

102

QUARTERLY STATEMENT

OF THE

**CLEVELAND AUTOMOBILE DEALERS
ASSOCIATION GROUP HEALTH PLAN**

OF

BRECKSVILLE, OHIO

TO THE

INSURANCE DEPARTMENT

OF THE STATE OF

OHIO

RECEIVED

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BY _____

FOR THE PERIOD ENDED
SEPTEMBER 30, 2016

HEALTH

2016

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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016

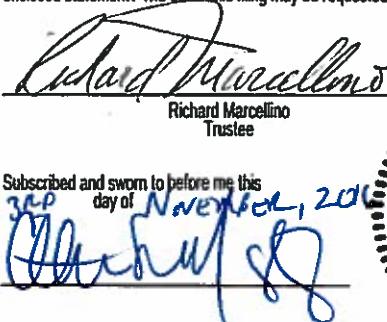
OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health PlanNAIC Group Code 0001 , 0001 NAIC Company Code 00001 Employer's ID Number 34-1820838
(Current Period) (Prior Period)Organized under the Laws of Ohio , State of Domicile or Port of Entry OhioCountry of Domicile US

Licensed as business type:

Life, Accident and Health Property/Casualty
Dental Service Corporation Vision Service Corporation
Health Maintenance Organization Is HMO Federally Qualified? Yes No Hospital, Medical and Dental Service or Indemnity
Other Incorporated/Organized January 11, 1979 Commenced Business January 1, 1979Statutory Home Office 10100 Brecksville Road, Brecksville, Ohio, US 44141
(Street and Number, City or Town, State, Country and Zip Code)Main Administrative Office 10100 Brecksville Road, Brecksville, Ohio, US 44141 1-440-746-1500
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address 10100 Brecksville Road, Brecksville, Ohio, US 44141
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)Primary Location of Books and Records 10100 Brecksville Road, Brecksville, Ohio, US 44141
(Street and Number, City or Town, State, Country and Zip Code)
1-440-746-1500 (Area Code) (Telephone Number)Internet Website Address www.pcada.org
Statutory Statement Contact John Robinson 1-440-746-1500
(Name) (Area Code) (Telephone Number) (Extension)
jrobinson@pcada.org (E-Mail Address) (Fax Number)**OFFICERS**Richard Marcellino (Trustee)
Kirt Frye (Trustee)**OTHER OFFICERS****DIRECTORS OR TRUSTEES**Kirt Frye
Richard Marcellino
Robert Gillingham
Jay Park
Bernie Moreno
Brian O'Donnell
Robert MorrisState of Ohio
County of Cuyahoga County } 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.


Richard Marcellino
TrusteeKid Frye
ELLENELLE MASTRANGELO
Attorney At Law
NOTARY PUBLIC a. Is this an original filing?
STATE OF OHIO b. If no: 1. State the amendment number
My Commission Has 2. Date filed
No Expiration Date 3. Number of pages attached
Section 147.03 O.R.C.Subscribed and sworn to before me this
day of November, 2016

Yes (X) No ()

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 (\$ 6,770,992), cash equivalents (\$) and short-term investments (\$)	6,770,992		6,770,992	5,546,428
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 through Line 11)	6,770,992		6,770,992	5,546,428
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	63,753		63,753	283,832
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 (\$) and contracts subject to redetermination (\$)				
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				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	6,834,745		6,834,745	5,830,260
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	6,834,745		6,834,745	5,830,260
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				
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)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	1,690,000		1,690,000	1,741,000
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	225,000		225,000	220,000
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	8,208		8,208	8,253
9. General expenses due or accrued	20,449		20,449	17,135
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				
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, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) 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 \$ 661,505 current)	661,505		661,505	619,795
24. Total liabilities (Line 1 to Line 23)	2,605,162		2,605,162	2,606,183
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	4,229,583	3,224,077
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	4,229,583	3,224,077
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	6,834,745	5,830,260
DETAILS OF WRITE-INS				
2301. Invoices payable to carriers			521,753	521,753
2302. ATRF payable			139,752	139,752
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)	661,505		661,505	619,795
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
	XXX	20,944	20,920	27,863
1. Member Months	XXX	20,944	20,920	27,863
2. Net premium income (including \$ 10,610 non-health premium income)	XXX	14,127,951	13,345,271	17,813,358
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	91,998	146,792	192,553
7. Aggregate write-ins for other non-health revenues	XXX		200,901	200,901
8. Total revenues (Line 2 to Line 7)	XXX	14,219,949	13,692,964	18,206,812
Hospital and Medical:				
9. Hospital/medical benefits		8,916,974	10,439,726	14,276,485
10. Other professional services		692,495	677,767	894,366
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		2,872,523	2,674,966	3,569,392
14. Aggregate write-ins for other hospital and medical		149,053	149,150	195,823
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		12,631,045	13,941,629	18,936,066
Less:				
17. Net reinsurance recoveries		416,374	871,677	1,286,307
18. Total hospital and medical (Line 16 minus Line 17)		12,214,671	13,069,952	17,649,759
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		893,349	842,077	1,122,639
21. General administrative expenses		159,126	156,212	193,851
22. Increase in reserves for life and accident and health contracts (including \$ reserves for life only) increase in		(46,000)	382,000	49,000
23. Total underwriting deductions (Line 18 through Line 22)		13,221,146	14,450,241	19,015,249
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	998,803	(757,277)	(808,437)
25. Net investment income earned		5,043	6,185	7,809
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Line 25 plus Line 26)		5,043	6,185	7,809
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	1,003,846	(751,092)	(800,528)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Line 30 minus Line 31)	XXX	1,003,846	(751,092)	(800,528)
DETAILS OF WRITE-INS				
0601. ATRF Pass-Through	XXX	91,998	146,792	192,553
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	91,998	146,792	192,553
0701. Settlement with DOL for excess payroll contribution	XXX		200,901	200,901
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		200,901	200,901
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX		200,901	200,901
1401. ACA Fees (incl. ATRF and PCORI)		149,053	149,150	195,823
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)		149,053	149,150	195,823
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	3,224,077	4,024,646	4,024,646
34. Net income or (loss) from Line 32	1,003,846	(751,092)	(800,528)
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	1,660	(2,531)	(41)
40. Change in unauthorized and certified 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)	1,005,506	(753,623)	(800,569)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	4,229,583	3,271,023	3,224,077
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	14,347,985	13,346,428	17,554,230
2. Net investment income	5,043	6,185	7,909
3. Miscellaneous income	91,998	347,693	393,454
4. Total (Line 1 through Line 3)	14,445,026	13,700,306	17,955,593
5. Benefit and loss related payments	12,177,961	13,315,937	17,657,286
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,042,501	987,632	1,302,878
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)	13,220,462	14,303,569	18,960,164
11. Net cash from operations (Line 4 minus Line 10)	1,224,564	(603,263)	(1,004,571)
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 and 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)	1,224,564	(603,263)	(1,004,571)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,546,428	6,550,999	6,550,999
19.2 End of period (Line 18 plus Line 19.1)	6,770,992	5,947,736	5,546,428

