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QUARTERLY STATEMENT

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OF THE

CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP HEALTH PLAN

OF

BRECKSVILLE, OHIO

TO THE

INSURANCE DEPARTMENT

OF THE STATE OF

OHIO

FOR THE PERIOD ENDED
SEPTEMBER 30, 2012

2012

HEALTH

2012

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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2012

OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code 0001 (Current Period), _____ (Prior Period) NAIC Company Code 00001 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 [ ]
Dental Service Corporation [ ]
Health Maintenance Organization [ ]
Property/Casualty [ ]
Vision Service Corporation [ ]
Is HMO Federally Qualified? Yes ( ) No ( )
Hospital, Medical and Dental Service or Indemnity [ ]
Other [X]

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 (Trustee)
Kirt Frye (Trustee)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

X _____ X _____ _____
KIRT FRYE ROBERT A. GILLINGHAM Trustee

Subscribed and sworn to before me this day of
NOVEMBER 14, 2012

NOTARIAL SEAL STATE OF OHIO

ELLEN L. MASTRANGELO
Attorney At Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes (X) No ( )

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ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	4 Prior Year Net Admitted Assets
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 ($ 5,725,168), cash equivalents ($ .....) and short-term investments ($ .....)	5,725,168		5,725,168	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)	5,725,168		5,725,168	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	32,399		32,399	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	3,786	3,786		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	5,761,353	3,786	5,757,567	7,021,821
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	5,761,353	3,786	5,757,567	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 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501. Prepaid Expenses	3,786	3,786		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	3,786	3,786		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1	Claims unpaid (less $ reinsurance ceded)	2,115,000		2,115,000	2,046,000
2	Accrued medical incentive pool and bonus amounts				
3	Unpaid claims adjustment expenses	232,000		232,000	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	12,063		12,063	12,749
9	General expenses due or accrued	9,876		9,876	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	870		870	
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 $ 539,032 current)	539,032		539,032	390,049
24	Total liabilities (Line 1 to Line 23)	2,908,841		2,908,841	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	2,848,726	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	2,848,726	4,343,315
34.	Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	5,757,567	7,021,821

DETAILS OF WRITE-INS					
2301.	Invoices payable to carriers	539,032		539,032	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)	539,032		539,032	390,049
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		
3001		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX	XXX		

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	XXX	27,048	24,452	33,427
2. Net premium income (including $ ..... non-health premium income)	XXX	15,144,123	12,734,660	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	15,144,123	12,734,660	17,461,877
Hospital and Medical:				
9. Hospital/medical benefits		11,657,939	8,838,805	12,634,836
10. Other professional services		821,986	765,078	1,055,151
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		2,985,307	2,064,572	2,990,951
14. Aggregate write-ins for other hospital and medical		28,008	21,920	22,074
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		15,493,240	11,690,375	16,703,012
Less:				
17. Net reinsurance recoveries		134,979	56,166	67,713
18. Total hospital and medical (Line 16 minus Line 17)		15,358,261	11,634,209	16,635,299
19. Non-health claims (net)				
20. Claims adjustment expenses, including $ ..... cost containment expenses		987,683	876,127	1,197,774
21. General administrative expenses		224,499	211,754	270,715
22. Increase in reserves for life and accident and health contracts (including $ ..... increase in reserves for life only)		76,000	117,000	234,000
23. Total underwriting deductions (Line 18 through Line 22)		16,646,443	12,839,090	18,337,788
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	(1,502,320)	(104,430)	(875,911)
25. Net investment income earned		10,006	19,741	24,292
26. Net realized capital gains (losses) less capital gains tax of $				
27. Net investment gains (losses) (Line 25 plus Line 26)		10,006	19,741	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	(1,492,314)	(84,689)	(851,619)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Line 30 minus Line 31)	XXX	(1,492,314)	(84,689)	(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)		28,008	21,920	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)		28,008	21,920	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 Current Year To Date	2 Prior Year To Date	3 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	(1,492,314)	(84,689)	(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	(2,275)	1	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 Tranferred 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)	(1,494,589)	(84,688)	(848,722)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	2,848,726	5,107,349	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)			

