

Attachment to Page 1 of

ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
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, 2017, 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, 2017.



John Robinson, Controller

10100 Brecksville Road, Brecksville, Ohio 44141

1-440-746-1500

**ANNUAL STATEMENT
OF THE
Cleveland Automobile Dealers
Association Group Health Plan**

**RECEIVED
Of
Brecksville**

**APR 12 2018
OFFICE OF RISK
ASSESSMENT**

in the state of OH

**to the Insurance Department
of the state of Ohio**

**For the Year Ended
December 31, 2017**

2017

HEALTH



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code.....0001, 00001
(Current Period) (Prior Period)

Organized under the Laws of OH

Licensed as Business Type.....Other

Incorporated/Organized.....January 11, 1979

Statutory Home Office

NAIC Company Code..... 00000

Employer's ID Number..... 34-1320838

10100 Brecksville Road..... Brecksville OH US 44141
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

10100 Brecksville Road..... Brecksville OH US 44141

440-746-1500

Mail Address

(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Primary Location of Books and Records

10100 Brecksville Road..... Brecksville OH US 44141

440-746-1500

Internet Web Site Address

(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Statutory Statement Contact

John Robinson

440-746-1500

(Name)

jrobinson@gcada.org

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

(Fax Number)

OFFICERS

Name

Title

Name

Title

1. Richard Marcellino

Trustee

2. Kirt Frye

Trustee

3.

4.

OTHER

DIRECTORS OR TRUSTEES

Richard Marcellino
Joseph Fornal

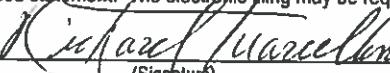
Kirt Frye
Christopher O'Donnell

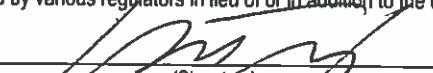
Robert Gillingham
Paul Hmchar Jr.

Jay Park

State of.....
County of.....

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.


(Signature)
Richard Marcellino


(Signature)
Kirt Frye

(Signature)

1. (Printed Name)

Trustee

(Title)

2. (Printed Name)

Trustee

(Title)

3. (Printed Name)

(Title)

Subscribed and sworn to before me

This 9th day of April, 2018

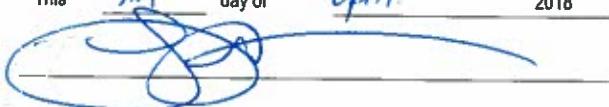
a. Is this an original filing?

Yes No

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached


(Signature)


(Signature)

LOUIS VITANTONIO, JR.
Attorney At Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C



Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
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).....			0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....8,009,215, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	8,009,215		8,009,215	7,042,624
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	8,009,215	0	8,009,215	7,042,624
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	430,529		430,529	293,644
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	8,439,744	0	8,439,744	7,336,268
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	8,439,744	0	8,439,744	7,336,268

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,102,000		2,102,000	1,641,000
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	250,000		250,000	225,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	4,537		4,537	7,561
9. General expenses due or accrued.....	18,600		18,600	19,645
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$....745,011 current).....	745,011	0	745,011	469,093
24. Total liabilities (Lines 1 to 23).....	3,120,148	0	3,120,148	2,362,299
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
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	0	0
31. Unassigned funds (surplus).....	XXX	XXX	5,319,596	4,973,969
32. Less treasury stock at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	5,319,596	4,973,969
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	8,439,744	7,336,268

