

# ANNUAL STATEMENT

OF THE

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OFFICE OF RISK  
ASSESSMENT

## CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP HEALTH PLAN

OF

BRECKSVILLE, OHIO

TO THE

INSURANCE DEPARTMENT

OF THE STATE OF

OHIO

FOR THE YEAR ENDING  
DECEMBER 31, 2016

2016

HEALTH

2016



**ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

**Cleveland Automobile Dealers Association Group Health Plan**

NAIC 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 Ohio

Country of Domicile US

Licensed as business type:

Life, Accident and Health   
Dental Service Corporation   
Health Maintenance Organization

Property/Casualty   
Vision Service Corporation   
Is HMO Federally Qualified? Yes  No

Hospital, Medical and Dental Service or Indemnity   
Other

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

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

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

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

Internet Website Address www.gcada.org

Statutory Statement Contact John Robinson 1-440-746-1500  
(Name) (Area Code) (Telephone Number) (Extension)  
jrobinson@gcada.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  
Joseph Fornal  
Christopher O'Donnell  
Paul Hrnchar, Jr.

State of Ohio Cuyahoga } ss

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

  
Richard Marcellino  
Trustee

  
Kirt Frye  
Trustee

Subscribed and sworn to before me this day of

4-10-17



NICHOLAS A. HANNA  
Attorney At Law  
NOTARY PUBLIC  
STATE OF OHIO  
My Commission Has  
No Expiration Date  
Section 147.03 O.R.C.

a. Is this an original filing? Yes (X) No ( )

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....				
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
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 (\$ ..... 7,042,624, Schedule E-Part 1), cash equivalents (\$ ..... , Schedule E-Part 2) and short-term investments (\$ ..... , Schedule DA) .....	7,042,624		7,042,624	5,546,428
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	7,042,624		7,042,624	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 .....	293,644		293,644	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 (Lines 12 to 25) .....	7,336,268		7,336,268	5,830,260
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	7,336,268		7,336,268	5,830,260
<b>DETAILS OF WRITE-INS</b>				
1101 .....				
1102 .....				
1103 .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501 .....				
2502 .....				
2503 .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	1,641,000		1,641,000	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 reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	7,561		7,561	8,253
9. General expenses due or accrued	19,645		19,645	17,135
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital 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 \$ ..... 469,093 current)	469,093		469,093	619,795
24. Total liabilities (Lines 1 to 23)	2,362,299		2,362,299	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	4,973,969	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 31 minus Line 32)	XXX	XXX	4,973,969	3,224,077
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,336,268	5,830,260
<b>DETAILS OF WRITE-INS</b>				
2301. Invoices payable to carriers	469,093		469,093	619,795
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	469,093		469,093	619,795
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	469,093		469,093	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 (Lines 2501 through 2503 plus 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 (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	XXX	28,170	27,863
2. Net premium income (including \$ 14,084 non-health premium income) .....	XXX	19,300,838	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	128,861	192,553
7. Aggregate write-ins for other non-health revenues .....	XXX		200,901
8. Total revenues (Lines 2 to 7) .....	XXX	19,429,699	18,206,812
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		12,340,176	14,276,485
10. Other professional services .....		898,595	894,366
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....		3,795,966	3,569,392
14. Aggregate write-ins for other hospital and medical .....		195,637	195,823
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Lines 9 to 15) .....		17,230,374	18,936,066
<b>Less:</b>			
17. Net reinsurance recoveries .....		850,152	1,286,307
18. Total hospital and medical (Lines 16 minus 17) .....		16,380,222	17,649,759
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .cost containment expenses .....		1,202,422	1,122,639
21. General administrative expenses .....		201,022	193,851
22. Increase in reserves for life and accident and health contracts (including \$ .increase in reserves for life only) .....		(95,000)	49,000
23. Total underwriting deductions (Lines 18 through 22) .....		17,688,666	19,015,249
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,741,033	(808,437)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		7,199	7,909
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....		7,199	7,909
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 (Lines 24 plus 27 plus 28 plus 29) .....	XXX	1,748,232	(800,528)
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	1,748,232	(800,528)
<b>DETAILS OF WRITE-INS</b>			
0601. ATRF Pass-Through .....	XXX	128,861	192,553
0602. .....	XXX		
0603. .....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	128,861	192,553
0701. Settlement with DOL for excess payroll contribution .....	XXX		200,901
0702. .....	XXX		
0703. .....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX		200,901
1401. ACA Fees (incl. ATRF and PCORI) .....		195,637	195,823
1402. .....			
1403. .....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		195,637	195,823
2901. .....			
2902. .....			
2903. .....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....			

**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year .....	3,224,077	4,024,646
34. Net income or (loss) from Line 32 .....	1,748,232	(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	(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 Tranferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....		
48. Net change in capital and surplus (Lines 34 to 47) .....	1,749,892	(800,569)
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	4,973,969	3,224,077
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	19,290,334	17,554,230
2. Net investment income .....	7,199	7,909
3. Miscellaneous income .....	128,861	393,454
4. Total (Line 1 through Line 3) .....	19,426,394	17,955,593
5. Benefit and loss related payments .....	16,535,924	17,657,286
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	1,394,274	1,302,878
7. Commissions, expenses paid and aggregate write-ins for deductions .....		
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		
10. Total (Line 5 through Line 9) .....	17,930,198	18,960,164
11. Net cash from operations (Line 4 minus Line 10) .....	1,496,196	(1,004,571)
<b>Cash from Investments</b>		
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 (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		
<b>Cash from Financing and Miscellaneous Sources</b>		
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) .....		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) .....	1,496,196	(1,004,571)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	5,546,428	6,550,999
19.2 End of year (Line 18 plus Line 19.1) .....	7,042,624	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 .....		

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	19,300,938	18,177,883		1,108,871						14,084
2. Change in unearned premium reserves and reserve for rate credit										XXX
3. Fee-for-service (net of \$ ..... medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues	128,861	128,861	XXX							XXX
6. Aggregate write-ins for other non-health care related revenues										XXX
7. Total revenues (Lines 1 to 6)	19,429,699	18,306,744	12,340,176	1,108,871	898,595	XXX	XXX	XXX	XXX	14,084
8. Hospital/medical benefits										XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs										XXX
13. Aggregate write-ins for other hospital and medical	3,795,866	3,795,866	195,637							XXX
14. Incentive pool, withhold adjustments, and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	17,230,374	16,331,779	898,595							XXX
16. Net reinsurance recoveries	850,152	850,152								XXX
17. Total hospital and medical (Lines 15 minus 16)	16,380,222	15,481,627								XXX
18. Non-health claims (net)										XXX
19. Claims adjustment expenses including \$ ..... cost containment expenses	1,202,472	1,151,684	XXX							XXX
20. General administrative expenses	201,022	201,022								XXX
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts										XXX
23. Total underwriting reductions (Lines 17 to 22)	17,688,666	16,740,343	948,323							XXX
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,741,033	1,586,401	160,548							14,084
<b>DETAILS OF WRITE-INS</b>										
0501. ATRF Pass-Through										XXX
0502.	128,861	128,861								XXX
0503.										XXX
0508. Summary of remaining write-ins for Line 6 from overflow page										XXX
0509. Total (Lines 0501 through 0503 plus 0508) (Line 6 above)	128,861	128,861								XXX
0601.										XXX
0602.										XXX
0603.										XXX
0608. Summary of remaining write-ins for Line 6 from overflow page										XXX
0609. Total (Lines 0601 through 0603 plus 0608) (Line 6 above)										XXX
1301. ACA fees (ATRF and PCORI)	195,637									XXX
1302.										XXX
1303.										XXX
1308. Summary of remaining write-ins for Line 13 from overflow page										XXX
1309. Total (Lines 1301 through 1303 plus 1308) (Line 13 above)	195,637									XXX

**UNDERWRITING AND INVESTMENT EXHIBIT****Part 1 - Premiums**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	19,268,408		1,090,525	18,177,883
2. Medicare Supplement .....				
3. Dental only .....	1,108,871			1,108,871
4. Vision only .....				
5. Federal Employees Health Benefits Plan .....				
6. Title XVIII - Medicare .....				
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Lines 1 through 8) .....	20,377,279		1,090,525	19,286,754
10. Life .....	57,588		43,504	14,084
11. Property/casualty .....				
12. Totals (Lines 9 to 11) .....	20,434,867		1,134,029	19,300,838

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2 - Claims Incurred During the Year**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	17,078,241	16,136,142				888,595				43,504
1.2 Reinsurance assumed .....		893,666	850,152							43,504
1.3 Reinsurance ceded .....		16,184,585	15,285,990			888,595				
1.4 Net .....										
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	1,641,000	1,573,000				68,000				
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....	1,641,000	1,573,000				68,000				
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....										
6. Net health care receivables (a) .....										
7. Amounts recoverable from reinsurers December 31, current year .....										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	1,741,000	1,672,000				69,000				
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....										
8.4 Net .....	1,741,000	1,672,000				69,000				
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....										
11. Amounts recoverable from reinsurers December 31, prior year .....										
12. Incurred benefits:										
12.1 Direct .....	16,978,241	16,037,142				897,595				43,504
12.2 Reinsurance assumed .....		893,666	850,152							43,504
12.3 Reinsurance ceded .....										
12.4 Net .....	16,084,585	15,186,990				897,595				
13. Incurred medical incentive pools and bonuses .....										

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - Claims Liability End of Current Year**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XX Medicaid	Other Health	Other Non-Health
<b>1. Reported in Process of Adjustment:</b>										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
<b>2. Incurred but Unreported:</b>										
2.1 Direct										
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
<b>3. Amounts Withheld from Paid Claims and Capitations:</b>										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
<b>4. TOTALS:</b>										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		Claims Incurred in Prior Years (Columns 1 + 3)	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) .....	1,329,813	13,956,177	9,000	1,564,000	1,338,813	1,672,000
2. Medicare Supplement .....						
3. Dental Only .....	72,247	826,348	500	67,500	72,147	69,000
4. Vision Only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	1,402,060	14,782,525	9,500	1,631,500	1,411,560	1,741,000
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9+10+11+12) .....	1,402,060	14,782,525	9,500	1,631,500	1,411,560	1,741,000

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

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Comprehensive (Hospital and Medical)**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior	1,626	1,635	1,636	1,636	1,636
2. 2012	18,529	20,440	20,431	20,431	20,431
3. 2013	XXX	XXX	15,488	15,488	15,488
4. 2014	XXX	14,475	14,186	15,417	15,417
5. 2015	XXX	XXX	XXX	15,329	15,329
6. 2016	XXX	XXX	XXX	XXX	13,957

**Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior	1,641	1,635	1,636	1,636	1,636
2. 2012	20,820	20,447	20,431	20,431	20,431
3. 2013	XXX	XXX	15,810	15,497	15,488
4. 2014	XXX	XXX	XXX	15,426	15,426
5. 2015	XXX	XXX	XXX	16,932	16,932
6. 2016	XXX	XXX	XXX	XXX	15,521

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expenses (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2012	20,024	20,431	1,241	6.074	21,672	108.230			21,672	108.230
2. 2013	19,380	15,488	1,132	7.309	16,620	85.759			16,620	85.759
3. 2014	18,590	15,456	1,100	7.117	16,556	89.059			16,556	89.059
4. 2015	17,713	16,619	1,073	6.456	17,692	99.881			17,703	99.944
5. 2016	19,268	13,957	1,151	8.247	15,108	78.410	1,564	233	16,855	87.632

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior .....					
2. 2012 .....	XXX				
3. 2013 .....	XXX				
4. 2014 .....	XXX				
5. 2015 .....	XXX				
6. 2016 .....	XXX				

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior .....					
2. 2012 .....	XXX				
3. 2013 .....	XXX				
4. 2014 .....	XXX				
5. 2015 .....	XXX				
6. 2016 .....	XXX				

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2012 .....										
2. 2013 .....										
3. 2014 .....										
4. 2015 .....										
5. 2016 .....										