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	15,204,278	12,885,901	17,558,331
2. Net investment income	10,006	19,741	24,292
3. Miscellaneous income			
4. Total (Line 1 through Line 3)	15,214,284	12,905,642	17,582,623
5. Benefit and loss related payments	15,215,408	11,685,971	16,704,592
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,202,289	1,081,948	1,469,634
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 Line9)	16,417,697	12,767,919	18,165,226
11. Net cash from operations (Line 4 minus Line 10)	(1,203,413)	137,723	(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 equivalants 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)	(1,203,413)	137,723	(582,603)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	(582,603)		
19.2 End of period (Line 18 plus Line 19.1)	(1,786,016)	137,723	(582,603)

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			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	33,427		33,427							
2. First Quarter	3,041		3,041							
3. Second Quarter	3,074		3,074							
4. Third Quarter	2,917		2,917							
5. Current Year										
6. Current Year Member Months	27,048		27,048							
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)	16,015,189		14,999,564			987,830				27,795
13. Life Premiums Direct	46,383									46,383
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	16,015,189		14,999,564			987,830				27,795
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	15,493,240		14,643,246			821,986				28,008
18. Amount Incurred for Provision of Health Care Services										

(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	7 Total

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		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	Claims Incurred in Prior Years (Columns 1 plus 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	1,590,822	12,917,445	51,500	1,976,500	1,642,322	2,012,000
2. Medicare Supplement						
3. Dental only	72,400	749,586	2,000	75,000	74,400	92,000
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	1,159	26,849		10,000	1,159	8,000
9. Health subtotal (Line 1 to Line 8)	1,664,381	13,693,880	53,500	2,061,500	1,717,881	2,112,000
10. Healthcare recievables (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)	1,664,381	13,693,880	53,500	2,061,500	1,717,881	2,112,000

(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.

Short-term Investments: Includes all bonds with maturity dates, when purchased, of one year or less.

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 9 months of 2012, management fees of $61,875 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of $64,958 were paid to GCADA in the first 9 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

Not Applicable

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 9-month period ending September 30:

	1/1/12 - 9/30/12	1/1/11 - 9/30/11
Premium Income		
Cost of Stop Loss Insurance	$ 874,154	$ 730,356
Cost of Life Insurance	43,295	36,489
Total	917,449	766,845
Underwriting Deductions		
Stop Loss Reimbursements	$ 134,979	$ 56,166

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 (X) N/A ( )

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?

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? 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	101.4 %
1.2	A&H cost containment percent	%
1.3	A&H expense percent excluding cost containment expenses	8.0 %
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

		1	Direct Business Only Year to Date							
			2	3	4	5	6	7	8	9
States, Etc.		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	16,015,189				46,383		16,061,572	
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	16,015,189				46,383		16,061,572	
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Total (Direct Business)		(a) 1	16,015,189				46,383		16,061,572	

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

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	15
Group Code	Group Name	NAIC 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 Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*

NONE

Asterisk	Explanation

NONE

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:

0 0 0 0 1 2 0 1 2 3 6 5 0 0 0 0 3

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
NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

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

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			627,504	750,751	728,563	
PNC Bank (money market)	Pennsylvania		varies	1,019		1,234,300	1,184,561	884,743	
First Merit Bank (money market)	Ohio		varies	552		1,097,830	1,098,016	1,098,196	
Fifth Third Bank (money market)	Ohio		varies	527		1,005,566	1,005,691	1,005,816	
Huntington Bank (money market)	Ohio		varies	252		1,006,095	1,006,180	1,006,262	
CHA (money market)	Ohio		varies	608		1,001,166	1,001,384	1,001,588	
0199999 - TOTAL - Open Depositories				2,958		5,972,481	6,046,583	5,725,168	
0399999 - TOTAL Cash on Deposit				2,958		5,972,481	6,046,583	5,725,168	
0599999 - TOTALS				2,958		5,972,481	6,046,583	5,725,168	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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		
	Insured	Uninsured	Insured	Uninsured	Total Cash
1. Premiums Collected				XXX	
2. Earned Premiums				XXX	XXX
3. Claims Paid				XXX	
4. Claims Incurred				XXX	XXX
5. Reinsurance Coverage and Low Income C 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	