DETAILS OF WRITE-INS

2301. Invoices payable to carriers.....	745,011		745,011	469,093
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	745,011	0	745,011	469,093
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	28,989.....	28,170.....
2. Net premium income (including \$...14,292 non-health premium income).....	XXX.....	21,011,727.....	19,300,838.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	.....
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....	.....	.....
5. Risk revenue.....	XXX.....	.....	.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	9,069.....	128,861.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	21,020,796.....	19,429,699.....
Hospital and Medical:			
9. Hospital/medical benefits.....	.....	14,391,811.....	12,340,176.....
10. Other professional services.....	.....	862,838.....	898,595.....
11. Outside referrals.....	.....	.....	.....
12. Emergency room and out-of-area.....	.....	.....	.....
13. Prescription drugs.....	.....	4,404,787.....	3,795,966.....
14. Aggregate write-ins for other hospital and medical.....	0.....	(65,163).....	195,637.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	.....
16. Subtotal (Lines 9 to 15).....	0.....	19,594,273.....	17,230,374.....
Less:			
17. Net reinsurance recoveries.....	.....	921,718.....	850,152.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	18,672,555.....	16,380,222.....
19. Non-health claims (net).....	.....	.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	.....	1,296,543.....	1,202,422.....
21. General administrative expenses.....	.....	231,990.....	201,022.....
22. Increase in reserves for life and accident and health contracts including \$.....0 Increase in reserves for life only).....	.....	486,000.....	(95,000).....
23. Total underwriting deductions (Lines 18 through 22).....	0.....	20,687,088.....	17,688,666.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	333,708.....	1,741,033.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	.....	11,919.....	7,199.....
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....	.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	11,919.....	7,199.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.....	.....	.....
29. Aggregate write-ins for other income or expenses.....	0.....	0.....	0.....
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.....	345,627.....	1,748,232.....
31. Federal and foreign income taxes incurred.....	XXX.....	.....	.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	345,627.....	1,748,232.....

DETAILS OF WRITE-INS

0601. ATRF pass-through.....	XXX.....	9,069.....	128,861.....
0602.....	XXX.....	.....	.....
0603.....	XXX.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX.....	9,069.....	128,861.....
0701.....	XXX.....	.....	.....
0702.....	XXX.....	.....	.....
0703.....	XXX.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX.....	0.....	0.....
1401. ACA fees (including ATRF and PCORI).....	.....	(65,163).....	195,637.....
1402.....	.....	.....	.....
1403.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0.....	(65,163).....	195,637.....
2901.....	.....	.....	.....
2902.....	.....	.....	.....
2903.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0.....	0.....	0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting period	4,973,969	3,224,077
34. Net income or (loss) from Line 32	345,627	1,748,232
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$ 0		
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
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	345,627	1,749,892
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,319,596	4,973,969

DETAILS OF WRITE-INS

4701		
4702		
4703		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	20,871,818	19,290,334
2. Net investment income.....	11,919	7,199
3. Miscellaneous income.....	9,069	128,861
4. Total (Lines 1 through 3).....	20,892,806	19,426,394
5. Benefit and loss related payments.....	18,421,637	16,535,924
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,504,578	1,394,274
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	19,926,215	17,930,198
11. Net cash from operations (Line 4 minus Line 10).....	966,591	1,496,196
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0
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 (Lines 13.1 to 13.6).....	0	0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	966,591	1,496,196
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	7,042,624	5,546,428
19.2 End of year (Line 18 plus Line 19.1).....	8,009,215	7,042,624

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

20,0001		
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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 Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	21,011,727	19,998,363								14,292
2. Change in unearned premium reserves and reserve for rate credit.....	0									
3. Fee-for-service (net of \$0 medical expenses).....	0									
4. Risk revenue.....	0									
5. Aggregate write-ins for other health care related revenues.....	9,069									
6. Aggregate write-ins for other non-health care related revenues.....	0									
7. Total revenues (Lines 1 to 6).....	21,020,796	19,907,432								0
8. Hospital/medical benefits.....	14,391,811	14,391,811								
9. Other professional services.....	862,838									
10. Outside referrals.....	0									
11. Emergency room and out-of-area.....	0									
12. Prescription drugs.....	4,404,787	4,404,787								
13. Aggregate write-ins for other hospital and medical.....	(65,163)									
14. Incentive pool, withhold adjustments and bonus amounts.....	0									
15. Subtotal (Lines 8 to 14).....	19,594,273	18,731,435								
16. Net reinsurance recoveries.....	921,718	921,718								
17. Total hospital and medical (Lines 15 minus 16).....	18,672,555	17,809,717								
18. Non-health claims (net).....	0									
19. Claims adjustment expenses including \$0 cost containment expenses.....	1,296,543	1,245,511								
20. General administrative expenses.....	231,990	231,990								
21. Increase in reserves for accident and health contracts.....	486,000	502,000								
22. Increase in reserve for life contracts.....	0									
23. Total underwriting deductions (Lines 17 to 22).....	20,687,088	19,789,218								
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	334,708	118,214								0
										14,292
DETAILS OF WRITE-INS										
0501. ATRF pass-through.....										
0502.	0	9,069								
0503.	0									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0									
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....	9,069	9,069								
0601.	0									
0602.	0									
0603.	0									
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0									
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0									
1301. ACA fees (including ATRF and PCORI).....	(65,163)									
1302.	0									
1303.	0									
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0									
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above).....	(65,163)	0								0
										0