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					76
2. 2012	75				76
3. 2013	974	1,039			1,039
4. 2014		893	950		950
5. 2015			652		708
6. 2016				XXX	910
					826

**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					76
2. 2012	76				76
3. 2013	1,044	1,044			1,039
4. 2014		964	951		950
5. 2015			724		708
6. 2016				XXX	911
					826

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in Which Premiums Were Earned and Claims Were Incurred	Claims Adjustment Expenses					(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
	1	2	3	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expenses Payments (Col. 2+3)					
1. 2012	1,296	1,039	59	5.679	1,038	1,038	84,722	84,722	1,038	84,722
2. 2013	1,214	950	54	5.684	1,004	1,004	82,702	82,702	1,004	82,702
3. 2014	1,132	708	47	6.638	755	755	66,686	66,686	755	66,686
4. 2015	1,111	910	50	5.495	960	960	86,409	86,409	961	86,409
5. 2016	1,109	826	50	6.053	876	876	78,990	78,990	1	78,990
							67	67	10	67

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX				

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX				

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expenses (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016										

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Federal Employees Health Benefit Plan**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX				

**Section B - Incurred Health Claims - Federal Employees Health Benefit Plan**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX				

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expenses (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7-8)	(Col. 9/1) Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016										

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Title XVIII Medicare**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX				

**Section B - Incurred Health Claims - Title XVIII Medicare**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX				

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7-8)	(Col. 9/1) Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016										

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior .....					
2. 2012 .....	XXX				
3. 2013 .....	XXX				
4. 2014 .....	XXX				
5. 2015 .....	XXX				
6. 2016 .....	XXX				

**Section B - Incurred Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior .....					
2. 2012 .....	XXX				
3. 2013 .....	XXX				
4. 2014 .....	XXX				
5. 2015 .....	XXX				
6. 2016 .....	XXX				

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expenses (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2012 .....										
2. 2013 .....										
3. 2014 .....										
4. 2015 .....										
5. 2016 .....										

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior	1	1	1	1	1
2. 2012	53	65	65	65	65
3. 2013	XXX	XXX	16	19	19
4. 2014	XXX	XXX	5	5	5
5. 2015	XXX	XXX	XXX	XXX	XXX
6. 2016	XXX	XXX	XXX	XXX	XXX

**Section B - Incurred Health Claims - Other**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior	1	1	1	1	1
2. 2012	67	65	65	65	65
3. 2013	XXX	XXX	28	19	19
4. 2014	XXX	XXX	5	5	5
5. 2015	XXX	XXX	XXX	XXX	XXX
6. 2016	XXX	XXX	XXX	XXX	XXX

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expenses (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2012	37	65	6	9.231	71	191,892	71	71	191,892	104.167
2. 2013	24	19	6	31.579	25	104,167	25	25	104,167	77.776
3. 2014	9	5	2	40,000	7	77,776	7	7	77,776	100.000
4. 2015										
5. 2016										

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior	1,702	1,712	1,713	1,713	1,713
2. 2012	19,556	21,544	21,535	21,535	21,535
3. 2013	XXX	15,384	16,457	16,457	16,457
4. 2014	XXX	XXX	14,843	16,130	16,169
5. 2015	XXX	XXX	XXX	16,167	17,523
6. 2016	XXX	XXX	XXX	XXX	14,783

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	1	2	3	4	5
	2012	2013	2014	2015	2016
1. Prior	1,718	1,712	1,713	1,713	1,713
2. 2012	21,931	21,553	21,535	21,535	21,535
3. 2013	XXX	16,802	16,457	16,457	16,457
4. 2014	XXX	XXX	16,527	16,140	16,169
5. 2015	XXX	XXX	XXX	17,886	17,523
6. 2016	XXX	XXX	XXX	XXX	16,415

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expenses (Col. 2/3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5-7/8)	(Col. 9/1) Percent
1. 2012	21,357	21,535	1,306	6.05%	22,841	106.94%			22,841	106.94%
2. 2013	20,618	16,457	1,192	7.24%	17,649	85.60%			17,649	85.60%
3. 2014	19,730	16,169	1,148	7.10%	17,318	87.77%			17,318	87.77%
4. 2015	18,824	17,529	1,123	6.40%	18,652	99.08%	10	18,654	99.15%	
5. 2016	20,377	14,783	1,202	8.13%	15,985	78.44%	2	17,839	87.54%	

**Page 13**  
Underwriting and Investment Exhibit, Part 2D  
**NONE**

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$..... 12,000 for occupancy of own building) .....			12,000		12,000
2. Salaries, wages and other benefits .....			63,391		63,391
3. Commissions (less \$..... ceded plus \$..... assumed) .....					
4. Legal fees and expenses .....			13,200		13,200
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....			82,907		82,907
7. Traveling expenses .....			958		958
8. Marketing and advertising .....					
9. Postage, express, and telephone .....			7,771		7,771
10. Printing and office supplies .....			5,091		5,091
11. Occupancy, depreciation and amortization .....					
12. Equipment .....			2,985		2,985
13. Cost or depreciation of EDP equipment and software .....					
14. Outsourced services including EDP, claims, and other services .....					
15. Boards, bureaus and association fees .....					
16. Insurance, except on real estate .....			11,621		11,621
17. Collection and bank service charges .....					
18. Group service and administration fees .....			1,202,422		1,202,422
19. Reimbursements by uninsured accident and health plans .....					
20. Reimbursements from fiscal intermediaries .....					
21. Real estate expenses .....					
22. Real estate taxes .....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					
23.2 State premium taxes .....					
23.3 Regulator authority licenses and fees .....					
23.4 Payroll taxes .....					
23.5 Other (excluding federal income and real estate taxes) .....					
24. Investment expenses not included elsewhere .....					
25. Aggregate write-ins for expenses .....			1,098		1,098
26. Total expenses incurred (Line 1 to Line 25) .....		1,202,422	201,022		(a) 1,403,444
27. Less expenses unpaid December 31, current year .....			19,645		19,645
28. Add expenses unpaid December 31, prior year .....			17,135		17,135
29. Amounts receivable relating to uninsured plans, prior year .....					
30. Amounts receivable relating to uninsured plans, current year .....					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) .....		1,202,422	198,512		1,400,934
<b>DETAILS OF WRITE-INS</b>					
2501. Dues and subscriptions .....			1,098		1,098
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) .....			1,098		1,098

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....		
1.1 Bonds exempt from U.S. tax .....	(a) .....		
1.2 Other bonds (unaffiliated) .....	(a) .....		
1.3 Bonds of affiliates .....	(a) .....		
2.1 Preferred stocks (unaffiliated) .....	(b) .....		
2.11 Preferred stocks of affiliates .....	(b) .....		
2.2 Common stocks (unaffiliated) .....			
2.21 Common stocks of affiliates .....			
3. Mortgage loans .....	(c) .....		
4. Real estate .....	(d) .....		
5. Contract loans .....			
6. Cash, cash equivalents and short-term investments .....	(e) .....	7,199	7,199
7. Derivative instruments .....	(f) .....		
8. Other invested assets .....			
9. Aggregate write-ins for investment income .....			
10. Total gross investment income .....		7,199	7,199
11. Investment expenses .....	(g) .....		
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....		
13. Interest expense .....	(h) .....		
14. Depreciation on real estate and other invested assets .....	(i) .....		
15. Aggregate write-ins for deductions from investment income .....			
16. Total deductions (Lines 11 through 15) .....			
17. Net investment income (Line 10 minus Line 16) .....			7,199
<b>DETAILS OF WRITE-INS</b>			
0901. .....			
0902. .....			
0903. .....			
0998. Summary of remaining write-ins for Line 9 from overflow page .....			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....			
1501. .....			
1502. .....			
1503. .....			
1598. Summary of remaining write-ins for Line 15 from overflow page .....			
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....			

(a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
 (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.

(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....					
<b>DETAILS OF WRITE-INS</b>					
0901. .....					
0902. .....					
0903. .....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....					

**NONE**

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Line 1 to Line 11) .....			
13. Title plants (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 .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
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 .....		1,660	1,660
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) .....		1,660	1,660
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Line 26 and Line 27)		1,660	1,660
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 .....		1,660	1,660
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)		1,660	1,660

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	2,334		2,351			28,170
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. Total .....	2,334		2,351			28,170
<b>DETAILS OF WRITE-INS</b>						
0601 .....						
0602 .....						
0603 .....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. Totals (Line 060 through Line 0603 plus line 0698) (Line 6 above) .....						

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1-30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Group subscriber subtotal</b>						
0299997 - Group subscriber subtotal						
0299998 - Premiums due and unpaid not individually listed						293,644
0299999 - TOTAL - Group						293,644
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)						293,644

**Page 19**  
Exhibit 3, Health Care Receivables  
**NONE**

**Page 20**  
Analysis Of Health Care Receivables Collected And Accrued  
**NONE**

**EXHIBIT 4 - 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 .....						1,641,000
0799999 - Total claims unpaid .....						1,641,000

**Page 22**

Exhibit 5 , Amounts Due from Parent , Subsidiaries and Affiliates  
**NONE**

**Page 23**

Exhibit 6 , Amounts Due to Parent , Subsidiaries and Affiliates  
**NONE**

**Page 24**

Exhibit 7 , Part 1 - Summary of Transactions with Providers  
**NONE**

Exhibit 7 , Part 2 - Summary of Transactions with Intermediaries  
**NONE**

**Page 25**

Exhibit 8 , Furniture and Equipment and Supplies Owned  
**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**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 2016 the ratio of members to contracts averaged 1.80 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**

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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 2016, management fees of \$131,700 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$82,500 were paid to GCADA in 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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**NOTES TO FINANCIAL STATEMENTS**

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**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

There were no extraordinary items in 2016. In 2015 the Plan received \$200,901 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. The 2015 fee is paid in 2016 and the 2016 fee is paid in 2017.

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).

