag Data

Total Medical (Incl Rx, Dr, Ven)
Source: MMCO

| Paid: | Source: MMCO | | | | | | | | | | | | Source: MMCO | | | | | | | | | | | | |
|-----------|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------|---------|
| | incl SL reimb | no SL reimb | | |
| Incurred: | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 781,657 | 812,011 | 849,581 | 875,127 | 875,217 | 876,025 | 928,400 | 1,096,197 | 1,222,788 | 875,813 | 704,715 | 1,018,968 | 837,978 | 815,119 | 1,098,962 | 1,062,153 | 1,213,953 | 1,144,496 | 1,238,673 | 1,173,604 | 1,380,296 | 1,143,237 | 349,318 | 661,526 | 248,165 |

CADA
 3/31/12 Lag Data
 Traditional Drug
 (New PBM eff 5/1/10 can provide lag data)

| <u>Incurred:</u> | <u>Paid:</u> | | | | | | | | | | | | <u>No</u> | | | | | | | |
|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------|
| | <u>Apr-10</u> | <u>May-10</u> | <u>Jun-10</u> | <u>Jul-10</u> | <u>Aug-10</u> | <u>Sept-10</u> | <u>Oct-10</u> | <u>Nov-10</u> | <u>Dec-10</u> | <u>Jan-11</u> | <u>Feb-11</u> | <u>Mar-11</u> | <u>Apr-11</u> | <u>May-11</u> | <u>Jun-11</u> | <u>Jul-11</u> | <u>Aug-11</u> | <u>Sep-11</u> | <u>Oct-11</u> | |
| Apr-10 | 144,941 | 135,830 | 66 | 170 | 1,099 | - | - | - | 18 | 113 | - | - | - | - | - | - | - | - | | |
| May-10 | | 119,828 | 144,187 | (167) | 5 | 445 | 13 | - | 282 | - | - | - | - | - | - | - | - | - | | |
| Jun-10 | | | 110,069 | 176,012 | - | 150 | 959 | 6 | 189 | - | - | - | - | - | - | - | - | - | | |
| Jul-10 | | | | 165,367 | 67,408 | (34) | - | 308 | - | 7 | - | - | 101 | - | - | - | - | - | | |
| Aug-10 | | | | | 149,570 | 68,519 | (296) | 33 | 278 | 213 | - | - | - | - | - | - | - | - | | |
| Sep-10 | | | | | | 138,612 | 103,726 | (414) | 261 | 192 | - | - | - | - | - | - | - | - | | |
| Oct-10 | | | | | | | 104,239 | 111,210 | (200) | 187 | - | 1,001 | 36 | - | - | - | - | - | | |
| Nov-10 | | | | | | | | 86,724 | 149,506 | - | 453 | 8 | 332 | - | - | - | - | - | | |
| Dec-10 | | | | | | | | | 163,859 | 62,001 | - | 57 | 332 | 508 | 34 | - | - | - | | |
| Jan-11 | | | | | | | | | | 149,781 | 99,578 | - | 1,288 | 1,034 | 38 | - | - | - | - | |
| Feb-11 | | | | | | | | | | | 137,732 | 97,879 | 8,328 | 5 | 2,310 | - | - | - | - | |
| Mar-11 | | | | | | | | | | | | 141,307 | 118,480 | 3,433 | 1,823 | 738 | 683 | 24 | - | - |
| Apr-11 | | | | | | | | | | | | | 127,858 | 135,894 | 4,971 | 6,708 | 1,976 | 24 | 25 | |
| May-11 | | | | | | | | | | | | | | 103,337 | 147,585 | 4,685 | - | 1,741 | - | |
| Jun-11 | | | | | | | | | | | | | | | 87,119 | 186,596 | 70 | 1,422 | - | |
| Jul-11 | | | | | | | | | | | | | | | | 187,648 | 89,527 | 86 | - | - |
| Aug-11 | | | | | | | | | | | | | | | | | 170,498 | 137,406 | - | - |
| Sep-11 | | | | | | | | | | | | | | | | | | 127,091 | 155,031 | - |
| Oct-11 | | | | | | | | | | | | | | | | | | | 111,825 | 188, |
| Nov-11 | | | | | | | | | | | | | | | | | | | | 115, |
| Dec-11 | | | | | | | | | | | | | | | | | | | | |
| Jan-12 | | | | | | | | | | | | | | | | | | | | |
| Feb-12 | | | | | | | | | | | | | | | | | | | | |
| Mar-12 | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 276,776 | 255,279 | 256,120 | 342,070 | 218,613 | 208,398 | 211,770 | 197,276 | 316,705 | 212,503 | 237,310 | 240,829 | 266,554 | 244,569 | 244,367 | 386,380 | 262,753 | 267,840 | 266,880 | 304, |

Note: Payment dates are the date MMO pays Medco. Claims are invoiced biweekly.

| | <u>Feb-12</u> | <u>Mar-12</u> | <u>TOTAL</u> |
|---------|---------------|---------------|--------------|
| - | - | 282,207 | |
| - | - | 264,592 | |
| - | - | 287,385 | |
| - | - | 233,157 | |
| - | - | 218,323 | |
| - | - | 242,377 | |
| - | - | 216,472 | |
| - | - | 237,024 | |
| - | - | 226,791 | |
| - | - | 251,744 | |
| - | - | 246,225 | |
| - | - | 266,487 | |
| - | - | 277,456 | |
| - | - | 257,735 | |
| - | - | 275,687 | |
| - | - | 277,285 | |
| - | - | 307,921 | |
| - | - | 282,075 | |
| - | - | 300,434 | |
| - | - | 307,253 | |
| - | - | 308,329 | |
| - | - | 415,754 | |
| - | - | 177,727 | |
| - | - | 150,741 | |
| - | - | 175,630 | |
| - | - | 158,627 | |
| 353,487 | 309,413 | 6,608,746 | |

CADA
3/31/12 Lag Data
Dental

| | <u>Paid</u> | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| <u>Incurred:</u> | <u>Apr-10</u> | <u>May-10</u> | <u>Jun-10</u> | <u>Jul-10</u> | <u>Aug-10</u> | <u>Sep-10</u> | <u>Oct-10</u> | <u>Nov-10</u> | <u>Dec-10</u> | <u>Jan-11</u> | <u>Feb-11</u> | <u>Mar-11</u> | <u>Apr-11</u> | <u>May-11</u> | <u>Jun-11</u> | <u>Jul-11</u> | <u>Aug-11</u> | <u>Sep-11</u> | <u>Oct-11</u> | <u>Nov-11</u> | <u>Dec-11</u> | <u>Jan-12</u> | <u>Feb</u> |
| Oct-11 | | | | | | | | | | | | | | | | | | 39,618 | 32,640 | 4,500 | 436 | | |
| Nov-11 | | | | | | | | | | | | | | | | | | 15,610 | 61,542 | 4,150 | | | |
| Dec-11 | | | | | | | | | | | | | | | | | | 39,677 | 47,804 | 3, | 3, | | |
| Jan-12 | | | | | | | | | | | | | | | | | | 39,989 | 54, | | | | |
| Feb-12 | | | | | | | | | | | | | | | | | | 42, | | | | | |
| Mar-12 | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 79,874 | 95,197 | 94,751 | 105,781 | 84,171 | 65,501 | 103,312 | 80,320 | 88,240 | 78,563 | 94,456 | 72,755 | 100,286 | 91,684 | 89,428 | 78,179 | 80,088 | 66,527 | 95,937 | 54,926 | 110,507 | 89,729 | 105 |

54