Cleveland Automobile Dealers Association Group Health Plan
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1	2	3	4
				Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (Hospital and medical)	21,123,440			19,699,363
2. Medicare supplement				0
3. Dental only				1,099,072
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	22,222,512	0	1,225,077	20,997,435
10. Life				14,292
11. Property/casualty				0
12. Totals (Lines 9 to 11)	22,281,222	0	1,229,495	21,011,727

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 XVII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	19,703,854	18,796,598								44,418
1.2 Reinsurance assumed	0	921,718								44,418
1.3 Reinsurance ceded	966,136	0								0
1.4 Net	18,737,718	17,874,880								0
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,102,000	2,050,000								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	2,102,000	2,050,000								0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0								0
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a):										
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,641,000	1,573,000								
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	1,641,000	1,573,000								0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0								0
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	20,164,854	19,273,598								44,418
12.2 Reinsurance assumed	0	0								0
12.3 Reinsurance ceded	966,136	92,178								44,418
12.4 Net	19,198,718	18,351,880								0
13. Incurred medical incentive pools and bonuses, (a)										0
(a) Excludes \$ 0 loans or advances to providers not yet expensed.	0	0								0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	398,000	388,000			10,000					
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	398,000	388,000			0					
2. Incurred but unreported:										
2.1 Direct.....	1,704,000	1,662,000			42,000					
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	1,704,000	1,662,000			42,000					
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0									
4. Totals:										
4.1 Direct.....	2,102,000	2,050,000	0		52,000	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0		0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0		0	0	0	0	0	0
4.4 Net.....	2,102,000	2,050,000	0		52,000	0	0	0	0	0

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the 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	Claim Reserve and Claim Liability December 31 of Current Year 5	Claims Incurred in Prior Years (Columns 1 + 3) 6	Estimated Claim Reserve and Claim Liability December 31 of Prior Year 6
1. Comprehensive (hospital and medical).....	1,377,473			16,497,407	50,000		1,573,000
2. Medicare supplement.....						0	
3. Dental only.....	42,521			820,317	1,000	43,521	68,000
4. Vision only.....						0	
5. Federal employees health benefits plan.....						0	
6. Title XVIII - Medicare.....						0	
7. Title XIX - Medicaid.....						0	
8. Other health.....						0	
9. Health subtotal (Lines 1 to 8).....	1,419,994		17,317,724		51,000	2,051,000	1,641,000
10. Healthcare receivables (a).....							0
11. Other non-health.....							0
12. Medical incentive pools and bonus amounts.....							0
13. Totals (Lines 9 - 10 + 11 + 12).....	1,419,994		17,317,724		51,000	2,051,000	1,641,000

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

Cleveland Automobile Dealers Association Group Health Plan
UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

	Year in Which Losses Were Incurred					
	1 2013	2 2014	2015	3 2015	4 2016	5 2017
1. Prior	1,998		1,990		1,990	
2. 2013	15,384	16,458		16,457		16,457
3. 2014	XXX	11,843		16,130		16,169
4. 2015	XXX	XXX		16,167		17,529
5. 2016	XXX	XXX		XXX		14,783
6. 2017	XXX	XXX		XXX		17,318