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,334			2,334						
2. First Quarter	2,351			2,351						
3. Second Quarter	2,328			2,328						
4. Third Quarter	2,265			2,265						
5. Current Year										
6. Current Year Member Months										
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)	14,920,684			14,089,343			830,741			
13. Life Premiums Direct	43,484									43,484
14. Property/Casually Premiums Written										
15. Health Premiums Earned	14,920,084			14,089,343			830,741			
16. Property/Casually Premiums Earned										
17. Amount Paid for Provision of Health Care Services	12,481,992			11,789,497			692,495			
18. Amount Incurred for Provision of Health Care Services	12,430,992			11,732,497			698,495			

(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
0599999 - Unreported claims and other claim reserves						1,690,000
0799999 - Total claims unpaid						1,690,000

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		Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	
1. Comprehensive (hospital and medical)	1,323,931	10,049,192	31,000	1,584,000	1,354,931
2. Medicare Supplement					1,672,000
3. Dental only	71,708	620,767	1,000	74,000	72,708
4. Vision only					69,000
5. Federal Employees Health Benefits Plan					
6. Title XVII - Medicare					
7. Title XIX - Medicaid					
8. Other health					
9. Health subtotal (Line 1 to Line 8)	1,395,639	10,669,979	32,000	1,658,000	1,427,639
10. Health care receivables (a)					1,741,000
11. Other non-health					
12. Medical incentive pools and bonus amounts					
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	1,395,639	10,669,979	32,000	1,658,000	1,427,639

(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.

Enrollment: Reported counts indicate number of contracts. In the first nine months of 2016 the ratio of members to contracts averaged 1.81 and ranged from 1.79 to 1.83. The ratio of members to contracts in 2015 averaged 1.85 and ranged from 1.84 to 1.86.

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.

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.

NOTES TO FINANCIAL STATEMENTS

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 nine months of 2016, management fees of \$98,775 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$61,875 were paid to GCADA in the first nine months of 2015.

NOTE 11 - Debt

None

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

NOTES TO FINANCIAL STATEMENTS

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

The Plan received \$200,901 in 2015 due to a settlement with the DOL regarding past payroll contributions. Proceeds from the settlement are reported on page 4, line 7 (aggregate write-ins for other non-health revenues).

B. Troubled Debt Restructuring - None

C. Other Disclosures - None

D. All Other Contingencies - None

NOTE 22 - Events Subsequent

Effect of the ACA - Transitional Reinsurance Program Fees (TRF)

The TRF is a temporary program, in place 2014-2016, to provide funding to insurers that incur high claim costs for enrollees in the individual market. Insurers and self-insured plans are required to pay a per-capita fee determined by HHS. The Plan collects pass-through revenue and pays the fees. The annual per-member fee amounts for 2014 through 2016 are shown below. All employees and dependents covered under a medical plan, including COBRA but excluding Medifil, are included in the member counts.

2014	\$ 63 per member
2015	\$ 44 per member
2016	\$ 27 per member

The Plan also pays the PCORI fee in 2013-2019. The fee payable in 2015 equaled approximately \$2 per member (indexed going forward).

NOTES TO FINANCIAL STATEMENTS

In the first nine months of 2016 and 2015, revenue and expenses related to the ACA were:

	<u>1/1/16-9/30/16</u>	<u>1/1/15-9/30/15</u>
ATRF Pass-Through revenue (reported on page 4, line 6)	\$ 91,998	\$ 146,792
ACA fees, incl. ATRF & PCORI (reported on page 4, line 14)	149,053	149,150

NOTE 23 - Reinsurance**A. Ceded Reinsurance**

The following table shows the approximate amounts by which ceded reinsurance has reduced the indicated financial statement accounts in the first nine months of 2016 and 2015:

	<u>1/1/16 - 9/30/16</u>	<u>1/1/15 - 9/30/15</u>
Premium Income		
Cost of Stop Loss Insurance	\$ 802,743	\$ 773,869
Cost of Life Insurance	32,874	33,417
Total	835,617	807,286
Underwriting Deductions		
Stop Loss Reimbursements	\$ 416,374	\$ 871,677

B. Uncollectible Reinsurance - Not Applicable**C. Commutation of Ceded Reinsurance - Not 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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 1 - Summary of Significant Accounting Policies and Going Concern

Note 1A - Accounting Practices

TAG ID: [N01:SIGACCTPO_1:Note 1A]

State Prescribed Practices	State of Domicile	Current	Prior
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NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 4 - Discontinued Operations
Note 4(5) - Discontinued Operations TAG ID: N04NDISCP0

(5) The amounts related to Discontinued Operations and II

Balance sheet

Assets	
a. Line 5	Cash
b. Line 28	Totals

Liabilities, Surplus and Other Funds

c. Line 24	Total Liabilities
d. Line 33	Total Capital and Surplus
e. Line 34	Total

Statement of Revenue and Expenses

f. Line 2	Premium
g. Line 22	Increase in aggregate reserves for accident & health (current year less prior year)
h. Line 31	Federal and foreign income taxes incurred
i. Line 26	Net realized capital gains (losses)
j. Line 32	Net income

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 5A - Mortgage Loans, including Mezzanine Real Estate Loans

TAG ID: [N051-NOTESA3_1:Note 5A3]