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**NOTES TO FINANCIAL STATEMENTS**

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The 2016 and 2015 revenue and expenses related to the ACA were:

	<u>2016</u>	<u>2015</u>
ATRF Pass-Through revenue (reported on page 4, line 6)	\$ 128,861	\$ 192,553
ACA fees, incl. ATRF & PCORI (reported on page 4, line 14)	195,637	195,823

**NOTE 23 - Reinsurance**

A. Ceded Reinsurance

The following table shows the approximate amounts by which ceded reinsurance has reduced the indicated financial statement accounts for 2016 and 2015:

	<u>1/1/16 - 12/31/16</u>	<u>1/1/15- 12/31/15</u>
Premium Income		
Cost of Stop Loss Insurance	\$ 1,090,525	\$ 1,025,693
Cost of Life Insurance	43,504	44,862
Total	1,134,029	1,070,555
Underwriting Deductions		
Stop Loss Reimbursements	\$ 850,152	\$ 1,286,307

B. Uncollectible Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Note Applicable

**NOTE 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not Applicable

**NOTE 25 - Change in Incurred Claims and Claim Adjustment Expenses**

Not Applicable

**NOTE 26 - Intercompany Pooling Arrangements**

Not Applicable

**NOTE 27 - Structured Settlements**

Not Applicable

**NOTE 28 - Health Care Receivables**

Not Applicable

**NOTE 29 - Participating Policies**

Not Applicable

**NOTE 30 - Premium Deficiency Reserves**

Not Applicable

**NOTE 31 - Anticipated Salvage and Subrogation**

Not Applicable

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

1.1 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, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes ( ) No ( ) N/A (X)

1.3 State Regulating? .....

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 State as of date of 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. 12/31/2015

3.3 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). 01/10/2017

3.4 By what department or departments? Ohio Department of Insurance

3.5 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 ( )

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No ( ) N/A ( )

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? Yes ( ) No (X)  
4.12 renewals? Yes ( ) No (X)

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? Yes ( ) No (X)  
4.22 renewals? Yes ( ) No (X)

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ( ) No (X)  
5.2 If yes, provide the name of entity, the 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
---------------------	------------------------	------------------------

6.1 Has the 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 ( )

6.2 If yes, give full information: .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes ( ) No ( )

7.2 If yes,  
7.21 State the percentage of foreign control ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
------------------	---------------------

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ( ) No ( )  
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 ( )

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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
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9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Apple Growth Partners, 6155 Rockside Rd, Suite 400, Independence, OH 44131

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes ( ) No (X)  
10.2 If the response to 10.1 is yes, provide information related to this exemption: .....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes ( ) No (X)  
10.4 If the response to 10.3 is yes, provide information related to this exemption: .....

10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes (X) No ( ) N/A ( )  
10.6 If the response to 10.5 is no or n/a, please explain: .....

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Harry A. Don, FSA, P.O. Box 4620, Incline Village, NV 89450

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes ( ) No (X)

12.11 Name of real estate holding company .....  
12.12 Number of parcels involved .....  
12.13 Total book/adjusted carrying value \$ .....

12.2 If yes, provide explanation .....

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes ( ) No ( )

13.3 Have there been any changes made to any of the trust indentures during the year? Yes ( ) No ( )

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes ( ) No ( ) N/A (X)

14.1 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.

14.11 If the response to 14.1 is no, please explain: .....

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ( ) No (X)

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
--	--------------------------------------	--	-------------

## BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ( )

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ( )

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ( )

## FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ( ) No (X)

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  
20.11 To directors or other officers \$ .....  
20.12 To stockholders not officers \$ .....  
20.13 Trustees, supreme or grand (Fraternal only) \$ .....

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):  
20.21 To directors or other officers \$ .....  
20.22 To stockholders not officers \$ .....  
20.23 Trustees, supreme or grand (Fraternal only) \$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes ( ) No (X)

21.2 If yes, state the amount thereof at December 31 of the current year:  
21.21 Rented from others \$ .....  
21.22 Borrowed from others \$ .....  
21.23 Leased from others \$ .....  
21.24 Other \$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ( ) No (X)

22.2 If answer is yes:  
22.21 Amount paid as losses or risk adjustment \$ .....  
22.22 Amount paid as expenses \$ .....  
22.23 Other amounts paid \$ .....

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ .....

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes (X) No ( )

24.02 If no, give full and complete information relating thereto:

24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes ( ) No ( ) N/A (X)

24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ( ) No ( ) N/A (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ( ) No ( ) N/A (X)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ( ) No ( ) N/A (X)

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes ( ) No (X)

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
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26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ( ) No (X)

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes ( ) No ( ) N/A (X)

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ( ) No (X)

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. 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 ( )

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

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

28.02 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)
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28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes ( ) No (X)

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

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

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
---------------------------------	------------------

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes ( ) No ( )

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes ( ) No ( )

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identified (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
---	---------------------------------	------------------------------------	----------------------	--

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes ( ) No (X)

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
-------------------	--------------------------	-----------------------------------

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from question 29.2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
--	--	---	------------------------

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	\$.....	\$.....	\$.....
30.2 Preferred stocks .....	\$.....	\$.....	\$.....
30.3 Totals.....	\$.....	\$.....	\$.....

30.4 Describe the sources or methods utilized in determining the fair values:

.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes ( ) No (X)

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes ( ) No ( )

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

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

32.2 If no, list exceptions:

.....

## OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

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

34.1 Amount of payments for legal expenses, if any? \$ ..... 13,200

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes (X) No ( )	
1.2	If yes, indicate premium earned on U.S. business only.	\$.....	
1.3	What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....	
1.31	Reason for excluding:		
	2016 retiree premium totalled \$290,570. Premium cannot be split by Medicare vs non-Medicare. Medicare Supp 2016 paid claims = \$107,961.		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item (1.2) above	\$.....	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 117,232	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$.....	
1.62	Total incurred claims	\$.....	
1.63	Number of covered lives	.....	
	All years prior to most current three years:		
1.64	Total premium earned	\$.....	
1.65	Total incurred claims	\$.....	
1.66	Number of covered lives	.....	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$..... 55,794,488	
1.72	Total incurred claims	\$..... 50,123,000	
1.73	Number of covered lives	..... 85,112	
	All years prior to most current three years:		
1.74	Total premium earned	\$.....	
1.75	Total incurred claims	\$.....	
1.76	Number of covered lives	.....	
2.	Health Test:		
	1	2	
	Current Year	Prior Year	
2.1	Premium Numerator	\$..... 19,286,753	
2.2	Premium Denominator	\$..... 19,300,838	
2.3	Premium Ratio (2.1 / 2.2)	..... 0.999	
2.4	Reserve Numerator	\$..... 1,641,000	
2.5	Reserve Denominator	\$..... 1,641,000	
2.6	Reserve Ratio (2.4 / 2.5)	..... 1.000	
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes ( ) No (X)	
3.2	If yes, give particulars:	.....	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes (X) No ( )	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes ( ) No (X)	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes (X) No ( )	
5.2	If no, explain:	.....	
5.3	Maximum retained risk (see instructions)		
	5.31	Comprehensive Medical	\$..... 200,000
	5.32	Medical Only	\$.....
	5.33	Medicare Supplement	\$.....
	5.34	Dental & Vision	\$.....
	5.35	Other Limited Benefit Plan	\$.....
	5.36	Other	\$.....
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	.....	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes (X) No ( )	
7.2	If no, give details:	.....	
8.	Provide the following information regarding participating providers:		
	8.1	Number of providers at start of reporting year	.....
	8.2	Number of providers at end of reporting year	.....
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes ( ) No (X)	
9.2	If yes, direct premium earned:	.....	
	9.21	Business with rate guarantees between 15-36 months	.....
	9.22	Business with rate guarantees over 36 months	.....
10.1	Does the reporting entity have Incentive Pool, Withhold, or Bonus Arrangements in its provider contracts?	Yes ( ) No (X)	
10.2	If yes:		
	10.21	Maximum amount payable bonuses	\$.....
	10.22	Amount actually paid for year bonuses	\$.....
	10.23	Maximum amount payable withholds	\$.....
	10.24	Amount actually paid for year withholds	\$.....

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12 A Medical Group / Staff Model,  
 11.13 An Individual Practice Association (IPA) , or  
 11.14 A Mixed Model (combination of above)?

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

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes (X) No ( )

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4 If yes, show the amount required.

\$ ..... 150,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ( ) No (X)

11.6 If the amount is calculated, show the calculation

12. List the service areas in which reporting entity is licensed to operate:

1  
Name of Service Area

13.1 Do you act as a custodian for health savings accounts?

Yes ( ) No ( )

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$ .....

13.3 Do you act as an administrator for health savings accounts?

Yes ( ) No ( )

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ( ) No ( ) N/A ( )

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premiums Written  
 15.2 Total Incurred Claims  
 15.3 Number of Covered Lives

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

\*Ordinary Life Insurance Includes

Term (whether full underwriting, limited underwriting, jet issue, "short form app")  
 Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")  
 Variable Life (with or without secondary guarantee)  
 Universal Life (with or without secondary guarantee)  
 Variable Universal Life (with or without secondary guarantee)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**FIVE - YEAR HISTORICAL DATA**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>BALANCE SHEET (Page 2 and Page 3)</b>					
1. Total admitted assets (Page 2, Line 28)	7,336,268	5,830,260	6,576,084	5,016,902	4,801,552
2. Total liabilities (Page 3, Line 24)	2,362,299	2,606,183	2,551,438	1,892,410	3,458,456
3. Statutory minimum capital and surplus requirement	150,000	150,000	150,000	150,000	150,000
4. Total capital and surplus (Page 3, Line 33)	4,973,969	3,224,077	4,024,646	3,124,492	1,343,096
<b>INCOME STATEMENT (Page 4)</b>					
5. Total revenues (Line 8)	19,429,699	18,206,812	18,896,272	19,568,202	20,198,842
6. Total medical and hospital expenses (Line 18)	16,380,222	17,649,759	16,394,632	17,381,554	21,258,181
7. Claims adjustment expenses (Line 20)	1,202,422	1,122,639	1,148,749	1,192,237	1,306,361
8. Total administrative expenses (Line 21)	201,022	193,851	189,549	216,997	282,688
9. Net underwriting gain (loss) (Line 24)	1,741,033	(808,437)	889,342	1,774,414	(3,012,388)
10. Net investment gain (loss) (Line 27)	7,199	7,909	10,861	7,037	12,173
11. Total other income (Line 28 plus Line 29)					
12. Net income or (loss) (Line 32)	1,748,232	(800,528)	900,203	1,781,451	(300,215)
<b>CASH FLOW (Page 6)</b>					
13. Net cash from operations (Line 11)	1,496,196	(1,004,571)	1,581,025	249,260	(2,207,867)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. Total adjusted capital	4,973,969	3,224,077	4,024,646	3,124,492	1,343,096
15. Authorized control level risk-based capital	1,035,275	1,114,688	1,035,042	1,095,583	1,340,463
<b>ENROLLMENT (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	2,384	2,334	2,394	2,463	2,914
17. Total members months (Column 6, Line 7)	28,170	27,863	29,079	31,202	35,763
<b>OPERATING PERCENTAGE (Page 4)</b> (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	84.9	99.1	87.8	88.8	105.2
20. Cost containment expenses					
21. Other claims adjustment expenses	6.2	6.3	6.1	6.1	7.9
22. Total underwriting deductions (Line 23)	91.6	106.7	96.4	90.9	114.9
23. Total underwriting gain (loss) (Line 24)	9.0	(4.5)	4.8	9.1	(14.9)
<b>UNPAID CLAIMS ANALYSIS</b> (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	1,411,560	1,296,682	1,074,371	2,006,307	1,718,591
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	1,741,000	1,692,000	1,427,000	2,391,000	2,046,000
<b>INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES</b>					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					
33. Total investment in parent included in Line 26 to Line 31 above					