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

	Year in Which Losses Were Incurred					
	1 2013	2 2014	2015	3 2015	4 2016	5 2017
1. Prior		2,007	1,990		1,990	
2. 2013		16,802	16,467		16,457	
3. 2014	XXX		16,527		16,140	
4. 2015	XXX	XXX		17,998		17,539
5. 2016	XXX	XXX		XXX		16,415
6. 2017	XXX	XXX		XXX		19,389

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments (Col. 3/2)	Percent (Col. 5/1)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 2 + 3)	Claims Unpaid	Unpaid Claim Adjustment Expense	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)		Percent (Col. 9/1)
									6	7	
1. 2013	20,619	16,457	1,192	85.6	17,649	7.2				17,649	85.6
2. 2014	19,731	16,169	1,149	87.8	17,318	7.1				17,318	87.8
3. 2015	18,824	17,530	1,123	99.1	18,653	6.4				18,653	99.1
4. 2016	20,317	16,202	1,202	85.4	17,404	7.4				17,460	85.7
5. 2017	22,222	17,318	1,297	7.5	18,615	51				20,911	94.1

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		1,920	1,912	1,912	1,912	1,912
2. 2013		14,475	15,469	15,488	15,488	15,488
3. 2014	XXX		14,186	15,417	15,456	15,456
4. 2015	XXX		XXX	15,329	16,619	16,620
5. 2016	XXX		XXX	XXX	13,957	15,333
6. 2017	XXX		XXX	XXX	XXX	16,498

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		1,927	1,912	1,912	1,912	1,912
2. 2013		15,810	15,497	15,488	15,488	15,488
3. 2014	XXX		15,798	15,426	15,456	15,456
4. 2015	XXX		XXX	16,992	16,628	16,620
5. 2016	XXX		XXX	XXX	15,521	15,383
6. 2017	XXX		XXX	XXX	XXX	18,498

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	Percent (Cal. 9/1)
1. 2013	19,390	15,488	1,132	73	16,620	85.8					85.8
2. 2014	18,590	15,456	1,100	71	16,556	89.1					89.1
3. 2015	17,713	16,620	1,073	65	17,693	99.9					99.9
4. 2016	19,260	15,333	1,151	75	16,484	85.6	5				85.8
5. 2017	21,123	16,496	1,246	76	17,744	84.0	235				94.6

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

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Year in Which Losses Were Incurred					
	1 2013	2 2014	3 2015	4 2016	5 2017	Cumulative Net Amounts Paid
1. Prior						
2. 2013						
3. 2014						
4. 2015						
5. 2016						
6. 2017						

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Year in Which Losses Were Incurred					
	1 2013	2 2014	3 2015	4 2016	5 2017	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year
1. Prior						
2. 2013						
3. 2014						
4. 2015						
5. 2016						
6. 2017						

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

	Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expenses Payments (Col. 3/2)	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2013				0	0.0	0	0.0			0	0.0
2. 2014				0	0.0	0	0.0			0	0.0
3. 2015				0	0.0	0	0.0			0	0.0
4. 2016				0	0.0	0	0.0			0	0.0
5. 2017				0	0.0	0	0.0			0	0.0

Cleveland Automobile Dealers Association Group Health Plan
UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

	Year in Which Losses Were Incurred		Cumulative Net Amounts Paid		
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	66				66
3. 2014	893	950	950		950
4. 2015	XXX	652	708		708
5. 2016	XXX	XXX	838	910	910
6. 2017	XXX	XXX	XXX	826	869
			XXX		820

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	68		66		66
3. 2014	964		951		950
4. 2015	XXX		724	709	708
5. 2016	XXX		XXX	906	911
6. 2017	XXX		XXX	XXX	894
			XXX		871

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	1,214	950	54	5.7	1,004	82.7			1,004	82.7
2. 2014	1,132	708	47	6.6	755	66.7			755	66.7
3. 2015	1,111	910	50	5.5	960	86.4			960	86.4
4. 2016	1,109	869	51	5.9	920	83.0	1		921	83.0
5. 2017	1,099	820	51	6.2	871	79.3	.51	.10	932	84.8