NONE

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

CADA
9/30/12 Lag Data
Total Medical (excl Rx, Dn, Vsn)
Source: MMO

Paid:	no SL reimb	no SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	
Incurred:	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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	TOTAL
Prior	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jan-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Feb-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mar-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sep-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(18)	-	-	-	-	-	-	-	-	(18)
Oct-07	-	-	82	-	-	-	-	-	-	-	-	-	-	-	-	(18)	-	-	-	-	-	-	-	-	64
Nov-07	-	-	36	-	-	-	-	(1,275)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,239)
Dec-07	-	-	-	-	-	-	-	(1,311)	-	-	-	-	-	-	-	(18)	-	-	-	-	-	-	-	-	(1,329)
Jan-08	-	-	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	44
Feb-08	-	-	204	-	-	-	-	(1,315)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,111)
Mar-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-08	-	-	-	-	-	-	-	(1,315)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,315)
May-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-08	-	-	-	-	-	-	-	(1,315)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,315)
Jul-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-08	-	-	-	-	-	-	-	-	-	-	133	-	-	-	-	-	-	-	-	-	-	-	-	-	133
Sep-08	-	-	-	-	-	-	-	-	-	-	81	-	-	-	-	-	-	-	-	-	-	-	-	-	81
Oct-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nov-08	-	-	-	(38)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	160	-	-	-	-	122
Dec-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jan-09	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22	-	-	-	22
Feb-09	43	170	-	-	-	-	1,068	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,281
Mar-09	-	-	-	-	(487)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(487)
Apr-09	-	22,361	-	-	-	(38)	-	-	413	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22,736
May-09	-	(38)	-	-	-	-	-	-	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(10)
Jun-09	-	-	-	(74)	-	-	(49)	-	28	-	-	-	-	-	-	-	-	-	29	-	-	-	-	-	(66)
Jul-09	181	-	(0)	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	-	207
Aug-09	1,592	4,341	(7,186)	(261)	-	-	(193)	-	28	(352)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(2,032)
Sep-09	6,534	4,900	389	(288)	-	1,292	(802)	100	-	-	-	-	-	-	-	-	-	-	-	-	569	-	-	-	12,695
Oct-09	6,026	70	807	62	(61)	(93)	-	-	74	77	284	-	-	-	-	-	-	-	-	-	26	(22)	-	-	7,250
Nov-09	539	(69)	656	(347)	(55)	-	-	-	-	253	-	-	-	(45)	-	-	-	-	-	-	-	-	-	-	932
Dec-09	1,317	726	283	(776)	(67)	-	(208)	(69)	49	-	-	-	-	(6)	-	-	-	-	-	-	41	-	-	-	1,291
Jan-10	378	540	252	65	4	(77)	64	38	(56)	10,263	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,472
Feb-10	3,160	243	251	(1,575)	315	49	-	-	-	(46)	85	-	-	-	-	-	-	-	-	-	-	-	-	-	2,482
Mar-10	2,029	8,489	1,721	272	(156)	3,429	283	274	27	32	-	85	-	-	-	-	-	-	-	8	-	-	-	-	16,494
Apr-10	4,474	3,803	1,177	(860)	(2,193)	733	(1,536)	368	27	-	-	43	-	-	-	-	(88)	(1,181)	44	(79)	(328)	-	-	322	4,726
May-10	8,451	4,181	7,447	3,362	6,843	21,985	16,394	798	-	-	(79)	107	-	-	(47)	-	-	(556)	(177)	-	(44)	-	-	44	68,709
Jun-10	6,092	24,780	3,217	12,551	673	(7,791)	333	2,925	(479)	-	(1,034)	-	(118)	-	-	-	-	(72)	-	-	(802)	-	-	802	41,077
Jul-10	55,310	5,567	43,996	(42,603)	25,069	42,289	2,338	125	98	(402)	265	(100)	(2,289)	-	-	-	38	43	-	(2)	(244)	-	97	195	129,789
Aug-10	111,057	68,996	7,569	11,443	14,041	669	5,951	864	157	208	860	124	4,183	-	-	314	-	-	254	11	21	35	(1,905)	195	225,045
Sep-10	580,344	94,915	45,744	9,812	37,504	5,843	(9,998)	5,825	3,318	222	1,253	6,646	262	213	714	105	1,181	-	359	-	-	-	(37)	(255)	783,969
Oct-10	140,874	650,799	150,591	25,511	13,635	57,766	734	(46,861)	824	1,828	1,788	3,933	3,568	52	(80)	294	-	-	150	-	(59)	-	171	-	1,005,518
Nov-10		201,420	807,697	72,220	34,951	3,616	8,714	(6,976)	24,046	6,678	2,350	3,680	468	436	-	423	-	-	901	(135)	(768)	-	312	(73)	1,159,960
Dec-10			157,812	738,100	148,127	16,648	1,012	(30,817)	2,613	2,486	2,451	218	253	77	-	288	-	-	46	(131)	7	-	117	194	1,039,500
Jan-11				49,230	324,108	113,489	30,115	16,187	12,562	2,147	9,046	1,121	(1)	165	1,248	325	(40)	(196)	203	-	21	-	456	(59)	560,127
Feb-11					102,465	575,028	42,459	61,287	11,532	(1,115)	16,670	5,549	438	784	5,971	409	129	468	50	822	-	3,261	21	(595)	825,632
Mar-11						184,130	546,441	70,988	30,298	28,828	16,667	14,982	368	633	(909)	507	350	363	171	104	(22)	14	76	-	893,987
Apr-11							194,860	561,824	137,723	182,359	13,749	586	2,184	15,030	9,484	1,772	(39)	1,609	57	31	1,227	-	309	-	1,122,766
May-11								184,770	616,286	123,654	80,667	27,408	2,808	20,606	5,352	6,637	2,927	729	1,286	591	881	-	130	-	1,074,733
Jun-11									259,366	497,491	131,985	45,021	5,138	21,521	13,616	12,782	2,808	6,008	1,428	702	2,035	95	(198)	-	999,799
Jul-11										207,543	558,465	120,707	25,995	14,881	6,855	9,466	5,485	8,610	562	32	2,918	498	115	-	962,133
Aug-11											378,268	610,344	299,897	48,075	5,317	11,802	3,855	5,392	(557)	1,461	7,339	50	1,210	1,974	1,374,428
Sep-11												304,043	590,305	79,840	21,553	12,422	22,866	6,715	641	646	4,155	2,330	1,047	190	1,046,754
Oct-11													305,214	654,419	284,654	46,843	68,540	12,140	20,319	3,445	3,686	2,798	6,743	(117)	1,408,683
Nov-11														316,921	677,248	129,211	16,493	15,750	15,124	23,883	6,848	12,042	100	(4,196)	1,209,425

