



QUARTERLY STATEMENT

AS OF MARCH 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

JMM/CAH
102
MEWA

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

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 [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other [X]
Health Maintenance Organization [] 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 1-440-746-1500
(Street and Number, City or Town, State and Zip Code) (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) (Fax Number)

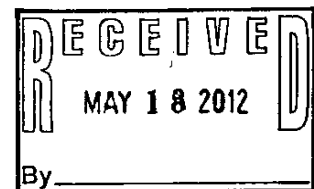
OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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



State of Cuyahoga } SS
County of Cuyahoga

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 [Signature] Donald Petruzzi

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	
	<u>3/31/12</u>	<u>2/29/12</u>	<u>12/31/11</u>	<u>9/30/11</u>	<u>6/30/11</u>	<u>3/31/11</u>	<u>12/31/10</u>	<u>9/30/10</u>
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. Surplus	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	
	<u>3 months ended 3/31/12</u>	<u>2 months ended 2/29/12</u>	<u>12 months ended 12/31/11</u>	<u>9 months ended 9/30/11</u>	<u>6 months ended 6/30/11</u>	<u>3 months ended 3/31/11</u>	<u>12 months ended 12/31/10</u>	<u>9 months ended 9/30/10</u>
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. Surplus at End of Period	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

<u>Projected Experience</u>	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	258,543	+ 201.1%	206,060		216,455		96,615		47,951	
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	68,087	+ 126.8%	74,807	+ 9.9%	38,809	- 48.1%	19,656	- 49.4%	(4,376)	- 122.3%
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	(712,243)		(429,575)		(168,378)		372,372		714,663	
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	(13,225)		13,225		(13,225)		-		13,225	
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%
a/ Paid admin expenses;	5/05 - 4/06		5/1/06-4/30/07		5/1/07-4/30/08		5/1/08-4/30/09		5/1/09-4/30/10	
Change in LAE:	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%
Incurred Admin Expenses:	35,000		10,000		-		-		(72,000)	
	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)

<u>Approved Adjustments</u>	<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>
1. Rate Adjustment Factor					
a. Medical/Rx	1.140	1.100	1.100	1.015	1.080
b. Dental/Vsn	1.049	1.100	1.030	1.015	1.028
2. Med Plan Adj Factor	1.000	1.000	1.000	1.000	1.000
3. Rx Plan Adj Factor	0.915	1.000	1.000	1.000	1.000
4. Dn / Vsn Plan Adj Factor	1.000	1.000	1.000	1.000	1.000

	(actual)	(actual)	(actual)	(actual)	(actual)	(actual)	(actual)
	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10

Projected Experience

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	3,072	3,560	3,284	3,423	2,562	4,455	3,297	2,875	2,593	2,052
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	1,470	1,520	1,910	100	3,500	1,400	330	700	1,360	2,600
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	75,971	75,688	84,091	78,981	72,764	75,982	75,661	17,291	61,751	71,886
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	(12,123)	1,102	1,102	1,102	1,102	1,102	1,103	1,102	1,102	1,102
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	119,434	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					
		5/1/2007	5/1/2008	5/1/2009	5/1/2010	5/1/2011	
		11.5%	11.0%	10.0%	8.0%	8.0%	
		11.5%	11.0%	10.0%	8.0%	8.0%	
		7.0%	7.0%	7.0%	5.0%	5.0%	
		1.030	1.030	0.873	1.000	1.020	
		1.990	1.099	1.047	1.060	1.025	

Exhibit 2 (continued)

	(actual)		(actual)		(actual)		(actual)		(actual)		(actual)		(proj)		(proj)		(proj)	
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Projected Experience																		
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											
2. Investment & Other Income	1,710	1,546	1,295	1,419	1,089	1,236	-											
3. Total Income	1,610,728	1,690,366	1,708,506	1,679,011	1,664,956	1,696,300	1,663,867											
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											
b. Pres Drug	245,060	280,922	358,397	289,584	363,250	305,782	277,749											
c. Dental & Vision	113,901	70,283	114,889	93,945	109,456	118,031	90,199											
d. Disability	-	-	154	-	(1,000)	2,318	2,017											
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											
2. Incurred Admin Expenses	125,660	97,425	153,730	132,703	122,238	140,594	125,000											
3. Net Stop Loss Prem	91,213	80,285	98,580	89,470	82,612	43,060	93,939											
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											
C. SURPLUS																		
1. Total Gain/(Loss) for Period (A3 - B4)	(192,104)	(25,318)	(549,508)	(13,413)	(386,618)	(10,441)	(35,874)											
2. Change in non-admitted assets	1,385	755	756	755	(8,331)	755	-											
3. Change in surplus (1 + 2)	(190,719)	(24,563)	(548,752)	(12,658)	(394,949)	(9,686)	(35,874)											
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											