Cleveland Automobile Dealers Association Group Health Plan
UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

	Year in Which Losses Were Incurred				
	1 2013	2 2014	2 2015	3 2016	4 2017
1. Prior					
2. 2013	12	12	12	12	12
3. 2014	16	19	19	19	19
4. 2015	XX	XX	5	5	5
5. 2016	XX	XX	XX	XX	XX
6. 2017	XX	XX	XX	XX	XX

SECTION B - INCURRED HEALTH CLAIMS - OTHER

	Year in Which Losses Were Incurred				
	1 2013	2 2014	2 2015	3 2016	4 2017
1. Prior					
2. 2013	12	12	12	12	12
3. 2014	16	19	19	19	19
4. 2015	XX	XX	5	5	5
5. 2016	XX	XX	XX	XX	XX
6. 2017	XX	XX	XX	XX	XX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

	Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/4)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2013	2013	24	19	6	31.6	25	104.2			25	104.2
2. 2014	2014	9	5	2	40.0	7	77.8			7	77.8
3. 2015	2015	0	0	0	0.0	0	0.0			0	0.0
4. 2016	2016	0	0	0	0.0	0	0.0			0	0.0
5. 2017	2017	0	0	0	0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves...	0								
2. Additional policy reserves (a)...	0								
3. Reserve for future contingent benefits...	0								
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)...	0								
5. Aggregate write-ins for other policy reserves...	0	0	0	0	0	0	0	0	0
6. Totals (gross)...	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded...	0								
8. Totals (net) (Page 3, Line 4)...	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims...	0								
10. Reserve for future contingent benefits...	0								
11. Aggregate write-ins for other claim reserves...	0	0	0	0	0	0	0	0	0
12. Totals (gross)...	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded...	0								
14. Totals (net) (Page 3, Line 7)...	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS									
0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0503 through 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$.....0 premium deficiency reserve.

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
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 (\$....14,214 for occupancy of own building)			14,214		14,214
2. Salaries, wages and other benefits			65,588		65,588
3. Commissions (less \$....0 ceded plus \$....0 assumed)					0
4. Legal fees and expenses			13,200		13,200
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			111,388		111,388
7. Traveling expenses			581		581
8. Marketing and advertising					0
9. Postage, express and telephone			8,785		8,785
10. Printing and office supplies			3,577		3,577
11. Occupancy, depreciation and amortization					0
12. Equipment			3,697		3,697
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			9,960		9,960
17. Collection and bank service charges					0
18. Group service and administration fees		1,296,543			1,296,543
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	1,000	0	1,000
26. Total expenses incurred (Lines 1 to 25)	0	1,296,543	231,990	0	(a) 1,528,533
27. Less expenses unpaid December 31, current year			18,600		18,600
28. Add expenses unpaid December 31, prior year			19,645		19,645
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	1,296,543	233,035	0	1,529,578

DETAILS OF WRITE-INS

2501. Dues and subscriptions			1,000		1,000
2502.					0
2503.					0
2508. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2509. TOTALS (Lines 2501 through 2503 plus 2508) (Line 25 above)	0	0	1,000	0	1,000

(a) Includes management fees of \$....131,700 to affiliates and \$....0 to non-affiliates.

Cleveland Automobile Dealers Association Group Health Plan

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).....	(c).....	
2.21 Common stocks of affiliates.....	(d).....	
3. Mortgage loans.....	(e).....	11,919
4. Real estate.....	(f).....	11,919
5. Contract loans.....		
6. Cash, cash equivalents and short-term investments.....		
7. Derivative instruments.....		
8. Other invested assets.....		
9. Aggregate write-ins for investment income.....	.0	.0
10. Total gross investment income.....	11,919	11,919
11. Investment expenses.....		
12. Investment taxes, licenses and fees, excluding federal income taxes.....		
13. Interest expense.....		
14. Depreciation on real estate and other invested assets.....		
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).....		11,919