CADA
9/30/12 Lag Data
Total Medical (excl Rx, Dn, Vsn)
Source: MMO

	no SL reimb	no SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	incl SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	no SL reimb	
	Paid:																								
Incurred:	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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	TOTAL
Dec-11															349,318	661,526	234,567	55,683	4,846	(31)	1,862	1,053	(4,011)	5,028	1,309,842
Jan-12																248,165	623,592	76,656	42,832	22,657	(9,165)	(985)	5,954	1,796	1,011,502
Feb-12																	362,077	546,214	140,279	38,492	4,228	3,926	1,130	10,102	1,106,448
Mar-12																		362,255	652,165	101,055	23,982	6,315	10,401	23,052	1,179,225
Apr-12																			299,239	813,975	69,893	34,578	13,506	6,279	1,237,470
May-12																				407,591	644,431	270,219	17,508	8,340	1,348,089
Jun-12																					329,021	665,087	214,492	30,733	1,239,333
Jul-12																						302,422	784,233	223,952	1,310,607
Aug-12																							442,084	908,453	1,350,537
Sep-12																								281,571	281,571
TOTAL	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	1,344,743	1,096,631	1,180,251	1,415,288	1,091,781	1,303,716	1,494,080	1,497,927	27,379,770

CADA
9/30/12 Lag Data
Traditional Drug

	Paid:																			
Incurred:	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	Apr-12	May-12
Prior	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,210)	-	-	-
Jan-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Feb-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mar-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sep-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oct-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nov-07	-	-	1,188	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dec-07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jan-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Feb-08	-	-	-	-	-	-	124	-	-	-	-	-	-	-	-	-	-	-	-	(124)
Mar-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-08	-	-	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-08	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul-08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-08	-	-	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sep-08	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oct-08	116	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nov-08	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dec-08	66	-	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jan-09	25	-	312	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Feb-09	376	-	187	-	-	-	-	24	-	-	-	-	-	-	-	-	-	-	-	-
Mar-09	109	-	277	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-09	148	-	105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-09	23	(97)	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-09	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul-09	330	(97)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-09	948	(97)	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sep-09	601	-	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oct-09	210	(97)	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nov-09	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dec-09	78	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jan-10	-	(97)	31	-	-	-	-	-	487	-	-	-	-	-	-	-	-	-	-	-
Feb-10	-	(104)	44	-	-	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mar-10	-	-	112	9	-	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CADA
9/30/12 Lag Data
Traditional Drug