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes ( ) No ( )

If no, please explain:



## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Cleveland Automobile Dealers Association Group Health Plan

2. OH

NAIC Group Code: 0001

(LOCATION)

NAIC Company Code: 0001

**BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2016**

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
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	2,384			2,384						
6. Current Year Member Months	28,170			28,170						
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred		1,244			1,244					
11. Number of Inpatient Admissions		273			273					
12. Health Premiums Written (b)		20,377,279			19,268,408			1,108,871		
13. Life Premiums Direct		57,588								57,588
14. Property/Casually Premiums Written										
15. Health Premiums Earned		20,377,279			19,268,408			1,108,871		
16. Property/Casually Premiums Earned										
17. Amount Paid for Provision of Health Care Services		17,034,737			16,136,142			898,595		
18. Amount Incurred for Provision of Health Care Services		16,934,737			16,037,142			897,595		

(a) For health business: number of persons insured under PPO managed care products ..... 2,384 and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Cleveland Automobile Dealers Association Group Health Plan

2. OH

NAIC Group Code: 0001

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016  
(LOCATION)

NAIC Company Code: 0001

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
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 .....	2,384			2,384						
6. Current Year Member Months .....	28,170			28,170						
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....	1,244			1,244						
11. Number of Inpatient Admissions .....	273			273						
12. Health Premiums Written (b) .....	20,377,279			19,268,408			1,108,871			
13. Life Premiums Direct .....	57,588									57,588
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	20,377,279			19,268,408			1,108,871			
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	17,034,737			16,136,142			898,595			
18. Amount Incurred for Provision of Health Care Services .....	16,334,737			16,137,142			897,595			

(a) For health business: number of persons insured under PPO managed care products ..... 2,384 and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

**Page 31**

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health  
**NONE**

**Page 32**

Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses  
**NONE**

**Page 33**

Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health  
**NONE**

**Page 34**

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies  
**NONE**

Sch. S, Pt. 4, Bank Footnote

**NONE**

**Page 35**

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers  
**NONE**

Sch. S, Pt. 5, Bank Footnote

**NONE**

**Page 36**

Sch. S, Pt. 6, Five-Year Exhibit of Reinsurance Ceded Business  
**NONE**

**Page 37**

Sch. S, Pt. 7, Restatement of Balance Sheet  
**NONE**

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 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 Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Column 2 Through Column 7
1. Alabama . . . . .	AL N . . . . .							
2. Alaska . . . . .	AK N . . . . .							
3. Arizona . . . . .	AZ N . . . . .							
4. Arkansas . . . . .	AR N . . . . .							
5. California . . . . .	CA N . . . . .							
6. Colorado . . . . .	CO N . . . . .							
7. Connecticut . . . . .	CT N . . . . .							
8. Delaware . . . . .	DE N . . . . .							
9. District of Columbia . . . . .	DC N . . . . .							
10. Florida . . . . .	FL N . . . . .							
11. Georgia . . . . .	GA N . . . . .							
12. Hawaii . . . . .	HI N . . . . .							
13. Idaho . . . . .	ID N . . . . .							
14. Illinois . . . . .	IL N . . . . .							
15. Indiana . . . . .	IN N . . . . .							
16. Iowa . . . . .	IA N . . . . .							
17. Kansas . . . . .	KS N . . . . .							
18. Kentucky . . . . .	KY N . . . . .							
19. Louisiana . . . . .	LA N . . . . .							
20. Maine . . . . .	ME N . . . . .							
21. Maryland . . . . .	MD N . . . . .							
22. Massachusetts . . . . .	MA N . . . . .							
23. Michigan . . . . .	MI N . . . . .							
24. Minnesota . . . . .	MN N . . . . .							
25. Mississippi . . . . .	MS N . . . . .							
26. Missouri . . . . .	MO N . . . . .							
27. Montana . . . . .	MT N . . . . .							
28. Nebraska . . . . .	NE N . . . . .							
29. Nevada . . . . .	NV N . . . . .							
30. New Hampshire . . . . .	NH N . . . . .							
31. New Jersey . . . . .	NJ N . . . . .							
32. New Mexico . . . . .	NM N . . . . .							
33. New York . . . . .	NY N . . . . .							
34. North Carolina . . . . .	NC N . . . . .							
35. North Dakota . . . . .	ND N . . . . .							
36. Ohio . . . . .	OH L . . . . .	20,377,279				57,588		20,434,867
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 . . . . .	20,377,279				57,588		20,434,867
59. Subtotal . . . . .		XXX . . . . .						
60. Reporting entity contributions for Employee Benefit Plans . . . . .		XXX . . . . .				57,588		20,434,867
61. Total (Direct Business) . . . . .	(a) 1 . . . . .	20,377,279				57,588		20,434,867

## DETAILS OF WRITE-INS

58001. . . . .
58002. . . . .
58003. . . . .
58998. . . . .
58999. . . . .

(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.

Explanation of basis of allocation by states, premiums by state, etc.

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

**Page 39**  
Sch. T, Part 2, Interstate Compact  
**NONE**

**NON**

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	If Control is Ownership, Board, Management, Attorney-in-Fact, Influence, Other	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (es) /Person(s)	Is An SCA Filing Required? (Y/N)	*

**NON**

Asterisk	Explanation
----------	-------------

**NON**

**Page 42**

Sch. Y, Pt. 2, Insurer's Transactions with any Affiliates

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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 EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
-------------	----------

9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES

EXPLANATION:

BARCODE:  
Document Identifier 221:

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

YES

EXPLANATION:

BARCODE:  
Document Identifier 222:

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 EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
--------------	----------

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

NO

EXPLANATION:  
N/A

BARCODE:  
Document Identifier 360:



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:  
Document Identifier 205:



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:  
Document Identifier 207:



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 420:



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 371:



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 370:



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

MARCH FILING	RESPONSE
--------------	----------

17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 365:

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



18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 224:

0 0 0 0 1 2 0 1 6 2 2 4 0 0 0 0 0



19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 225:

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



20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 226:

0 0 0 0 1 2 0 1 6 2 2 6 0 0 0 0 0



**APRIL FILING**

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 306:

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



22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:  
Document Identifier 211:

0 0 0 0 1 2 0 1 6 2 1 1 0 0 0 0 0



23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

NO

EXPLANATION:

BARCODE:  
Document Identifier 213:

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



24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

YES

EXPLANATION:

BARCODE:  
Document Identifier 216:

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	RESPONSE
APRIL FILING	

25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 217:



AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

NO

EXPLANATION:

BARCODE:  
Document Identifier 223:



**Page SI01**

Summary Investment Schedule

**NONE**

**Page SI02**

Schedule A, Verification Between Years

**NONE**

Schedule B, Verification Between Years

**NONE**

**Page SI03**

Schedule BA, Verification Between Years

**NONE**

Schedule D, Verification Between Years

**NONE**

**Page SI04**

Sch. D, Summary by Country

**NONE**

**Page SI05**

Sch. D, Pt. 1A, Sn. 1, Quality and Mat. Dist. All Bonds

**NONE**

**Page SI06**

Sch. D, Pt. 1A, Sn. 1, Quality and Mat. Dist. All Bonds (Cont)

**NONE**

**Page SI07**

Sch. D, Pt. 1A, Sn. 1, Quality and Mat. Dist. All Bonds (Cont)

**NONE**

**Page SI08**

Sch. D, Pt. 1A, Sn. 2, Maturity Distribution All Bonds

**NONE**

**Page SI09**

Sch. D, Pt. 1A, Sn. 2, Maturity Distribution All Bonds (Cont)

**NONE**

**Page SI10**

Schedule DA, Verification of Short-Term Investments

**NONE**

**Page SI11**

Schedule DB, Part A, Verification Between Years

**NONE**

Schedule DB, Part B, Verification Between Years

**NONE**

**Page SI12**

Schedule DB, Part C, Section 1

**NONE**

**Page SI13**

Schedule DB, Part C, Section 2

**NONE**

**Page SI14**

Schedule DB, Verification

**NONE**

**Page SI15**

Schedule E Verification Between Years

**NONE**

**Page E01**

Schedule A, Pt. 1, Real Estate Owned

**NONE**

**Page E02**

Schedule A, Pt. 2, Real Estate Acquired

**NONE**

**Page E03**

Schedule A, Pt. 3, Real Estate Sold

**NONE**

**Page E04**

Schedule B, Pt. 1, Mortgage Loans Owned

**NONE**

**Page E05**

Schedule B, Pt. 2, Mortgage Loans Acquired

**NONE**

**Page E06**

Schedule B, Pt. 3, Mortgage Loans Disposed

**NONE**

**Page E07**

Schedule BA, Pt. 1, Other Long-Term Invested Assets Owned

**NONE**

**Page E08**

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

**NONE**

**Page E09**

Schedule BA, Pt. 3, Other Long-Term Invested Assets Disposed

**NONE**

**Page E10**

Sch. D, Pt. 1, Long-Term Bonds Owned

**NONE**

**Page E11**

Sch. D, Pt. 2, Sn. 1, Preferred Stocks Owned

**NONE**

**Page E12**

Sch. D, Pt. 2, Sn. 2, Common Stocks Owned

**NONE**

**Page E13**

Sch. D, Pt. 3, Long-Term Bonds and Stocks Acquired

**NONE**

**Page E14**

Sch. D, Pt. 4, Long-Term Bonds and Stocks Disposed of

**NONE**

**Page E15**

Sch. D, Pt. 5, Long-Term Bonds and Stocks Acquired and Disp. of

**NONE**

**Page E16**

Sch. D, Pt. 6, Sn. 1, Valuation of Shares

**NONE**

Sch. D, Pt. 6, Sn. 2, Valuation of Shares

**NONE**

**Page E17**

Schedule DA, Pt. 1, Short-Term Investments

**NONE**

**Page E18**

Schedule DB, Part A, Section 1

**NONE**

Description of Hedged Risk (s)

**NONE**

Financial or Economic Impact of the Hedge

**NONE**

**Page E19**

Schedule DB, Part A, Section 2

**NONE**

Description of Hedged Risk (s)