DETAILS OF WRITE-INS

0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.0	.0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.0	.0
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		.0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		.0

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 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.....			.0		
1.1 Bonds exempt from U.S. tax.....			.0		
1.2 Other bonds (unaffiliated).....			.0		
1.3 Bonds of affiliates.....			.0		
2.1 Preferred stocks (unaffiliated).....			.0		
2.11 Preferred stocks of affiliates.....			.0		
2.2 Common stocks (unaffiliated).....			.0		
2.21 Common stocks of affiliates.....			.0		
3. Mortgage loans.....			.0		
4. Real estate.....			.0		
5. Contract loans.....			.0		
6. Cash, cash equivalents and short-term investments.....			.0		
7. Derivative instruments.....			.0		
8. Other invested assets.....			.0		
9. Aggregate write-ins for capital gains (losses).....	.0	.0	.0	.0	.0
10. Total capital gains (losses).....	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS

0901.....			.0		
0902.....			.0		
0903.....			.0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.0	.0	.0	.0	.0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.0	.0	.0	.0	.0

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
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)			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending/reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			0
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	0	0	0

DETAILS OF WRITE-INS

1101			0
1102			0
1103			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501			0
2502			0
2503			0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Source of Enrollment	Total Members at End of			6 Current Year Member Months
		1 Prior Year	2 First Quarter	3 Second Quarter	
1. Health maintenance organizations.....					
2. Provider service organizations.....					
3. Preferred provider organizations.....	2,384	2,416	2,411	2,415	28,989
4. Point of service.....					
5. Indemnity only.....	0	0	0	0	
6. Aggregate write-ins for other lines of business.....					
7. Total.....	2,384	2,416	2,411	2,415	28,989

DETAILS OF WRITE-INS		
0601.		
0602.		
0603.		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Claims Unpaid (Reported)	Account	Aging Analysis of Unpaid Claims						Total
		1	2	3	4	5	6	
		1-30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days		
059999. Unreported claim and other claim reserves								2,102,000
079999. Total claims unpaid								2,102,000

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates
NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Capitation Payments:	Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
1. Medical groups		0	0.0	0.0	0.0	0.0	0.0
2. Intermediaries		0	0.0	0.0	0.0	0.0	0.0
3. All other providers		0	0.0	0.0	0.0	0.0	0.0
4. Total capitation payments		0	0.0	0.0	0.0	0.0	0.0
Other Payments:							0
5. Fee-for-service		0	0.0	0.0	0.0	0.0	0.0
6. Contractual fee payments		19,659,436	100.0	100.0	100.0	19,659,436	19,659,436
7. Bonus/withhold arrangements • fee-for-service		0	0.0	0.0	0.0	0.0	0.0
8. Bonus/withhold arrangements - contractual fee payments		0	0.0	0.0	0.0	0.0	0.0
9. Non-contingent salaries		0	0.0	0.0	0.0	0.0	0.0
10. Aggregate cost arrangements		0	0.0	0.0	0.0	0.0	0.0
11. All other payments		0	0.0	0.0	0.0	0.0	0.0
12. Total other payments		19,659,436	100.0	100.0	100.0	19,659,436	19,659,436
13. Total (Lines 4 plus Line 12)		19,659,436	100.0	100.0	100.0	19,659,436	19,659,436

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6	
	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment							0
2. Medical furniture, equipment and fixtures							0
3. Pharmaceuticals and surgical supplies							0
4. Durable medical equipment							0
5. Other property and equipment							0
6. Total			0	0	0	0	0

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 reinsurance 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.

Statement of Revenues and Expenses - Paid claims and expenses are shown on lines 9, 10, 13, 20. Adding the change in reserves, on line 22, produces incurred claims and expenses. The temporary ACA fees, and related pass-through revenue, are shown on lines 14 and 6, respectively (see NOTE 22).

Enrollment: Reported counts indicate number of contracts. In 2017 the ratio of members to contracts averaged 1.77 and ranged from 1.80 (Jan) to 1.75 (Dec). The ratio of members to contracts in 2016 averaged 1.81 and ranged from 1.83 (Jan) to 1.80 (Dec).