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
a/ Paid admin expenses:	125,660	97,425	153,730	132,703	122,238	140,594
Change in LAE:	-	-	-	-	-	-
Incurred Admin Expenses:	125,660	97,425	153,730	132,703	122,238	140,594

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	6/30/2011	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	9,000	10,000	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/	9.71%	9.63%	9.91%	10.45%	11.11%	10.64%	10.41%	10.84%	9.56%
8. Total Reserve, Including Expenses	2,317,000	2,337,000	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	395,534	254,941	1,452,283	1,075,467	708,157	342,732	1,459,060	1,081,628	727,314
	Expense load - actual ytd (% of claims+exp)	7.62%	7.27%	8.00%	8.42%	8.95%	8.78%	9.00%	9.36%	9.53%

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	13,867,864
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	1,067
Incurred claims/day (approx)	260 days / yr	72,054	70,169	67,958	72,899	60,002	63,697	59,851	57,338	56,899
#Days Claims:		5.0	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

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Medical							
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	1,149,100	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	1,086,722	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						
Pres. Drugs							
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						
Dental / Vision							
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						
Total of Medical, Pres Drug, Dental, Vision							
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	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	3,926,022	4,343,315
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	X X X	X X X		
32.2 shares preferred (value included in Line 27 \$)	X X X	X X X		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32)	X X X	X X X	3,926,022	4,343,315
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	X X X	X X X	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				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	349,967		349,967	390,049
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	X X X	X X X		

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
1. Member Months	X X X	9,087	7,967	33,427
2. Net premium income (including \$ non-health premium income)	X X X	4,756,893	4,023,911	17,461,877
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$ medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Line 2 to Line 7)	X X X	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)	X X X	(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)	X X X	(410,472)	223,379	(851,619)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Line 30 minus Line 31)	X X X	(410,472)	223,379	(851,619)
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X			
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 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	2	3
	Current Year To Date	Prior Year To Date	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	16,704,582
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	395,757	354,944	1,460,634
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 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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			337,780				9,823
13. Life Premiums Direct	15,381									15,381
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	5,036,522		4,688,919			337,780				9,823
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,794,062		4,485,312			306,432				2,318
18. Amount Incurred for Provision of Health Care Services	4,840,062		4,517,312			321,432				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
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NONE

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

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		5	6
	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)	1,441,332	2,975,553	244,800	1,737,200	1,686,332	
2. Medicare Supplement						
3. Dental only	69,770	296,662	5,000	97,000	74,770	
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVII - 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	3,273,374	249,800	1,842,200	1,762,261	
10. Healthcare recoverables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	1,512,461	3,273,374	249,800	1,842,200	1,762,261	

(a) Excludes \$ plans 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)
- 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 the 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? Yes () No (X)
- (Exclude securities under securities lending agreements.)

- 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? Yes () No ()

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:

.....

.....

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	Direct Business Only Year to Date							
		2	3	4	5	6	7	8	9
	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Column 2 Through Column 7	Deposit-Type Contracts
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								
59. Subtotal	XXX	5,036,522				15,381		5,051,903	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

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	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	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	XXX
2. Earned Premiums				XXX	XXX
3. Claims Paid				XXX	XXX
4. Claims Incurred				XXX	XXX
5. Reinsurance Coverage and Low Income Subsidy Claims Paid Net of Reimbursements Applied				XXX	XXX
6. Aggregate Policy Reserves - Change				XXX	XXX
7. Expenses Paid				XXX	XXX
8. Expenses Incurred				XXX	XXX
9. Underwriting Gain or Loss				XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

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

CADA		3/31/12 Lag Data																							
Total Medical (excl Rx, Dn, Ysn)																									
Source: MMO		incl SL	no SL	no SL	no SL	no SL	no SL	no SL	no SL	no SL	incl SL	incl SL	incl SL	incl SL	incl SL	no SL	no SL	no SL	no SL	no SL	incl SL	incl SL	incl SL	incl SL	
		reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	reimb	
	Paid:																								
Included:	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			
Dec-11																					349,318	661,526			
Jan-12																						248,165			
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	1,213,553	1,144,496	1,238,673	1,173,604	1,380,296	1,143,237			