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total

Current Year Prior Year
\$ \$

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
(4) Age Analysis of Mortgage Loans:							
a. Current Year							
1. Recorded Investment (All)							
(a) Current							
(b) 30-59 Days Past Due							
(c) 60-89 Days Past Due							
(d) 90-179 Days Past Due							
(e) 180+ Days Past Due							
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
4. Interest Reduced							
(a) Recorded Investment							
(b) Number of Loans							
(c) Percent Reduced							
b. Prior Year							
1. Recorded Investment							
(a) Current							
(b) 30-59 Days Past Due							
(c) 60-89 Days Past Due							
(d) 90-179 Days Past Due							
(e) 180+ Days Past Due							
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
4. Interest Reduced							
(a) Recorded Investment							
(b) Number of Loans							
(c) Percent Reduced							
(5) Investment in Impaired Loans With or Without Allowance for Credit Losses:							
a. Current Year							
1. With Allowance for Credit Losses							
2. No Allowance for Credit Losses							
b. Prior Year							
1. With Allowance for Credit Losses							
2. No Allowance for Credit Losses							
(6) Investment in Impaired Loans - Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:							
a. Current Year							
1. Average Recorded Investment							
2. Interest Income Recognized							
3. Recorded Investments on Nonaccrual Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							
b. Prior Year							
1. Average Recorded Investment							
2. Interest Income Recognized							
3. Recorded Investments on Nonaccrual Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							

(7) Allowance for Credit Losses:

Current Year Prior Year

- a. Balance at beginning of period
- b. Additions charged to operations
- c. Direct write-downs charged against the allowances
- d. Recoveries of amounts previously charged off
- e. Balance at end of period

\$ \$

(8) Mortgage Loans Derecognized as a Result of Foreclosure:

Current Year

- a. Aggregate amount of mortgage loans derecognized
- b. Real estate collateral recognized
- c. Other collateral recognized
- d. Receivables recognized from a government guarantee of the foreclosed mortgage loan

\$ \$

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NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 5B - Debt Restructuring TAG ID: [N052:NOTE5B1 _1:Note 5B1]

B. Debt Restructuring

	Current Year	Prior Year
(1) The total recorded investment in restructured loans, as of year-end	\$	\$
(2) The realized capital losses related to these loans	\$	\$
(3) Total contractual commitments to extend credit to debtors owing receivables whose terms have been modified in troubled debt restructurings	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 5C - Reverse Mortgages TAG ID: [N052:NOTE5C1 _2:Note 5C1]

	Current Year
(3) At December 31, the asset value of the group of reverse mortgages were reduced by the actuarial reserve of	\$
(4) As a result of the re-estimate of the cash flows, the company recorded an unrealized loss of	\$

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 5D2 - Loan-Backed Securities TAG ID: [N052:NOTE5D1 _3:Note 5D2]

(2)

	(3)
	Fair Value (1-2)
OTTI recognized 1st Quarter
a. Intent to sell
b. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis
c. Total 1st Quarter
OTTI recognized 2nd Quarter
d. Intent to sell
e. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis
f. Total 2nd Quarter
OTTI recognized 3rd Quarter
g. Intent to sell
h. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis
i. Total 3rd Quarter
OTTI recognized 4th Quarter
j. Intent to sell
k. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis
l. Total 4th Quarter
m. Annual Aggregate Total	XXX
	XXX

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 5D3 - Loan-Backed Securities TAG ID: [N052:NOTE5D3 _1:Note 5D3]

(3)	1	2	3	4	5	6	7
	CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported

NONE

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 5D4 - Loan-Backed Securities TAG ID: [N052:NOTE5D4 _1:Note 5D4]

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

NONE

- a. The aggregate amount of unrealized losses:
 - 1. Less than 12 Months
 - 2. 12 Months or Longer
- b. The aggregate related fair value of securities with unrealized losses:
 - 1. Less than 12 Months
 - 2. 12 Months or Longer

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NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 5E3 - Repurchase Agreements and/or Securities Lending Transactions

TAG ID: [N053:NOTE5E3 _1:Note 5E3]

(3) Collateral Received

a. Aggregate Amount Collateral Received

	<u>Fair Value</u>
1. Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	\$
(c) 31 to 60 Days	\$
(d) 61 to 90 Days	\$
(e) Greater Than 90 Days	\$
(f) Sub-Total	\$
(g) Securities Received	\$
(h) Total Collateral Received	\$
2. Securities Lending	
(a) Open	\$
(b) 30 Days or Less	\$
(c) 31 to 60 Days	\$
(d) 61 to 90 Days	\$
(e) Greater Than 90 Days	\$
(f) Sub-Total	\$
(g) Securities Received	\$
(h) Total Collateral Received	\$
3. Dollar Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	\$
(c) 31 to 60 Days	\$
(d) 61 to 90 Days	\$
(e) Greater Than 90 Days	\$
(f) Sub-Total	\$
(g) Securities Received	\$
(h) Total Collateral Received	\$
b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 5E5 - Repurchase Agreements and/or Securities Lending Transac

(5) Collateral Reinvestment

a. Aggregate Amount Collateral Reinvested

	<u>Fair Value</u>
1. Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	\$
(c) 31 to 60 Days	\$
(d) 61 to 90 Days	\$
(e) 91 to 120 Days	\$
(f) 121 to 180 Days	\$
(g) 181 to 365 Days	\$
(h) 1 to 2 Years	\$
(i) 2 to 3 Years	\$
(j) Greater Than 3 Years	\$
(k) Sub-Total	\$
(l) Securities Received	\$
(m) Total Collateral Reinvested	\$
2. Securities Lending	
(a) Open	\$
(b) 30 Days or Less	\$
(c) 31 to 60 Days	\$
(d) 61 to 90 Days	\$
(e) 91 to 120 Days	\$
(f) 121 to 180 Days	\$
(g) 181 to 365 Days	\$
(h) 1 to 2 Years	\$
(i) 2 to 3 Years	\$
(j) Greater Than 3 Years	\$
(k) Sub-Total	\$
(l) Securities Received	\$
(m) Total Collateral Reinvested	\$
3. Dollar Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	\$
(c) 31 to 60 Days	\$
(d) 61 to 90 Days	\$
(e) 91 to 120 Days	\$
(f) 121 to 180 Days	\$
(g) 181 to 365 Days	\$
(h) 1 to 2 Years	\$
(i) 2 to 3 Years	\$
(j) Greater Than 3 Years	\$
(k) Sub-Total	\$
(l) Securities Received	\$
(m) Total Collateral Reinvested	\$

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 5E7 - Repurchase Agreements and/or Securities Lending Transactions

TAG ID: [N053:NOTE5E7 _1:Note 5E7]

(7) Collateral for securities lending transactions that extend beyond one year from the reporting date

Description of Collateral	Amount

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 5H1 - Restricted Assets (Including Pledged) TAG ID: [N054NOTEH1_1:Notes 5H1]

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale - excluding FHLB capital						
i. FHLB capital stock						
j. On deposit with states						
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets						