**NONE**

Financial or Economic Impact of the Hedge

**NONE**

**Page E20**

Schedule DB, Part B, Section 1

**NONE**

Broker Name

**NONE**

Description of Hedged Risk (s)

**NONE**

Financial or Economic Impact of the Hedge

**NONE**

**Page E21**

Schedule DB, Part B, Section 2

**NONE**

Description of Hedged Risk (s)

**NONE**

Financial or Economic Impact of the Hedge

**NONE**

**Page E22**

Schedule DB, Part D, Section 1

**NONE**

**Page E23**

Schedule DB, Part D, Section 2, Collateral Pledged By

**NONE**

Schedule DB, Part D, Section 2, Collateral Pledged To

**NONE**

**Page E24**

Schedule DL, Part 1, Securities Lending Collateral Assets

**NONE**

**Page E25**

Schedule DL, Part 2, Securities Lending Collateral Assets

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

## SCHEDULE E - PART 1 - CASH

1		2	3	4	5	6	7
Depository		Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Name	Location and Supplemental Information						
Open Depositories							
PNC Bank - checking	Pennsylvania	varies	2,466	2,573,670			
PNC Bank - money market	Pennsylvania	varies	318	340,670			
First Merit Bank	Ohio	varies	1,657	1,105,776			
Fifth Third Bank	Ohio	varies	962	1,010,029			
Huntington National Bank	Ohio	varies	1,010	1,010,549			
Key Bank	Ohio	varies	786	1,001,930			
0199999 - TOTAL - Open Depositories			7,199	7,042,624			
0399999 - TOTAL Cash on Deposit			7,199	7,042,624			
0599999 - TOTAL Cash			7,199	7,042,624			

## TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January .....	5,492,235	4. April .....	5,408,899	7. July .....	6,296,717	10. October .....	7,151,624
2. February .....	5,478,624	5. May .....	5,930,085	8. August .....	6,533,093	11. November .....	7,113,023
3. March .....	5,740,423	6. June .....	6,127,912	9. September .....	6,770,992	12. December .....	7,042,624

**Page E27**

Schedule E, Part 2, Cash Equivalents

**NONE**

**Page E28**

Schedule E, Part 3, Special Deposits

**NONE**



## LIFE SUPPLEMENTS

For the Year Ended December 31, 2016  
(To Be Filed By March 1)

Of The Cleveland Automobile Dealers Association Group Health Plan

Address (City, State and Zip Code): \_\_\_\_\_

NAIC Group Code: 0001      NAIC Company Code: 00001      Employer's ID Number: \_\_\_\_\_

# NONE

**Page L002**  
Exhibit 5, Aggregate Reserve for Life Contracts  
**NONE**

**Page L004**  
Exhibit 7, Deposit Type Contracts  
**NONE**

**Page L005**  
Schedule S, Part 1, Section 1  
**NONE**

**Page L006**  
Sch. S, Pt. 3, Sn. 1, Reinsurance Ceded Life and Related Benefits  
**NONE**

# ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

FOR THE YEAR ENDED DECEMBER 31, 2016

(To Be Filed by April 1)

	1 Total Annuities	Individual			Group						
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
1. Premiums and annuity considerations for life and accident and health contracts (a)											
2. Considerations for supplementary contracts with life contingencies											
3. Net investment income											
4. Amortization of interest maintenance Reserve (IMR)											
5. Separate Accounts net gain from operations excluding unrealized gains or losses											
6. Commissions and expense allowances on reinsurance ceded											
7. Reserve adjustments on reinsurance ceded											
8. Miscellaneous income											
8.1. Fees associated with income from investment management, administration and contract guarantees from Separate Accounts											
8.2. Charges and fees for deposit-type contracts											
8.3. Aggregate write-ins for miscellaneous income											
9. Totals (Lines 1 to 8,3) .....											
10. Death benefits											
11. Matured endowments (excluding guaranteed annual pure endowments)											
12. Annuity benefits											
13. Benefits under accident and health contracts											
14. Coupons, guaranteed annual pure endowments and similar benefits											
15. Surrender benefits and withdrawals for life contracts											
16. Group conversions											
17. Interest and adjustments on contract or deposit-type contract funds											
18. Payments on supplementary contracts with life contingencies											
19. Increase in aggregate reserves for life and accident and health contracts											
20. Totals (Lines 10 to 19)											
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)											
22. Commissions and expense allowances on reinsurance assumed											
23. General insurance expenses											
24. Insurance taxes, licenses and fees, excluding federal income taxes											
25. Increase in loading on deferred and uncollected premiums											
26. Net transfers to or (from) Separate Accounts net of reinsurance											
27. Aggregate write-ins for deductions											
28. Totals (Lines 20 to 27) .....											
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)											
30. Dividends to policyholders .....											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)											
32. Federal income taxes incurred (excluding tax on capital gains)											
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b)											
34. Policies/certificates in force end of year .....											
<b>DETAILS OF WRITE-INS</b>											
08.301. Premiums and annuity considerations for life and accident and health contracts includes \$ .....											
08.302. for individual variable annuities not associated with guarantees, \$ .....											
08.303. for group variable annuities not associated with guarantees, and \$ .....											
08.308. Summary of remaining write-ins for Line 8,3 from overflow page											
08.309. Totals (Line 08.301 through Line 08.303 plus Line 08.308) (Line 8,3 above)											
2701. .....											
2702. .....											
2703. .....											
2708. .....											
2709. .....											
2713. .....											
2738. .....											
2799. .....											

(a) Premiums and annuity considerations for life and accident and health contracts includes \$ .....

for individual variable annuities not associated with guarantees, \$ .....

for group variable annuities not associated with guarantees, and \$ .....

for individual variable annuities associated with guarantees, \$ .....

for group variable annuities associated with guarantees, \$ .....

for individual variable annuities not associated with guarantees, \$ .....

for group variable annuities not associated with guarantees, and \$ .....

for individual variable annuities associated with guarantees, \$ .....

for group variable annuities associated with guarantees, \$ .....

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes \$ .....

for individual variable annuities not associated with guarantees, \$ .....

for group variable annuities not associated with guarantees, and \$ .....

for individual variable annuities associated with guarantees, \$ .....

for group variable annuities associated with guarantees, \$ .....



## ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

FOR THE YEAR ENDED DECEMBER 31, 2016  
(To Be Filed by April 1)

	1	Individual					Group				
		2 Total Annuities	3 Fixed Annuities	4 Indexed Annuities	5 Variable Annuities General Account	6 Variable Annuities Separate Annuities	7 Other Annuities	8 Fixed Annuities	9 Indexed Annuities	10 Variable Annuities General Account	11 Other Annuities
<b>Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)</b>											
1. Reserve December 31, prior year .....											
2. Tabular net premiums or considerations .....											
3. Present value of disability claims incurred .....											
4. Tabular interest .....											
5. Tabular less actual reserve released .....											
6. Increases in reserve on account of change in valuation basis .....											
7. Other increases (net) .....											
8. Totals (Line 1 to Line 7) .....											
9. Tabular cost .....											
10. Reserves released by death .....											
11. Reserves released by other terminations (net) .....											
12. Annuity, supplementary contract, and disability payments involving life contingencies .....											
13. Net transfers to or (from) Separate Accounts .....											
14. Total deductions (Line 9 to Line 13) .....											
15. Reserve December 31, current year (a) .....											

(a) Reserve December 31, current year includes \$..... for individual variable annuities not associated with guarantees, \$..... for group variable annuities not associated with guarantees, and \$..... for individual variable annuities associated with guarantees, \$..... for group variable annuities associated with guarantees.



## PROPERTY/CASUALTY SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1

## **For the Year Ended December 31, 2016**

Of The Cleveland Automobile Dealers Association Group Health Plan

Address (City, State and Zip Code):

NAIC Group Code: 0001      NAIC Company Code: 00001      Employer's ID Number:

# NONE

**Page P002**

Sch. F, Pt. 1, Assumed Reinsurance

**NONE**

**Page P003**

Sch. F, Pt. 3, Ceded Reinsurance

**NONE**

**Page P004**

Sch. P, Pt. 1, Summary

**NONE**

**Page P005**

Sch. P, Pt. 1A, Homeowners/Farmowners

**NONE**

**Page P006**

Sch. P, Pt. 1B, Private Passenger Auto Liability/Medical

**NONE**

**Page P007**

Sch. P, Pt. 1C, Commercial Auto/Truck Liability/Medical

**NONE**

**Page P008**

Sch. P, Pt. 1D, Workers' Compensation

**NONE**

**Page P009**

Sch. P, Pt. 1E, Commercial Multiple Peril

**NONE**

**Page P010**

Sch P, Pt. 1F, Sn. 1, Medical Professional Liability, Occurrence

**NONE**

**Page P011**

Sch P, Pt. 1F, Sn. 2, Medical Professional Liability Claims Made

**NONE**

**Page P012**

Sch. P, Pt. 1G, Special Liability

**NONE**

**Page P013**

Sch. P, Pt. 1H, Sn. 1, Other Liability, Occurrence

**NONE**

**Page P014**

Sch. P, Pt. 1H, Sn. 2, Other Liability, Claims Made

**NONE**

**Page P015**

Sch. P, Pt. 1I, Special Property

**NONE**

**Page P016**

Sch. P, Pt. 1J, Auto Physical Damage

**NONE**

**Page P017**

Sch. P, Pt. 1K, Fidelity/Surety

**NONE**

**Page P018**

Sch. P, Pt. 1L, Other (Including Credit, Accident/Health)

**NONE**

**Page P019**

Sch. P, Pt. 1M, International

**NONE**

**Page P020**

Sch. P, Pt. 1N, Reinsurance Property  
**NONE**

**Page P021**

Sch. P, Pt. 1O, Reinsurance Liability  
**NONE**

**Page P022**

Sch. P, Pt. 1P, Reinsurance Financial Lines  
**NONE**

**Page P023**

Sch. P, Pt. 1R, Sn. 1, Products Liability, Occurrence  
**NONE**

**Page P024**

Sch. P, Pt. 1R, Sn. 2, Products Liability, Claims Made  
**NONE**

**Page P025**

Sch. P, Pt. 1S, Financial Guaranty/Mortgage Guaranty  
**NONE**

**Page P026**

Sch. P, Pt. 1T, Warranty  
**NONE**

**Page P027**

Schedule P, Part 2 Summary  
**NONE**

**Page P028**

Sch. P, Pt. 2A, Homeowners/Farmowners  
**NONE**

Sch. P, Pt. 2B, Private Passenger Auto Liability/Medical  
**NONE**

Sch. P, Pt. 2C, Commercial Auto/Truck Liability/Medical  
**NONE**

Sch. P, Pt. 2D, Workers' Compensation  
**NONE**

Sch. P, Pt. 2E, Commercial Multiple Peril  
**NONE**

**Page P029**

Sch P, Pt. 2F, Sn. 1, Medical Professional Liability, Occurrence  
**NONE**

Sch P, Pt. 2F, Sn. 2, Medical Professional Liability Claims Made  
**NONE**

Sch. P, Pt. 2G, Special Liability  
**NONE**

Sch. P, Pt. 2H, Sn. 1, Other Liability, Occurrence  
**NONE**

Sch. P, Pt. 2H, Sn. 2, Other Liability, Claims - Made  
**NONE**

**Page P030**

Sch. P, Pt. 2I, Special Property  
**NONE**

Sch. P, Pt. 2J, Auto Physical Damage  
**NONE**

Sch. P, Pt. 2K, Fidelity/Surety  
**NONE**

Sch. P, Pt. 2L, Other (Including Credit, Accident and Health)  
**NONE**

Sch. P, Pt. 2M, International  
**NONE**

**Page P031**

Sch. P, Pt. 2N, Reinsurance  
**NONE**

Sch. P, Pt. 2O, Reinsurance  
**NONE**

Sch. P, Pt. 2P, Reinsurance  
**NONE**

**Page P032**

Sch. P, Pt. 2R, Sn. 1, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 2R, Sn. 2, Products Liability, Claims Made  
**NONE**