	Paid:																			
Incurred:	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	Apr-12	May-12
Apr-10	-	-	18	113	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-10	13	-	282	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-10	959	6	189	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul-10	-	308	-	7	-	-	101	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-10	(296)	33	278	213	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-
Sep-10	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	-	-	(53)	-	-	-	-	-
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	-	-	4	-	383	-	-	-
Jun-11									87,119	186,596	70	1,422	-	-	-	-	481	-	-	-
Jul-11										187,648	89,527	86	-	-	-	-	24	-	-	-
Aug-11											170,498	137,406	-	17	-	-	-	-	-	-
Sep-11												127,091	155,031	(47)	-	-	-	-	-	-
Oct-11													111,825	188,459	(136)	286	-	-	-	4
Nov-11														115,848	190,546	545	313	-	129	175
Dec-11															233,272	74,919	138	-	133	-
Jan-12																237,982	177,727	45	-	-
Feb-12																	175,630	150,741	707	-
Mar-12																		158,627	217,756	(97)
Apr-12																			164,434	227,027
May-12																				140,590
Jun-12																				
Jul-12																				
Aug-12																				
Sep-12																				
TOTAL	211,770	197,276	316,705	212,503	237,310	240,829	256,554	244,569	244,367	386,380	262,753	267,840	266,880	304,277	423,633	313,733	353,487	309,413	383,160	367,575

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

Jun-12	Jul-12	Aug-12	Sep-12	TOTAL
-	-	-	-	(1,210)
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	1,188
-	-	-	-	-
-	-	-	-	-
-	-	-	-	(0)
-	-	-	-	-
-	-	-	-	-
-	-	-	-	24
-	-	-	-	-
-	-	-	-	-
-	-	-	-	9
-	-	-	-	46
-	-	-	-	116
-	-	-	-	1
-	-	-	-	75
-	-	-	-	337
-	-	-	-	586
-	-	-	-	386
-	-	-	-	253
-	-	-	-	(64)
-	-	-	-	-
-	-	-	-	233
-	-	-	-	982
-	-	-	-	637
-	-	-	-	125
-	-	-	-	52
-	-	-	-	103
-	-	-	-	420
-	-	-	-	6
-	-	-	-	188

Jun-12	Jul-12	Aug-12	Sep-12	TOTAL
-	-	-	-	131
-	-	-	-	294
-	-	-	-	1,154
-	-	-	-	416
(1,383)	-	-	-	(1,149)
-	-	-	1,077	104,842
-	-	-	-	216,472
-	-	(14)	-	237,010
-	-	-	1,219	228,009
-	-	-	-	251,744
-	-	-	-	246,225
-	-	-	715	267,202
-	-	(44)	-	277,412
-	-	-	-	257,735
-	-	(29)	-	275,658
-	-	(244)	-	277,042
-	-	-	-	307,921
5	-	441	-	282,521
407	51	(44)	57	300,910
5,229	-	-	-	312,786
8	-	4,300	-	312,770
-	11	7	-	415,772
-	11	258	-	327,346
319	11	901	-	377,517
5,555	145	590	(33)	397,718
220,768	295	316	-	361,970
254,788	121,636	(84)	415	376,755
	190,369	171,784	(151)	362,002
		170,612	180,865	351,477
			136,230	136,230
485,696	312,530	348,750	320,394	7,269,595