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments**Notes 5H2 - Detail of Assets Pledged as Collateral Not Captured in Other Categories****TAG ID: [N055:NOTE5H2 _1:Notes 5H2]****(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)**

Description of Assets	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (Col 1 - Col 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets

NONE

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments**Note 5H3 - Detail of Other Restricted Assets****TAG ID: [N055:NOTE5H3 _1:Notes 5H3]****(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)**

Description of Assets	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (Col 1 - Col 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 511 - Working Capital Finance Investments TAG ID: [N057:NOTE51_1:Note 511]

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

**NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 512 - Working Capital Finance Investments**

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	BOOK/FAIR VALUE	CARRYING VALUE
(a) Up to 180 Days	\$	\$
(b) 181 to 365 Days	\$	\$
(c) Total	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments

Note 5J - Offsetting and Netting of Assets and Liabilities

TAG ID: [N057:NOTE5J _1:Note 5J]

Description	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
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NONE

NOTES TO FINANCIAL STATEMENTS: Note 5 - Investments
Note 5K - Structured Notes TAG ID: [N057:NOTESK_1:Note 5K]

CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage-Referenced Security (YES/NO)
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NONE

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NOTES TO FINANCIAL STATEMENTS: NOTE 9 - Income Taxes

Note 9A - Components of Net Deferred Tax Asset TAG ID: [N091:NOTE9A_1:Note 9A]

A. The components of the net deferred tax asset / (liability) at the end of the reporting period are as follows:

	End of Reporting Period			End of Prior Year			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col 4 + 5) Total	(7) (Col 1 - 4) Ordinary	(8) (Col 2 - 5) Capital	(9) (Col 7 + 8) Total
1.									
(a) Gross Deferred Tax Assets									
(b) Statutory Valuation Allowance Adjustments									
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)									
(d) Deferred Tax Assets Nonadmitted									
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)									
(f) Deferred Tax Liabilities									
(g) Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)									
2.									
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks									
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)									
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date									
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX		XXX	XXX		XXX	XXX	
(c) Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities									
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))									

NONE

	Current Year	Prior Year
3.		
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount		
(b) Amount of Adjusted Capital and Surplus used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above		

	End of Reporting Period		End of Prior Year		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
Impact of Tax-Planning Strategies						
4.						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)						
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)						
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies						

(b) Does the Company's tax-planning strategies include the use of reinsurance?

Yes No

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NOTES TO FINANCIAL STATEMENTS: NOTE 9 - Income Taxes

Note 9C - Major Components of Current Income Taxes Incurred

TAG ID: [N092-NOTESC _1:Note 9C]

C. Current income taxes incurred consist of the following major components:

	(1) End of Reporting Period	(2) End of Prior Year	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal			
(b) Foreign			
(c) Subtotal			
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred			
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses			
(2) Unearned premium reserve			
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted			
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other (including items < 5% of total or (99) Subtotal			
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a)			
(e) Capital:			
(1) Investments			
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total capital tax assets)			
(99) Subtotal			
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2i - 2g)			
(i) Admitted deferred tax assets (2d + 2h)			
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments			
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)			
(99) Subtotal			
(b) Capital:			
(1) Investments			
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal			
(c) Deferred tax liabilities (3a99 + 3b99)			
4. Net deferred tax assets/liabilities (2i - 3c)			

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 11 - Debt
Note 11B - FHLB (Federal Home Loan Bank) Agreements TAG ID: [N11NDEBT_1:Note 11]

B. FHLB (Federal Home Loan Bank) Agreements

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year

- (a) Membership Stock - Class A
- (b) Membership Stock - Class B
- (c) Activity Stock
- (d) Excess Stock
- (e) Aggregate Total (a+b+c+d)
- (f) Actual or estimated Borrowing Capacity as Determined by the Insurer

\$.....
\$.....
\$.....
\$.....
\$.....
\$.....

2. Prior Year-end

- (a) Membership Stock - Class A
- (b) Membership Stock - Class B
- (c) Activity Stock
- (d) Excess Stock
- (e) Aggregate Total (a+b+c+d)
- (f) Actual or estimated Borrowing Capacity as Determined by the Insurer

\$.....
\$.....
\$.....
\$.....
\$.....
\$.....

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)

11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total	2 Not Eligible	3 Less Than	4 6 Months to Less than 1 Year	5 1 to Less Than 3 years	6 3 to 5 years
1. Class A						
2. Class B						

11B(2)b1 Current Year Total (Column 1) should

11B(2)b2 Current Year Total (Column 1) should

NONE

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Pledged	\$.....	\$.....	\$.....
2. Prior Year-end Total Collateral Pledged	\$.....	\$.....	\$.....

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)

11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period.

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	\$.....	\$.....	\$.....
2. Prior-Year-end Total Maximum Collateral Pledged	\$.....	\$.....	\$.....

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

	Total	Funding Agreements Reserves Established
1. Current Year	\$.....	XXX
(a) Debt	\$.....	\$.....
(b) Funding Agreements	\$.....	XXX
(c) Other	\$.....	\$.....
(d) Aggregate Total (a+b+c)	\$.....	\$.....
2. Prior Year-end	\$.....	XXX
(a) Debt	\$.....	\$.....
(b) Funding Agreements	\$.....	XXX
(c) Other	\$.....	\$.....
(d) Aggregate Total (a+b+c)	\$.....	\$.....

b. Maximum Amount during Reporting Period (Current Year)

	Total
1. Debt	\$.....
2. Funding Agreements	\$.....
3. Other	\$.....
4. Aggregate Total (Lines 1+2+3)	\$.....

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB - Prepayment Obligations

Does the company have prepayment obligations under the following arrangements (YES/NO)?