Sch. P, Pt. 2S, Financial Guaranty/Mortgage Guaranty  
**NONE**

Sch. P, Pt. 2T, Warranty  
**NONE**

## INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2016  
(To Be Filed by April 1)

Of The Cleveland Automobile D

Address (City, State and Zip Cc)

NAIC Group Code: 0001

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Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

**INTERROGATORIES**

1. Change in reserve for deferred maternity and other similar benefits are reflected in:

1.1 Premiums Earned .....	Yes ( ) No ( )
1.2 Losses Incurred .....	Yes ( ) No ( )
1.3 Not Applicable .....	Yes ( ) No ( )

2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:

2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2 .....	\$ .....
2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2 .....	\$ .....
2.3 Amount included on Exhibit of Net Investment Income, Line 3.1, Column 2 .....	\$ .....
2.4 Amount included on Exhibit of Net Investment Income, Line 4.1, Column 2 .....	\$ .....
2.5 Amount included on Exhibit of Net Investment Income, Line 5.1, Column 2 .....	\$ .....

3. Indicate amounts shown in the Annual Statement for the

3.1 Net Investment Income .....	\$ .....
3.2 Net realized Capital Gain or (Loss) .....	\$ .....

4.1 The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation?

Yes ( ) No ( )

4.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached.

Yes ( ) No ( )

4.3 If yes, explain:

.....  
.....  
.....

# NONE

## PART I - ALLOCATION TO EXPENSE GROUPS

(000 OMITTED)

Operating Expense Classifications	1 Loss Adjustment Expense	Other Underwriting Expenses			5 Investment Expenses	6 Total Expenses
		2 Acquisition, Field Supervision and Collection Expenses	3 General Expenses	4 Taxes, Licenses and Fees		
1. Claim adjustment services:						
1.1 Direct .....						
1.2 Reinsurance assumed .....						
1.3 Reinsurance ceded .....						
1.4 Net claim adjustment services (Line 1.1 plus Line 1.2 minus Line 1.3) .....						
2. Commission and brokerage:						
2.1 Direct excluding contingent .....						
2.2 Reinsurance assumed excluding contingent .....						
2.3 Reinsurance ceded excluding contingent .....						
2.4 Contingent - direct .....						
2.5 Contingent - reinsurance assumed .....						
2.6 Contingent - reinsurance ceded .....						
2.7 Policy and membership fees .....						
2.8 Net commission and brokerage (Line 2.1 plus Line 2.2 minus Line 2.3 plus Line 2.4 plus Line 2.5 minus Line 2.6 plus Line 2.7) .....						
3. Allowances to managers and agents .....						
4. Advertising .....						
5. Boards, bureaus and associations .....						
6. Surveys and underwriting reports .....						
7. Audit of assureds' records .....						
8. Salary related items:						
8.1 Salaries .....						
8.2 Payroll taxes .....						
9. Employee relations and welfare .....						
10. Insurance .....						
11. Directors' fees .....						
12. Travel and travel items .....						
13. Rent and rent items .....						
14. Equipment .....						
15. Cost or depreciation of EDP equipment and software .....						
16. Printing and stationery .....						
17. Postage, telephone and telegraph, exchange and express .....						
18. Legal and auditing .....						
19. Totals (Line 3 to Line 18) .....						
20. Taxes, licenses and fees:						
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....						
20.2 Insurance department licenses and fees .....						
20.3 Gross guaranty association assessments .....						
20.4 All other (excluding Federal and foreign income and real estate) .....						
20.5 Total taxes, licenses and fees (Line 20.1 through Line 20.4) .....						
21. Real estate expenses .....						
22. Real estate taxes .....						
23. Reimbursements by uninsured plans .....	X X X	X X X	X X X	X X X	X X X	X X X
24. Aggregate write-ins for miscellaneous operating expenses .....						
25. TOTAL EXPENSES INCURRED .....						
DETAILS OF WRITE-INS						
2401. ....						
2402. ....						
2403. ....						
2498. Summary of remaining write-ins for Line 24 from overflow page .....						
2499. TOTALS (Line 2401 through Line 2403 plus Line 2498) (Line 24 above) .....						

NONE

**PART II - ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE**  
**PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE**  
**(000 Omitted)**

	Premiums Written	Premiums Earned	Dividends to Policyholders	Incurred Loss	Loss Adjustment Expense				Loss Adjustment Expense				Agents' Balances
					Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid		
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	
1. Fire .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
2.1 Allied Lines .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
2.2 Multiple Peril Crop .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
2.3 Federal Flood .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
2.4 Private Crop .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
2.5 Private Flood .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
3. Farmers Multiple Peril .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
4. Homeowners Multiple Peril .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
5.1 Commercial Multiple Peril (Non-Liability Portion)	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
5.2 Commercial Multiple Peril (Liability Portion)	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
6. Mortgage Guaranty .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
8. Ocean Marine .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
9. Inland Marine .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
10. Financial Guaranty .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
11. Medical Professional Liability .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
12. Earthquake .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
13. Group A and H (See Interrogatory 1) .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
14. Credit A and H .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
15. Other F and H (See Interrogatory 1) .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
16. Workers Compensation .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
17.1 Other Liability - Occurrence	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
17.2. Ohio Liability - Claims-made	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
17.3. Excess Workers Compensation .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
18. Products Liability .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
19.1. 19.2. Private Passenger Auto Liability .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
19.3. 19.4. Commercial Auto Liability .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
21.1. Private Passenger Auto Physical Damage .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
21.2. Commercial Auto Physical Damage .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
22. Aircraft (all perils) .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
23. Fidelity .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
24. Surety .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
26. Burglary and Theft .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
27. Boiler and Machinery .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
28. Credit .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
29. International .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
30. Warranty .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
31, 32, 33. Reinsurance - Nonproportional Assumed .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
34. Aggregate write-ins for Other Lines of Business .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
35. TOTAL (Line 1 through Line 34) .....	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
<b>DETAILS OF WRITE-INS</b>													
3401.	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
3402.	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
3403.	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
3486. Summary of remaining write-ins for line 34 from overflow page	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
3499. TOTALS (Line 3401 through Line 3403 plus Line 3486) (Line 34 above)	XXX	XXX	XXX	XXX	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	

# NONE

**PART II - ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE (continued)**  
**PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE**

(000 Omitted)

	Other Underwriting Expenses										Investment Gain on Funds Attributable to Insurance Transactions				Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus				Investment Gain Attributable to Capital and Surplus			
	Commission and Brokerage Expenses Incurred (IEE Part 1, Line 2 & Column 2)	Taxes, Licenses and Fees Incurred (IEE Part 1, Line 20 & Column 4)	Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Part 1, Line 25 minus 2.8, Column 2)	General Expenses Incurred (IEE Part 1, Line 25, Column 3)	Other Income Less Other Expenses	Pre-Tax Profit or Loss Excluding All Investment Gain	Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %		
23. Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %			
1. Fire.....																						
2.1 Allied Lines.....																						
2.2 Multiple Peril Crop.....																						
2.3 Federal Flood.....																						
2.4 Private Crop.....																						
2.5 Private Flood.....																						
3. Farmers' Multiple Peril.....																						
4. Homeowners' Multiple Peril.....																						
5.1 Commercial Multiple Peril (Non-Liability Portion).....																						
5.2 Commercial Multiple Peril (Liability Portion).....																						
6. Mortgage Guaranty.....																						
8. Ocean Marine.....																						
9. Inland Marine.....																						
10. Financial Guaranty.....																						
11. Medical Professional Liability.....																						
12. Earthquake.....																						
13. Group A and H (See Interrogatory 1).....																						
14. Credit A and H.....																						
15. Other A and H (See Interrogatory 1).....																						
16. Workers' Compensation.....																						
17.1. Other Liability - Occurrence.....																						
17.2. Other Liability - Claims-Made.....																						
17.3. Excess Workers' Compensation.....																						
18. Products Liability.....																						
19.1, 19.2 Private Passenger Auto Liability.....																						
19.3, 19.4 Commercial Auto Liability.....																						
21.1. Private Passenger Auto Physical Damage.....																						
21.2. Commercial Auto Physical Damage.....																						
22. Aircraft (all perils).....																						
23. Fidelity.....																						
24. Surety.....																						
26. Burglary and Theft.....																						
27. Boiler and Machinery.....																						
28. Credit.....																						
29. International.....																						
30. Warranty.....																						
31, 32, 33. Reinsurance - Nonproportional Assumed.....																						
34. Aggregate Write-Ins for Other Lines of Business.....																						
35. TOTAL (Line 1 through Line 34).....																						
<b>DETAILS OF WRITE-INS</b>																						
3401.....																						
3402.....																						
3403.....																						
3498. Summary of remaining write-ins for Line 34 from overleaf page.....																						
3499. TOTAL (Lines 3401 through 3498 plus 3498) (Line 34 above).....																						

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.