CADA
9/30/12 Lag Data
Dental

Paid

Incurred:	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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	TOTAL
Prior																									-
Jan-08																									-
Feb-08																									-
Mar-08																									-
Apr-08																									-
May-08																									-
Jun-08																									-
Jul-08																									-
Aug-08																									-
Sep-08																									-
Oct-08	(604)																								(604)
Nov-08	-	1,525																							1,525
Dec-08	-	-	264																						264
Jan-09	-	-	-	(2,084)																					(2,084)
Feb-09	-	-	-	-	2,756																				2,756
Mar-09	-	-	-	-	-	459																			459
Apr-09	-	-	-	-	-	-	664																		664
May-09	-	-	-	-	-	-	-	83																	83
Jun-09	-	-	-	-	-	-	-	-	123																123
Jul-09	74	(22)	-	-	-	-	-	-	-	26															78
Aug-09	-	-	-	-	-	-	-	-	-	-	1,637														1,637
Sep-09	(1)	-	-	1	(1)	-	-	-	-	-	-	(4,805)													(4,806)
Oct-09	-	-	-	-	-	-	-	-	-	-	-	-	(605)												(605)
Nov-09	-	-	(1)	-	1	-	-	-	-	-	-	-	-	1,525											1,525
Dec-09	-	-	277	-	-	653	-	-	-	-	-	-	-	-	263										1,193
Jan-10	-	483	1,614	-	-	1	-	(1)	-	-	-	-	-	-	-	(2,981)									(884)
Feb-10	-	-	-	-	-	1	-	(1)	-	1	(1)	-	-	-	-	-	2,756								2,756
Mar-10	366	195	-	-	-	-	-	-	1	-	(1)	-	-	-	-	-	-	461							1,022
Apr-10	-	95	675	22	-	-	-	-	-	(1)	80	-	-	-	(1)	1	-	-	1,089						1,960
May-10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	81					81
Jun-10	377	-	-	-	-	-	-	-	-	-	-	-	72	-	-	-	-	-	-	-	124				573
Jul-10	744	837	95	166	70	-	-	(695)	97	-	-	(1)	1	-	-	-	-	-	-	-	-	(17)			1,297
Aug-10	5,104	1,032	-	236	-	-	30	-	-	-	534	(1)	1	-	-	-	-	-	-	-	-	-	1,636		8,572
Sep-10	56,353	692	303	749	-	-	-	846	(808)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(4,807)	53,328
Oct-10	40,899	44,120	3,309	1,613	630	449	537	-	-	-	-	23	-	-	-	-	-	-	1	-	-	-	-	(1)	91,580
Nov-10		31,363	45,711	1,741	1,340	836	194	-	-	-	-	-	-	-	115	-	-	-	-	-	-	-	-	-	81,300
Dec-10			35,993	41,470	3,497	683	157	157	224	-	57	990	-	-	-	-	1	-	(1)	1	(1)	-	-	-	83,228
Jan-11				34,649	52,061	5,127	1,452	36	1,093	872	387	-	653	-	447	-	-	206	-	-	-	-	(1)	-	96,982
Feb-11					34,102	33,811	4,675	2,979	318	166	155	-	119	-	-	-	-	1	(1)	-	1	(1)	-	-	76,325
Mar-11						30,735	52,883	2,441	426	1,431	-	759	1,391	-	154	-	155	-	-	(1)	48	1	-	(1)	90,422
Apr-11							39,694	39,580	4,586	2,028	719	638	319	430	1,457	160	-	-	131	-	-	(1)	2	-	89,743
May-11								46,259	39,746	2,277	884	126	593	-	630	-	854	-	-	-	-	-	-	-	91,369
Jun-11									43,622	34,846	1,705	2,625	670	161	127	-	239	306	-	776	-	-	1	-	85,078
Jul-11										36,533	34,713	2,806	1,540	250	195	37	-	467	-	-	-	1	(1)	1	76,542
Aug-11											39,219	45,676	5,012	1,224	120	-	544	-	185	-	565	-	1	1	92,547
Sep-11												17,691	46,553	3,086	1,281	133	-	1,052	-	-	127	-	508	(5)	70,426

CADA
9/30/12 Lag Data
Dental

Paid

Incurred:	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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	TOTAL
Oct-11													39,618	32,640	4,500	436	181	477	85	311	-	-	7	89	78,344
Nov-11														15,610	61,542	4,150	226	158	-	107	128	-	19	-	81,940
Dec-11															39,677	47,804	3,889	2,887	325	462	507	-	148	-	95,699
Jan-12																39,989	54,179	5,173	(197)	59	-	309	338	-	99,850
Feb-12																	42,201	50,264	1,724	1,210	115	302	682	120	96,618
Mar-12																		45,943	44,293	2,698	1,461	1,205	241	270	96,111
Apr-12																			46,298	41,182	2,272	985	585	393	91,715
May-12																				42,466	44,061	5,263	250	(233)	91,807
Jun-12																					39,685	34,408	2,755	740	77,588
Jul-12																						29,663	45,651	3,275	78,589
Aug-12																							39,129	39,073	78,202
Sep-12																								26,679	26,679
TOTAL	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	105,225	107,395	93,932	89,352	89,093	72,118	91,951	65,594	2,089,597