- 1. Debt
- 2. Funding Agreements
- 3. Other

Yes () No ()
Yes () No ()
Yes () No ()

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A1 - Change in benefit obligations TAG ID: [N121:NRETBENPL_1:Note 12A1]

(1) Change in benefit obligation

	Overfunded		Underfunded	
	Current Year	Prior Year	Current Year	Prior Year
a. Pension Benefits				
1. Benefit obligation at beginning of year	\$	\$	\$	\$
2. Service cost	\$	\$	\$	\$
3. Interest cost	\$	\$	\$	\$
4. Contribution by plan participants	\$	\$	\$	\$
5. Actuarial gain (loss)	\$	\$	\$	\$
6. Foreign currency exchange rate changes	\$	\$	\$	\$
7. Benefits paid	\$	\$	\$	\$
8. Plan amendments	\$	\$	\$	\$
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$	\$	\$	\$
10. Benefit obligation at end of year	\$	\$	\$	\$
b. Postretirement Benefits				
1. Benefit obligation at beginning of year	\$	\$	\$	\$
2. Service cost	\$	\$	\$	\$
3. Interest cost	\$	\$	\$	\$
4. Contribution by plan participants	\$	\$	\$	\$
5. Actuarial gain (loss)	\$	\$	\$	\$
6. Foreign currency exchange rate changes	\$	\$	\$	\$
7. Benefits paid	\$	\$	\$	\$
8. Plan amendments	\$	\$	\$	\$
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$	\$	\$	\$
10. Benefit obligation at end of year	\$	\$	\$	\$
c. Special or Contractual Benefits Per SSAP No. 11				
1. Benefit obligation at beginning of year	\$	\$	\$	\$
2. Service cost	\$	\$	\$	\$
3. Interest cost	\$	\$	\$	\$
4. Contribution by plan participants	\$	\$	\$	\$
5. Actuarial gain (loss)	\$	\$	\$	\$
6. Foreign currency exchange rate changes	\$	\$	\$	\$
7. Benefits paid	\$	\$	\$	\$
8. Plan amendments	\$	\$	\$	\$
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$	\$	\$	\$
10. Benefit obligation at end of year	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A2 - Change in plan assets TAG ID: [N121:NRETBENPL_2:Note 12A2]

(2) Change in plan assets

	Overfunded		Underfunded	
	Current Year	Prior Year	Current Year	Prior Year
a. Fair value of plan assets at beginning of year	\$	\$	\$	\$
b. Actual return on plan assets	\$	\$	\$	\$
c. Foreign currency exchange rate changes	\$	\$	\$	\$
d. Reporting entity contribution	\$	\$	\$	\$
e. Plan participants' contributions	\$	\$	\$	\$
f. Benefits paid	\$	\$	\$	\$
g. Business combinations, divestitures and settlements	\$	\$	\$	\$
h. Fair value of plan assets at end of year	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A3 - Funded status TAG ID: [N121:NRETBENPL_3:Note 12A3]

(3) Funded status

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No 11	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
Overfunded:						
a. Assets (nonadmitted)						
1. Prepaid benefit costs	\$	\$	\$	\$	\$	\$
2. Overfunded plan assets	\$	\$	\$	\$	\$	\$
3. Total assets (nonadmitted)	\$	\$	\$	\$	\$	\$
Underfunded:						
b. Liabilities recognized						
1. Accrued benefit costs	\$	\$	\$	\$	\$	\$
2. Liability for pension benefits	\$	\$	\$	\$	\$	\$
3. Total liabilities recognized	\$	\$	\$	\$	\$	\$
c. Unrecognized liabilities	\$	\$	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A4 - Components of net periodic benefit cost TAG ID: [N121:NRETBENPL_4:Note 12A4]

(4) Components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No 11	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
a. Service cost	\$	\$	\$	\$	\$	\$
b. Interest cost	\$	\$	\$	\$	\$	\$
c. Expected return on plan assets	\$	\$	\$	\$	\$	\$
d. Transition asset or obligation	\$	\$	\$	\$	\$	\$
e. Gains and losses	\$	\$	\$	\$	\$	\$
f. Prior service cost or credit	\$	\$	\$	\$	\$	\$
g. Gain or loss recognized due to a settlement or curtailment	\$	\$	\$	\$	\$	\$
h. Total net periodic benefit cost	\$	\$	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A5 - Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost TAG ID: [N121:NRETBENPL_5:Note 12A5]

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	Current Year	Prior Year	Current Year	Prior Year
a. Items not yet recognized as a component of net periodic cost - prior year	\$	\$	\$	\$
b. Net transition asset or obligation recognized	\$	\$	\$	\$
c. Net prior service cost or credit arising during the period	\$	\$	\$	\$
d. Net prior service cost or credit recognized	\$	\$	\$	\$
e. Net gain and loss arising during the period	\$	\$	\$	\$
f. Net gain and loss recognized	\$	\$	\$	\$
g. Items not yet recognized as a component of net periodic cost - current year	\$	\$	\$	\$

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A6 - Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost TAG ID: [N122-NRETBENPLA_1:Note 12A6]

(6) Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	Current Year	Prior Year	Current Year	Prior Year
a. Net transition asset or obligation	\$	\$	\$	\$
b. Net prior service cost or credit	\$	\$	\$	\$
c. Net recognized gains and losses	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A7 - Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost TAG ID: [N122-NRETBENPLA_2:Note 12A7]

(7) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	Current Year	Prior Year	Current Year	Prior Year
a. Net transition asset or obligation	\$	\$	\$	\$
b. Net prior service cost or credit	\$	\$	\$	\$
c. Net recognized gains and losses	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12AB - Weighted-average assumptions used to determine net periodic benefit cost

(8) Weighted-average assumptions used to determine net periodic benefit cost

- a. Weighted-average discount rate
- b. Expected long-term rate of return on plan assets
- c. Rate of compensation increase

Weighted-average assumptions used to determine projected benefit obligation

- d. Weighted-average discount rate
- e. Rate of compensation increase

NONE

Benefit Plans

Current Year	Prior Year
.....
.....
.....
.....

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Note 12A11 - A one-percentage-point change in assumed health care cost trend rates would have the following effects TAG ID: [N122-NRETBENPLA_4:Note 12A11]

(11) Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans.

A one-percentage-point change in assumed health care cost trend rates would have the following effects:

- a. Effect on total of service and interest cost components
- b. Effect on postretirement benefit obligation

1 Percentage Point Increase 1 Percentage Point Decrease

\$	\$
.....
.....
.....
.....

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Note 12A12 - The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated TAG ID: [N122-NRETBENPLA_5:Note 12A12]

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

	Year(s)	Amount
(a)	\$.....
(b)	\$.....
(c)	\$.....
(d)	\$.....
(e)	\$.....
(f)	\$.....
	through	\$.....