CADA
3/31/12 Lag Data
Traditional Drug
(New PBM eff 5/1/04 can provide lag data)

	Paid:																			
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
Apr-10	144,941	135,800	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	-	-	-	-	-	6	-	-	-	-
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	-	-	-	24	-
Feb-11											137,732	97,879	8,328	5	2,310	-	-	-	24	-
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	188,
Oct-11																			111,825	115,
Nov-11																				
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	256,554	244,569	244,367	386,390	282,753	267,840	266,880	304,

Note: Payment dates are the date MMCO 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
383	-	257,735
481	-	275,687
24	-	277,286
-	-	307,921
-	-	282,075
-	-	300,434
313	-	307,253
138	-	308,329
177,727	45	415,754
175,630	150,741	326,371
	158,627	158,627
353,487	309,413	6,608,746

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
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	741
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(156)
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	157
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	123
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(637)
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,115
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(4,806)
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(604)
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,526
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	264
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,831)
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,756
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	475
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	664
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	182
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	123
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	103
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,538
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(4,306)
51	236	-	1	(1)	-	-	1	(1)	-	-	-	-	-	-	-	-	-	-	-	-	-	587
393	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,138
38	168	110	297	-	-	(1)	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	6,847
956	112	2,084	-	-	-	277	-	-	653	-	-	-	-	-	-	-	-	-	-	-	-	2,828
497	-	612	-	-	483	1,614	-	-	1	-	(1)	-	-	-	-	-	-	-	-	-	-	10,490
708	75	466	-	-	-	-	-	-	1	-	(1)	-	1	(1)	-	-	-	-	-	2,756	-	56,586
3,765	-	612	19	-	195	-	-	-	-	-	-	1	-	(1)	-	-	-	-	-	-	461	96,639
5,067	1,910	110	122	-	95	675	22	-	-	-	-	-	(1)	80	-	-	-	(1)	-	-	-	84,269
57,957	4,360	172	824	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	95,014
25,196	63,810	2,020	3,539	377	-	-	-	-	-	-	-	-	-	-	-	72	1	-	-	-	-	81,716
35,750	40,330	4,322	4,322	744	837	95	166	70	-	-	(695)	97	-	-	(1)	1	-	-	-	-	-	85,797
-	-	-	-	-	-	-	-	-	-	30	-	-	-	534	(1)	-	-	-	-	-	-	75,743
-	-	-	-	-	-	-	-	-	-	-	846	(808)	-	-	-	-	-	-	-	-	-	91,580
-	-	-	-	-	-	-	-	-	-	537	-	-	-	-	-	-	-	-	-	-	-	81,300
-	-	-	-	-	-	-	-	-	-	194	-	-	-	-	-	-	-	-	-	-	-	83,229
-	-	-	-	-	-	-	-	-	-	157	157	224	-	57	990	-	-	-	-	1	-	96,983
-	-	-	-	-	-	-	-	-	-	1,452	36	1,093	872	387	-	653	-	447	-	-	-	76,326
-	-	-	-	-	-	-	-	-	-	4,675	2,979	318	1,431	155	-	119	-	-	-	-	-	90,375
-	-	-	-	-	-	-	-	-	-	52,883	2,441	426	1,431	-	-	1,391	-	154	-	155	-	89,611
-	-	-	-	-	-	-	-	-	-	39,694	39,580	4,586	2,028	719	638	319	430	1,457	160	-	-	91,369
-	-	-	-	-	-	-	-	-	-	46,259	46,259	39,746	2,277	884	126	593	-	630	-	854	-	84,301
-	-	-	-	-	-	-	-	-	-	-	-	43,622	34,846	1,705	2,625	670	161	127	-	239	306	76,541
-	-	-	-	-	-	-	-	-	-	-	-	36,533	34,713	39,219	2,806	1,540	250	195	37	-	467	91,795
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,012	1,224	120	-	544	-	69,796
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46,553	3,086	1,281	133	-	1,052	-

CADA
3/31/12 Lag Data
Dental

Paid

<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>Fe</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.
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,	

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