**PART III - ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN**  
**PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN**  
**(000 Omitted)**

	Premiums Written	Premiums Earned	Dividends to Policyholders	Loss Adjustment Expenses				Loss Adjustment Expenses				Agents' Balances	
				Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		Unpaid Losses		Adjusting and Other Expenses Unpaid			
	1 Amount	2 % Amount	3 % Amount	4 % Amount	5 % Amount	6 % Amount	7 % Amount	8 % Amount	9 % Amount	10 % Amount	11 % Amount	12 % Amount	
1. Fire	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
2.1. Allied Lines	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
2.2. Multiple Peril Crop	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
2.3. Federal Flood	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
2.4. Private Crop	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
2.5. Private Flood	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
3. Farmers' Multiple Peril	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
4. Homeowners' Multiple Peril	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
5.1. Commercial Multiple Peril (Non-Liability Portion)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
5.2. Commercial Multiple Peril (Liability Portion)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
6. Mortgage Guaranty	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
8. Ocean Marine	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
9. Inland Marine	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
10. Financial Guaranty	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
11. Medical Professional Liability	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
12. Earthquake	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
13. Group A and H (See Interrogatory 1)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
14. Credit A and H	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
15. Other A and H (See Interrogatory 1)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
16. Workers' Compensation	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
17.1. Other liability - Occurrence	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
17.2. Other liability - Claims-made	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
17.3. Excess Workers' Compensation	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
18. Products Liability	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
19.1. 19.2 Private Passenger Auto Liability	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
19.3. 19.4 Commercial Auto Liability	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
21.1. Private Passenger Auto Physical Damage	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
21.2. Commercial Auto Physical Damage	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
22. Aircraft (all perils)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
23. Fidelity	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
24. Surety	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
26. Burglary and Theft	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
27. Boiler and Machinery	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
28. Credit	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
29. International	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
30. Warranty	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
34. Aggregate Write-Ins for Other Lines of Business	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
35. TOTAL (Line 1 through Line 34)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
<b>DETAILS OF WRITE-INS</b>													
3401.	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
3402.	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
3403.	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
3498. Summary of remaining write-ins for Line 34 from overflow page	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	
3499. TOTALS (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	XXX	100.00	

# NONE

**PART III - ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (continued)**

**PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN**

(000 Omitted)

	Other Underwriting Expenses						Pre-Tax Profit or Loss Excluding All Investment					
	Commission and Brokerage Expenses Incurred	Taxes, Licenses and Fees Incurred	Other Acquisitions, Field Supervision, and Collection Expenses Incurred	General Expenses Incurred	Other Income Less Other Expenses	Amount						
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1. Fire .....												
2.1. Allied Lines .....												
2.2. Multiple Peril Crop .....												
2.3. Federal Flood .....												
2.4. Private Crop .....												
2.5. Private Flood .....												
3. Farmersowners Multiple Peril .....												
4. Homeowners Multiple Peril .....												
5.1. Commercial Multiple Peril (Non-Liability Portion) .....												
5.2. Commercial Multiple Peril (Liability Portion) .....												
6. Mortgage Guaranty .....												
8. Ocean Marine .....												
9. Inland Marine .....												
10. Financial Guaranty .....												
11. Medical Professional Liability .....												
12. Earthquake .....												
13. Group A and H (See Interrogatory 1) .....												
14. Credit A and H .....												
15. Other A and H (See Interrogatory 1) .....												
16. Workers' Compensation .....												
17.1. Other Liability - Occurrence .....												
17.2. Other Liability - Claims-made .....												
17.3. Excess Workers Compensation .....												
18. Products Liability .....												
19.1. 19.2. Private Passenger Auto Liability .....												
19.3. 19.4. Commercial Auto Liability .....												
21.1. Private Passenger Auto Physical Damage .....												
21.2. Commercial Auto Physical Damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and Theft .....												
27. Boiler and Machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate Write-Ins for Other Lines of Business .....												
35. TOTAL (Line 1 through Line 34) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)												

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

NAIC Group Code: 0001

United States Policy Forms Direct Business Only

For The Year Ending December 31, 2016

(To Be Filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
1. Comprehensive Major Medical							
1.1 With Contract Reserves							
1.2 Without Contract Reserves							
1.3 Subtotal							
2. Short-Term Medical							
2.1 With Contract Reserves							
2.2 Without Contract Reserves							
2.3 Subtotal							
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves							
3.2 Without Contract Reserves							
3.3 Subtotal							
4. Specified/Named Disease							
4.1 With Contract Reserves							
4.2 Without Contract Reserves							
4.3 Subtotal							
5. Limited Benefit							
5.1 With Contract Reserves							
5.2 Without Contract Reserves							
5.3 Subtotal							
6. Student							
6.1 With Contract Reserves							
6.2 Without Contract Reserves							
6.3 Subtotal							
7. Accident Only or AD&D							
7.1 With Contract Reserves							
7.2 Without Contract Reserves							
7.3 Subtotal							
8. Disability Income - Short-Term							
8.1 With Contract Reserves							
8.2 Without Contract Reserves							
8.3 Subtotal							

# NONE

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2/3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long-Term							
9.1 With Contract Reserves							
9.2 Without Contract Reserves							
9.3 Subtotal							
10. Long-Term Care							
10.1 With Contract Reserves							
10.2 Without Contract Reserves							
10.3 Subtotal							
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves							
11.2 Without Contract Reserves							
11.3 Subtotal							
12. Denial							
12.1 With Contract Reserves							
12.2 Without Contract Reserves							
12.3 Subtotal							
13. State Children's Health Insurance Program							
13.1 With Contract Reserves							
13.2 Without Contract Reserves							
13.3 Subtotal							
14. Medicare							
14.1 With Contract Reserves							
14.2 Without Contract Reserves							
14.3 Subtotal							
15. Medicaid							
15.1 With Contract Reserves							
15.2 Without Contract Reserves							
15.3 Subtotal							
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves							
16.2 Without Contract Reserves							
16.3 Subtotal							
17. Other Individual Business							
17.1 With Contract Reserves							
17.2 Without Contract Reserves							
17.3 Subtotal							
18. Total Individual Business							
18.1 With Contract Reserves							
18.2 Without Contract Reserves							
19. Grand Total Individual							

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2:3) 11	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 Other Employer							
1.3 Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income - Short-term							
11. Disability Income - Long-term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefits Plan							
15. Tricare							
16. Denial							
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care							
20. Grand Total Group Business							
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only							
4. Administrative Services Contracts							
5. Grand Total Other Business							
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1- INDIVIDUAL POLICIES  
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3) / 1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				
<b>NONE</b>				

PART 2- GROUP POLICIES  
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3) / 1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				
<b>NONE</b>				

PART 3 - CREDIT POLICIES (Individual and Group)  
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3) / 1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				
<b>NONE</b>				

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES  
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3) / 1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				
<b>NONE</b>				

**SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT**

(To Be Filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

**NONE**

Description of allocation methodology:

---

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense

**NONE**



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**LONG-TERM CARE EXPERIENCE REPORTING FORM 1**  
**ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY**

Reporting Year 2016  
 (To Be Filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives In Force End of Year	8 Expected Lives In Force End of Year	9 Actual to Expected Lives In Force
--	-------------------------	-------------------------	---	---	--------------------------	-------------------------	------------------------------------	--	--

**A. Individual**

Comprehensive:									
1. Current.....									
2. Prior.....									
3. 2nd Prior.....									
4. 3rd Prior.....									
5. 4th Prior.....									
6. 5th Prior.....									
7. Form Inception-To-Date.....									
8. Total Inception-To-Date.....			XXX						
Institutional Only:									
9. Current.....									
10. Prior.....									
11. 2nd Prior.....									
12. 3rd Prior.....									
13. 4th Prior.....									
14. 5th Prior.....									
15. Form Inception-To-Date.....			XXX						
16. Total Inception-To-Date.....									
Non-Institutional Only:									
17. Current.....									
18. Prior.....									
19. 2nd Prior.....									
20. 3rd Prior.....									
21. 4th Prior.....									
22. 5th Prior.....									
23. Form Inception-To-Date.....									
24. Total Inception-To-Date.....							XXX	XXX	XXX

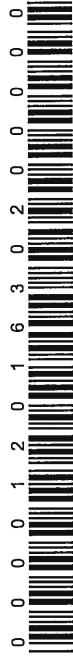
**NONE**

**B. Group**

Comprehensive:									
1. Current.....									
2. Prior.....									
3. 2nd Prior.....									
4. 3rd Prior.....									
5. 4th Prior.....									
6. 5th Prior.....									
7. Form Inception-To-Date.....			XXX						
8. Total Inception-To-Date.....									
Institutional Only:									
9. Current.....									
10. Prior.....									
11. 2nd Prior.....									
12. 3rd Prior.....									
13. 4th Prior.....									
14. 5th Prior.....									
15. Form Inception-To-Date.....			XXX						
16. Total Inception-To-Date.....									
Non-Institutional Only:									
17. Current.....									
18. Prior.....									
19. 2nd Prior.....									
20. 3rd Prior.....									
21. 4th Prior.....									
22. 5th Prior.....									
23. Form Inception-To-Date.....			XXX						
24. Total Inception-To-Date.....									

**C. Summary**

1. Form Inception-To-Date.....	.....	.....	XXX						
2. Total Inception-To-Date.....	.....	.....							



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**LONG-TERM CARE EXPERIENCE REPORTING FORM 2  
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR**

**Reporting Year 2016  
(To Be Filed by April 1)**

NAIC Group Code: 0001

NAIC Company Code: 00001

NAIC Company Code: 00001

# NON-E

B Group

## Summary



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**LONG-TERM CARE EXPERIENCE REPORTING FORM 3  
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

Reporting Year 2016  
(To be filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

#### A. Individual

	1	2	3	4	5	6	7	8
Incurred Year	2009	2010	2011	2012	2013	2014	2015	2016

		NONE						
1. Prior	.....	.....						
2. 2009	.....	XXX						
3. 2010	.....	XXX						
4. 2011	.....	XXX						
5. 2012	.....	XXX						
6. 2013	.....	XXX						
7. 2014	.....	XXX						
8. 2015	.....	XXX	XXX	XXX	XXX	XXX	XXX	
9. 2016	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX

PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

1. Prior .....  
2. 2009 .....  
3. 2010 ..... XXX  
4. 2011 ..... XXX  
5. 2012 ..... XXX  
6. 2013 ..... XXX  
7. 2014 ..... XXX  
8. 2015 ..... XXX  
9. 2016 ..... XXX

**NONE**

### PART 3 - Transferred Reserves

1. Prior .....	.....	.....
2. 2009 .....	.....	.....
3. 2010 .....	XXX	.....
4. 2011 .....	XXX	.....
5. 2012 .....	XXX	.....
6. 2013 .....	XXX	.....
7. 2014 .....	XXX	.....
8. 2015 .....	XXX	.....
9. 2016 .....	XXX	.....

SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (Continued)**  
**LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

Reporting Year 2016  
 (To be filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

B. Group

Incurred Year	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016
---------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

1. Prior .....								
2. 2009 .....								
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX							
9. 2016 .....	XXX							

**NONE**

PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

1. Prior .....								
2. 2009 .....								
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX							
9. 2016 .....	XXX							

PART 3 - Transferred Reserves

1. Prior .....								
2. 2009 .....								
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX							
9. 2016 .....	XXX							

**NONE**

1. Prior .....								
2. 2009 .....								
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX							
9. 2016 .....	XXX							

SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (Continued)**  
**LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

Reporting Year 2016  
 (To be filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

C. Summary

Incurred Year	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016
---------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

1. Prior .....	.....							
2. 2009 .....	.....							
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

**NONE**

PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

1. Prior .....	.....							
2. 2009 .....	.....							
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX							
9. 2016 .....	XXX							

PART 3 - Transferred Reserves

1. Prior .....	.....							
2. 2009 .....	.....							
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX							
9. 2016 .....	XXX							

**NONE**

1. Prior .....	.....							
2. 2009 .....	.....							
3. 2010 .....	XXX							
4. 2011 .....	XXX							
5. 2012 .....	XXX							
6. 2013 .....	XXX							
7. 2014 .....	XXX							
8. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**LONG-TERM CARE EXPERIENCE REPORTING FORM 4**  
**LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS**

Reporting Year 2016  
(To be filed by April 1)

NAIC Group Code: 0001

NAIC Company Code: 00001

	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
<b>A. Individual</b>					
1. Current .....	.....	.....	.....	.....	.....
2. Prior .....	.....				.....
3. 2nd Prior .....	.....				.....
<b>B. Group</b>					
1. Current .....	.....			.....	.....
2. Prior .....	.....			.....	.....
3. 2nd Prior .....	.....			.....	.....
<b>C. Summary</b>					
1. Total Inception-to-Date .....	.....	.....	.....	.....	.....

Total Reserves are reserves for these particular life products with LTC accelerated benefits. Incurred claims are only the policies that claims have been triggered due to acceleration.



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

## **MEDICARE PART D COVERAGE SUPPLEMENT**

Net of Reinsurance  
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage .....	XXX				
1.12 Without Reinsurance Coverage .....	XXX				
1.13 Risk-Corridor Payment Adjustments .....	XXX				
1.2 Supplemental Benefits .....	XXX				
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....	XXX				
2.12 Without Reinsurance Coverage .....	XXX				
2.2 Supplemental Benefits .....	XXX				
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage .....	XXX				
3.12 Without Reinsurance Coverage .....	XXX				
3.2 Supplemental Benefits .....	XXX				
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable .....	XXX				
4.2 Payable .....	XXX				
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage .....	XXX				
5.12 Without Reinsurance Coverage .....	XXX				
5.13 Risk-Corridor Payment Adjustments .....	XXX				
5.2 Supplemental Benefits .....	XXX				
6. Total Premiums .....		XXX			XXX
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage .....					
7.12 Without Reinsurance Coverage .....					
7.2 Supplemental Benefits .....					
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage .....					
8.12 Without Reinsurance Coverage .....					
8.2 Supplemental Benefits .....					
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage .....	XXX				
9.12 Without Reinsurance Coverage .....	XXX				
9.2 Supplemental Benefits .....	XXX				
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....	XXX				
10.12 Without Reinsurance Coverage .....	XXX				
10.2 Supplemental Benefits .....	XXX				
11. Total Claims .....		XXX			XXX
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net To Reimbursements Applied .....	XXX				
12.2 Reimbursements Received but Not Applied - change .....	XXX				
12.3 Reimbursements Receivable - change .....	XXX				
12.4 Healthcare Receivables - change .....	XXX				
13. Aggregate Policy Reserves - change .....					
14. Expenses Paid .....		XXX			XXX
15. Expenses Incurred .....		XXX			XXX
16. Underwriting Gain/Loss .....		XXX			XXX
17. Cash Flow Result .....	XXX	XXX	XXX	XXX	



# NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

## SCHEDULES SIS

### STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2016

(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES  
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH,  
TITLE, AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENT OF THE

Cleveland Automobile Dealers Association Group Health Plan

## GENERAL INSTRUCTIONS

The Stockholder Information Supplement shall be completed by all stock companies incorporated in the U.S.A. which have 100 or more stockholders. Such supplement shall be filed with the Insurance Commissioner of the company's domiciliary state as a part of its Annual Statement. The information required to be contained in this supplement is to be furnished to the best of the knowledge of the company. Where appropriate, the company should obtain the required information, in writing, from its Directors or Officers and from any person known to the company to be the beneficial owner of more than 10% of any class of its equity securities.

The term "officer" means a President, Vice-President, Treasurer, Actuary, Secretary, Controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

## FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?  
If answer is "Yes", attach copy. If answer is "No", explain in detail below. Attach separate sheet if necessary. Answer: Yes ( ) No ( )

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?  
If answer is "Yes", a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No", explain in detail below. Attach separate sheet if necessary. Answer: Yes ( ) No ( )

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?  
If the answer is "No", explain in detail below. Attach separate sheet Answer: Yes ( ) No ( )

**NONE**

To be answered by Life and A & H Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds .....
- b. Summary of Operations .....
- c. Surplus Account .....

Column A	Column B
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )
Yes ( ) No ( )	Yes ( ) No ( )

To be answered by Property and Casualty Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds .....
- b. Statement of Income .....
- c. Capital and Surplus Account .....

To be answered by Title Insurance Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds .....
- b. Statement of Income - Operations and Investment Exhibit .....
- c. Capital and Surplus Account .....

To be answered by Health Insurance Companies:

- a. Statement of Assets, Liabilities, Capital and Surplus .....
- b. Statement of Revenue and Expenses .....
- c. Capital and Surplus Account .....

**INFORMATION REGARDING MANAGEMENT AND DIRECTORS**  
**(See Instructions Below)**

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

1 Name and Title	2 Principal Occupation or Employment	3 Served as Director From	4 Aggregate Direct Remuneration	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits

**NONE**

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.

B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting? Answer: .....  
 If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer: ..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

**INSTRUCTIONS FOR INFORMATION REGARDING MANAGEMENT AND DIRECTORS**

1. This information applies to any person who was a director or officer of the Company at any time during the year. However, information need not be given for any portion of the year during which such person was not a director or officer of the Company.
2. Include under "Other Employee Benefits" information for such items as savings plans, deferred compensation plans, thrift plans, profit sharing plans, etc., or other contracts, authorizations or arrangements, whether or not set forth in any formal document. Briefly describe such "plans" and the basis upon which directors or officers participate therein, if not previously described in a prior "Stockholder Information Supplement" indicating date thereof. Company cost of benefits accrued or set aside need not be stated with respect to payments computed on an actuarial basis under any plan which provides for fixed benefits on retirement at a specified age or after a specified number of years of service.
3. Information need not be included as to payments made for, or benefits received from, group life or accident insurance, group hospitalization or similar group payments or benefits.
4. If it is impractical to state the amount of the estimated annual benefits proposed to be made upon retirement, the aggregate amount set aside or accrued to date in respect of such payment should be stated, together with an explanation of the basis for future payments.
5. Attach separate sheets if necessary to fully answer questions.

**STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**  
**(See Instructions Below)**

1 Name and Title of (a) Each Director and Each Officer with Any Ownership and (b) Any Other Owner of More Than 10%	2 Title of Security	3 Nature of Ownership	4 Owned at End of Prior Year	5 Acquired During Current Year	Number of Shares			9 Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year
					6 Disposed of During Current Year	7 Held Less Than 6 Months	8 Held 6 Months or More	
					6	7	8	9

**NON**

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer: Yes ( ) No ( ) If answer is "no" explain in detail on separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer: ..... .

Has the state of domicile granted an exemption or disclaimer of control? Answer: Yes ( ) No ( )

If answer is "yes" explain: .....



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

## STATEMENT OF ACTUARIAL OPINION

### TABLE OF KEY INDICATORS

This Opinion is:  Unqualified  Qualified  Adverse  Inconclusive

#### IDENTIFICATION SECTION

Prescribed Wording Only  Prescribed Wording with Additional Wording  Revised Wording

#### SCOPE SECTION

Prescribed Wording Only  Prescribed Wording with Additional Wording  Revised Wording

#### RELIANCE SECTION

Prescribed Wording Only  Prescribed Wording with Additional Wording  Revised Wording

#### OPINION SECTION

Prescribed Wording Only  Prescribed Wording with Additional Wording  Revised Wording

#### RELEVANT COMMENTS

Revised Wording

The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice

#### IDENTIFICATION

I, Harry A. Don, F.S.A., am associated with the firm of Harry A. Don, F.S.A. Group Benefit Consulting, L.L.C. I am a member of the American Academy of Actuaries and have been retained by the CADA Group Health Plan to render an opinion with regard to loss reserves, actuarial liabilities and related items. I was appointed on March 26, 2014 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

#### SCOPE

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2016.

A.	Claims unpaid (Page 3, Line 1);	\$ 1,641,000
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2);	\$ 0
C.	Unpaid claims adjustment expenses (Page 3, Line 3);	\$ 225,000
D.	Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	\$ 0

## STATEMENT OF ACTUARIAL OPINION

E.	Aggregate life policy reserves (Page 3, Line 5);	\$ 0
F.	Property/casualty unearned premium reserves (Page 3, Line 6);	\$ 0
G.	Aggregate health claim reserves (Page 3, Line 7);	\$ 0

### RELIANCE

In forming my opinion on the unpaid claims and unpaid claim adjustment expense reserves I relied upon data prepared by John Robinson, as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

### OPINION

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

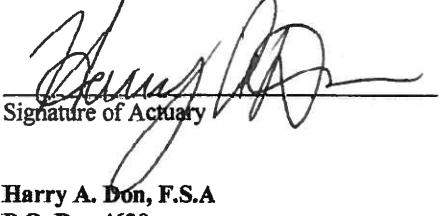
- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the laws of state of Ohio, and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed,
- D. Make good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

**STATEMENT OF ACTUARIAL OPINION**

**RELEVANT COMMENTS**



Signature of Actuary

**Harry A. Don, F.S.A**  
P.O. Box 4620  
Incline Village, NV 89450  
775-832-8089

**March 31, 2017**

**Date Opinion was Rendered**



SUPPLEMENT FOR THE YEAR 2016 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, 2016

(To Be Filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: Yes ( ) No (X)  
If yes, do the below amounts represent  
1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ] ; or  
2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?

Yes ( ) No (X)

Yes ( ) No (X)

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	3	4	5	6	7	8	9	10	
Principal Position	Name	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
Current: 1. Principal Executive Officer		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
Current: 2. Principal Financial Officer		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
3.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
4.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
5.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
6.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
7.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
8.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
9.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....
10.		2016	.....	.....	.....	.....	.....	.....	.....	.....
		2015	.....	.....	.....	.....	.....	.....	.....	.....
		2014	.....	.....	.....	.....	.....	.....	.....	.....

# Health

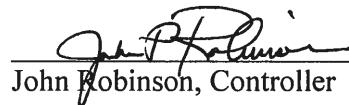
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**ANNUAL STATEMENT**  
FOR THE YEAR ENDING DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
**Cleveland Automobile Dealers Association Group Health Plan**

I, John Robinson, Controller of the Cleveland Automobile Dealers Association Group Health Plan, hereby affirm that the listings and summaries, and analysis relating to data prepared for and submitted to Harry A. Don in support of his actuarial opinion for the Cleveland Automobile Dealers Association Group Health Plan as of December 31, 2016, were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2016.

  
John Robinson, Controller

10100 Brecksville Road, Brecksville, Ohio 44141

1-440-746-1500