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP HEALTH PLAN

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NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

(1) Fair Value Measurements of Plan Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
---	-----------	-----------	-----------	-------

None

NOTES TO FINANCIAL STATEMENTS: Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

2) Fair Value Measurements in Financial Instruments

NON-EUROPEAN

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
Note 13(10) - The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains

NONE

TAG ID: [N13:NOTE1310_1:Note 13(10)]

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

(10). The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is

\$

NOTES TO FINANCIAL STATEMENTS: Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

Note 13(11) - The Company issued the following surplus debentures or similar obligations

TAG ID: [N13:NOTE1311_1:Note 13(11)]

(11). The Company issued the following surplus debentures or similar obligations:

Description of Assets, Holder of Note and Other	Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity

NONE

NOTES TO FINANCIAL STATEMENTS: Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

Note 13(12) - The Impact of any restatement due to prior quasi-reorganizations

TAG ID: [N13:NOTE1312_1:Note 13(12)]

(12). The impact of any restatement due to prior quasi-reorganizations is as follows:

Year (Starting with Current Year)	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14A1 - Contingent Commitments TAG ID: [N14:NOTE14A1_1:Note 14A1]

NONE

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88 and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities:

\$

NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14A2 - Contingent Commitments TAG ID: [N14:NOTE14A2_1:Note 14A2]

(2)

1	2	3	4	5
Nature and circumstances of guarantee and key attributes, including date and duration of agreement	Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5R.)	Ultimate financial statement impact if action under the guarantee is required	Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted	Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted

NONE

NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14A3 - Contingent Commitments TAG ID: [N14:NOTE14A3_1:Note 14A3]

(3) a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 from 14A2)

\$

b. Current Liability Recognized in F/S:

1. Noncontingent Liabilities

2. Contingent Liabilities

c. Ultimate Financial Statement Impact if action under the

1. Investments in SCA

2. Joint Venture

3. Dividends to Stockholders (capital contribution)

4. Expense

5. Other

6. Total (Should equal (3)a.)

NONE

\$

NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14B2 - Assessments TAG ID: [N14:NOTE14B2_2:Note 14B2A]

B. Assessments

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end

\$

NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14B2 - Assessments TAG ID: [N14:NOTE14B2_1:Note 14B2B]

Description	Amount

NONE

NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14B2D - Assessments TAG ID: [N14:NOTE14D_1:Note 14B2D]

B. Assessments

(2) d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end

\$

NOTES TO FINANCIAL STATEMENTS: Note 14 - Liabilities, Contingencies and Assessments
Note 14BD - Claims Related Extra Contractual Obligation TAG

D. Claims Related Extra Contractual Obligations and Bad Faith Losses: The company paid the following amounts in the reporting period to

1. Claims related ECO and bad faith losses paid during the reporting period

2. Number of claims where amounts were paid to settle claims from lawsuits during the reporting period.

A) 0-25 Claims

B) 26-50 Claims

C) 51-100 Claims

D) 101-500 Claims

E) More than 500 Claims

3. Indicate whether claim count information is disclosed per claim or per claimant.

F) Per Claim

G) Per Claimant

NONE

\$

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 15 - Leases
Note 15A - Lessee Operating Lease TAG ID: [N15NLEASES_1;Note 15A]

(2)

a. At January 1, of said year, the minimum aggregate rental commitments are as follows:

<u>Reporting Period Ending</u>	<u>Operating Leases</u>
1.....	\$.....
2.....	\$.....
3.....	\$.....
4.....	\$.....
5.....	\$.....
6. Total	\$.....

NOTES TO FINANCIAL STATEMENTS: Note 15 - Leases
Note 15B1 - Operating Leases TAG ID: [N15NLEASES_2;Note 15B1]

c. Future minimum lease payment receivables under noncancelable leases

NONE

NOTES TO FINANCIAL STATEMENTS: Note 15 - Leases
Note 15B2 - Leveraged Leases TAG ID: [N15NLEASES_3;Note 15B2]

(2) Leveraged Leases:

b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, of said year, were as shown below:

	<u>Current Year</u>	<u>Prior Year</u>
1. Income from leveraged leases before income tax including investment tax credit	\$.....	\$.....
2. Less current income tax	\$.....	\$.....
3. Net income from leveraged leases	\$.....	\$.....

c. The components of the investment in leveraged leases at December 31, of said year, were as shown below:

	<u>Current Year</u>	<u>Prior Year</u>
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$.....	\$.....
2. Estimated residual value of leased assets	\$.....	\$.....
3. Unearned and deferred income	\$.....	\$.....
4. Investment in leveraged leases	\$.....	\$.....
5. Deferred income taxes related to leveraged leases	\$.....	\$.....
6. Net investment in leveraged leases	\$.....	\$.....

NOTES TO FINANCIAL STATEMENT: Note 16 - Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Note 16A1 - Summary of the face amount of the Company's financial instruments with off balance sheet risk TAG ID: [N15NFIOFFBALC_1;Note 16]

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance-sheet risk:

	<u>Assets</u>		<u>Liabilities</u>		
	<u>Current</u>	<u>NONE</u>	<u>Prior Year</u>	<u>Current Year</u>	<u>Prior Year</u>
a. Swaps	\$.....	\$.....	\$.....	\$.....	\$.....
b. Futures	\$.....	\$.....	\$.....	\$.....	\$.....
c. Options	\$.....	\$.....	\$.....	\$.....	\$.....
d. Total	\$.....	\$.....	\$.....	\$.....	\$.....

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NOTES TO FINANCIAL STATEMENTS: Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Note 17C2 - Wash Sales TAG ID: [N17NSALEASSTE_1:Note 17]

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the reporting period and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain (Loss)

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Note 18A - ASO Plans TAG ID: [N18:NGLU:UNISPL_1:Note 18A]

A. ASO Plans:

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during said year:

- a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses
- b. Total net other income or expenses (including interest paid to or received from plans)
- c. Net gain or (loss) from operations
- d. Total claim payment volume

<u>ASO Uninsured Plans</u>	<u>Uninsured Portion of Partially Insured Plans</u>	<u>Total ASO</u>
--------------------------------	---	------------------

\$...	\$...	\$...
\$...	\$...	\$...
\$...	\$...	\$...
\$...	\$...	\$...
\$...	\$...	\$...

NONE

NOTES TO FINANCIAL STATEMENTS: Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Note 18B - ASC Plans TAG ID: [N18:NGLU:UNISPL_2:Note 18B]

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during said year:

- a. Gross reimbursement for medical cost incurred
- b. Gross administrative fees accrued
- c. Other income or expenses (including interest paid to or received from plans)
- d. Gross expenses incurred (claims and administrative)
- e. Total net gain or loss from operations

<u>ASC Uninsured Plans</u>	<u>Uninsured Portion of Partially Insured Plans</u>	<u>Total ASC</u>
--------------------------------	---	------------------

\$.....	\$.....	\$.....
\$.....	\$.....	\$.....
\$.....	\$.....	\$.....
\$.....	\$.....	\$.....
\$.....	\$.....	\$.....

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators TAG ID: [N19:NDPWMGAGTS_1:Note 19]

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/ Produced By

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 20 - Fair Value Measurements
Note 20A1 - Fair Value Measurements at Reporting Date TAG ID: [N20:NOTE20A1_1:Note 20A1]

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
--	-----------	-----------	-----------	-------

NONE

NOTES TO FINANCIAL STATEMENTS: Note 20 - Fair Value Measurements
Note 20A2 - Fair Value Measurements in (Level 3) of the Fair Value Hierarchy TAG ID: [N20:NOTE20A2_1:Note 20A2]

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Description	Balance at Beginning of Period	Transfers in Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Balance at End of Period
-------------	--------------------------------	----------------------	--------------------------	---	--	-----------	-----------	-------	-------------	--------------------------

NONE

NOTES TO FINANCIAL STATEMENTS: Note 20 - Fair Value Measurements
Note 20C - Practicable to Estimate Fair Value TAG ID: [N20:NOTE20C_1:Note 20C]

C. Practicable to Estimate Fair Value

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
------------------------------	----------------------	-----------------	-----------	-----------	-----------	----------------------------------

NONE

NOTES TO FINANCIAL STATEMENTS: Note 20 - Fair Value Measurements
Note 20D - Not Practicable to Estimate Fair Value TAG ID: [N20:NOTE20D_1:Note 20D]

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
---------------------------------------	----------------	-------------------------	---------------	-------------

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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**NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items
Note 21E1 - State Transferable and Non-transferable Tax Credit**

TAG ID: H21:NOTE21E1 _1:Note 21E1

(1) Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total

Description of State Transferable and Non-transferable Tax Credits	State	Carrying Value	Unused Amount
--	-------	----------------	---------------

NONE

NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items
Note 21E4 - Other Items TAG ID: [N21:NOTE21F2A_1:Note 21E4]

(4) State Tax Credits Admitted and Nonadmitted

a. Transferable
b. Non-transferable

NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items
 Note 21F - Subprime Mortgage-Related Risk Exposure TAG ID: D21-NOTE21F2A 2-Note 21F2A

	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
(2) Direct exposure through investments in subprime mortgages					
a. Mortgages in the process of foreclosure					
b. Mortgages in good standing					
c. Mortgages with restructure terms					
d. Total					
NONE					

NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items
Note 21F - Subprime-Mortgage-Related Risk Exposure TAG ID:

NONE

*Equity investments in subsidiary, controlled or affiliated entities with significant subprime mortgage related risk exposure. (Please provide a general description of the nature and extent of the SCA's exposure in the Notes to Financial Statements custom page) If a subsidiary company has investments in subprime mortgages, enter the percentage these comprise of the companies invested assets.

NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items

Note 21F - Subprime-Mortgage-Related Risk Exposure TAG ID: R21NOTE21F40 _t:Note 21F4

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage

NONE	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period

NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items

Note 21G2 - Retained Assets TAG ID: [N21:NOTE21G_1:Note 21G2]

{2}

In Force			
As of End of Current Year		As of End of Prior Year	
Number	Balance	Number	Balance
	\$		\$

NOTES TO FINANCIAL STATEMENTS: Note 21 - Other Items
Note 21G3 - Retained Assets TAG ID: TN21:NOTE21G_2:Note 21G3

131

Individual		Group	
Number	Balance/Amount	Number	Balance/Amount
.....	\$.....	\$.....
N/A	\$.....	N/A	\$.....
N/A	\$.....	N/A	\$.....
.....	\$.....	\$.....

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 22 - Events Subsequent
Note 22 - Events Subsequent TAG ID: [N22MEVENTSSUB_1:Note 22]

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health premiums that are subject to Section 9010 of the federalACA fee assessment?	
B. ACA fee assessment payable for the current year?	
C. ACA fee assessment paid for the current year?	
D. Premium written subject to ACA 9010?	
E. Total Adjusted Capital before surplus adjustment?
F. Total Adjusted Capital after surplus adjustment?	\$
G. Authorized Control Level	\$
H. Would reporting the ACA assessment as of the end of the reporting period have triggered an RBC action level (YES/NO)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 23 - Reinsurance

TAG ID: [N0224NOTE23] _1>Note 23B]

(1) The company has written off in the current year reinsurance balances due from the companies listed below.

Name of Reinsurer	Amount

NONE**NOTES TO FINANCIAL STATEMENTS: Note 23 - Reinsurance**

TAG ID: [N0224NOTE23C] _1>Note 23C]

C. Commutation of Ceded Reinsurance

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts, which are reflected as:

Name of Reinsurer	Amount

NONE**NOTES TO FINANCIAL STATEMENTS: Note 23 - Reinsurance**

TAG ID: [N0224NOTE2D1] _1>Note 23D1]

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action		Collateral Percentage Requirement	Net Obligation Subject to Collateral Before	Net Obligation Subject to Collateral After	Collateral Required (but not received)
			Before	After				

NONE**NOTES TO FINANCIAL STATEMENTS: Note 23 - Reinsurance**

TAG ID: [N0224NOTE2D2] _1>Note 23D2]

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation
a.

Date of Action	Jurisdiction of Action	Collateral Percentage Requirement		Net Obligation Subject to Collateral Before	Net Obligation Subject to Collateral After	Collateral Required (but not received)
		Before	After			

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination
Note 24D - Medical loss ratio rebates required pursuant to the Public Health Service Act TAG ID: [N24:NOTE24D_1:Note 24D]

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred					
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred					
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

NOTES TO FINANCIAL STATEMENTS: Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination
Notes 24E(1) and 24E(2) - Risk-Sharing Provisions of the

(1) Did the reporting entity write accident and health risk-sharing provisions (Yes/No)?

Yes () No ()

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act

AMOUNT

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment

\$

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

\$

3. Premium adjustments payable due to ACA Risk Adjustment

\$

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

\$

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

\$

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance

\$

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

\$

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

\$

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium

\$

5. Ceded reinsurance premiums payable due to ACA Reinsurance

\$

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

\$

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

\$

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

\$

9. ACA Reinsurance contributions - not reported as ceded premium

\$

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors

\$

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

\$

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received)

\$

4. Effect of ACA Risk Corridors on change in reserves for rate credits

\$

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 24 - Retrospectively Rated Contracts & Contracts Subject to Rate Determination
Notes 24E(3) - Roll Forward of Prior Year ACA Risk Sharing Provisions

(3) Roll forward of prior year ACA risk-sharing provisions for the following asset [gross of any nonadmission] and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments		Unsettled Balances as of the Reporting Date		
			Prior Year Accrued less Payments (Col 1 - 3)	Prior Year Accrued less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balances from Prior Years (Col 1 - 3 + 7)	Cumulative Balances from Prior Years (Col 2-4 + 8)	
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)

a. Permanent ACA Risk Adjustment Program

1. Premium adjustments receivable
2. Premium adjustments (payable)
3. Subtotal ACA Permanent Risk Adjustment Program

b. Transitional ACA Reinsurance Program

1. Amounts recoverable for claims paid
2. Amounts recoverable for claims unpaid (contra liability)
3. Amounts receivable relating to uninsured plans
4. Liabilities for contributions payable due to ACA - Reinsurance
*not reported as ceded premium
5. Ceded reinsurance premiums payable
6. Liability for amounts held under uninsured plans
7. Subtotal ACA Transitional Reinsurance Program

c. Temporary ACA Risk Corridors Program

1. Accrued retrospective premium
2. Reserve for rate credits or policy experience rating refunds
3. Subtotal ACA Risk Corridors Program

d. Total for ACA Risk Sharing Provisions

NON

Explanations of Adjustments

A

B

C

D

E

NON-E

F *****
G *****
H *****
I *****
J *****

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 2B - Health Care Receivables
Note 2B - Pharmaceutical Rebate Receivables TAG ID: [N2B:NOTE2B_A_1:Note 2B]

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing

NONE

NOTES TO FINANCIAL STATEMENTS: Note 2B - Health Care Receivables
Note 2B - Risk Sharing Receivables TAG ID: [N2B:NOTE2B_B_1:Note 2B]

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

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NOTES TO FINANCIAL STATEMENTS: Note 30 - Premium Deficiency Reserves
Note 30 - Premium Deficiency Reserves TAG ID: [N30MPREDEFRE_1:Note 30]

1. Liability carried for premium deficiency reserves	\$
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?	Yes () No ()

NONE

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:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes () No (X)
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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 the response to 4.1 is yes, provide the 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. 12/31/2012

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. 12/31/2012

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). 07/29/2013

6.4 By what department or departments?
Ohio Department 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? 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
---------------------	-----------------------------	----------	----------	-----------	----------

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).
.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 or 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.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.3 Total payable for securities lending reported on the liability page \$

17. 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 Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes (X) No ()

17.1 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
---------------------------	------------------------

17.2 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)
--------------	------------------	------------------------------

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes () No ()

17.4 If yes, give full and complete information relating thereto:

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/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
---	--------------	--------------

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ()

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**1. **Operating Percentages:**

1.1 A&H loss percent 85.9 %

1.2 A&H cost containment percent %

1.3 A&H expense percent excluding cost containment expenses 7.4 %

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. \$

Page 13
Schedule S - Ceded Reinsurance
NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status	Direct Business Only Year to Date						
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casually Premiums	8 Total Column 2 Through Column 7
1. Alabama	AL	N						
2. Alaska	AK	N						
3. Arizona	AZ	N						
4. Arkansas	AR	N						
5. California	CA	N						
6. Colorado	CO	N						
7. Connecticut	CT	N						
8. Delaware	DE	N						
9. District of Columbia	DC	N						
10. Florida	FL	N						
11. Georgia	GA	N						
12. Hawaii	HI	N						
13. Idaho	ID	N						
14. Illinois	IL	N						
15. Indiana	IN	N						
16. Iowa	IA	N						
17. Kansas	KS	N						
18. Kentucky	KY	N						
19. Louisiana	LA	N						
20. Maine	ME	N						
21. Maryland	MD	N						
22. Massachusetts	MA	N						
23. Michigan	MI	N						
24. Minnesota	MN	N						
25. Mississippi	MS	N						
26. Missouri	MO	N						
27. Montana	MT	N						
28. Nebraska	NE	N						
29. Nevada	NV	N						
30. New Hampshire	NH	N						
31. New Jersey	NJ	N						
32. New Mexico	NM	N						
33. New York	NY	N						
34. North Carolina	NC	N						
35. North Dakota	ND	N						
36. Ohio	OH	L	14,920,084				43,484	14,963,568
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	CAN	N						
58. Aggregate Other Alien	OT	XXX						
59. Subtotal		XXX	14,920,084				43,484	14,963,568
60. Reporting entity contributions for Employee Benefit Plans		XXX					43,484	
61. Total (Direct Business)	(a)	1	14,920,084				43,484	14,963,568

DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)								

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

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

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

PART 1 - ORGANIZATIONAL CHART

NONE

Page 16
Schedule Y, Part 1A
NONE

Schedule Y, Part 1A, 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:

N/A

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
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

Description of Hedged Risk (s)
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, Description of Hedged Risk (s)
NONE

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

Page E08

Schedule DB, Part D, Section 1
NONE

Page E09

Schedule DB, Part D, Section 2, By Reporting Entity
NONE

Schedule DB, Part D, Section 2, To Reporting Entity
NONE

Page E10

Schedule DL, Part 1
NONE

Page E11

Schedule DL, Part 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 .
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
PNC Bank - checking	Pennsylvania	varies	691	1,029,763	2,065,732	2,303,240		
PNC Bank - money market	Pennsylvania	varies	80	340,536	340,564	340,590		
First Merit Bank	Ohio	varies	416	1,105,083	1,105,223	1,105,359		
Fifth Third Bank	Ohio	varies	254	1,009,607	1,009,693	1,009,776		
Huntington National Bank	Ohio	varies	254	1,010,127	1,010,213	1,010,295		
Key Bank	Ohio	varies	198	1,001,601	1,001,668	1,001,732		
0199999 - TOTAL - Open Depositories			1,893	6,296,717	6,533,093	6,770,992		
0399999 - TOTAL Cash on Deposit			1,893	6,296,717	6,533,093	6,770,992		
0599999 - TOTALS			1,893	6,296,717	6,533,093	6,770,992		

Page E13
Schedule E, Part 2, Cash Equivalents
NONE

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

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2016 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

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 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 (Claims Paid Net of Reimbursements App.)					
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	XXX

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

NONE