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.

NOTES TO FINANCIAL STATEMENTS

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.

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 2017, management fees of \$131,700 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$131,700 were paid to GCADA in 2016 as well.

NOTE 11 - Debt

None

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

Not Applicable

NOTES TO FINANCIAL STATEMENTS

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

Not Applicable

NOTE 14 - Contingencies

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

NOTE 15 - Leases

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

NOTE 20 - September 11 Events

Not Applicable

NOTE 21 - Other Items

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

NOTE 22 - Events Subsequent

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 TRF fee expired after 2016.

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

NOTES TO FINANCIAL STATEMENTS

Effect of the ACA - Patient-Centered Outcomes Research Institute (PCORI) fee:

The Plan also pays the PCORI fee in 2013-2019. The fees payable in 2016 and 2017 were approximately \$2 per member (indexed going forward).

The 2017 and 2016 revenue and expenses related to the ACA were:

	<u>2017</u>	<u>2016</u>
ATRF Pass-Through revenue (reported on page 4, line 6)	\$ 9,069	\$ 128,861
ACA fees, incl. ATRF & PCORI (reported on page 4, line 14)	(65,163)	195,637

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 2017 and 2016:

	<u>1/1/17 - 12/31/17</u>	<u>1/1/16 - 12/31/16</u>
Premium Income		
Cost of Stop Loss Insurance	\$ 1,225,077	\$ 1,090,525
Cost of Life Insurance	44,418	43,504
Total reduction	1,269,495	1,134,029
Underwriting Deductions		
Stop Loss Reimbursements	\$ 921,718	\$ 850,152

B. Uncollectible Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

NOTE 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

NOTE 25 - Change in Incurred Claims and Claim Adjustment Expenses

Not Applicable

NOTE 26 - Intercompany Pooling Arrangements

Not Applicable

NOTE 27 - Structured Settlements

Not Applicable

NOTE 28 - Health Care Receivables

Not Applicable

NOTE 29 - Participating Policies

Not Applicable

NOTE 30 - Premium Deficiency Reserves

Not Applicable

NOTE 31 - Anticipated Salvage and Subrogation

Not Applicable

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 N/A X

1.2 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.3 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

1.4 State regulating? OH

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 N/A 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 the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____ 12/31/2015

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, 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 X

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 X

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 with the Federal Reserve Board? Yes No X

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No X

8.4 If the response to 8.3 is yes, please provide below 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
---------------------	-----------------------------	----------	----------	-----------	----------

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 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 the domiciliary state insurance laws? Yes X No N/A

10.6 If the response to 10.5 is no or n/a, please explain:

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
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? <u>Harry A. Don, FSA, PO Box 4620, Incline Village, NV 89450</u>										
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
12.11	Name of real estate holding company	0									
12.12	Number of parcels involved	\$ 0									
12.13	Total book/adjusted carrying value	\$ 0									
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>									
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>									
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>									
14.11	(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 <input type="checkbox"/> No <input checked="" type="checkbox"/>									
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>									
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>									
15.2	If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 25%;">1 American Bankers Association (ABA) Routing Number</th> <th style="text-align: center; width: 25%;">2 Issuing or Confirming Bank Name</th> <th style="text-align: center; width: 25%;">3 Circumstances That Can Trigger the Letter of Credit</th> <th style="text-align: center; width: 25%;">4 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount				\$		
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 subordinator committee thereof?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
17.	Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>									
	FINANCIAL										
19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):										
20.11	To directors or other officers	\$ 0									
20.12	To stockholders not officers	\$ 0									
20.13	Trustees, supreme or grand (Fraternal only)	\$ 0									
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):										
20.21	To directors or other officers	\$ 0									
20.22	To stockholders not officers	\$ 0									
20.23	Trustees, supreme or grand (Fraternal only)	\$ 0									
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>									
21.2	If yes, state the amount thereof at December 31 of the current year:										
21.21	Rented from others	\$ 0									
21.22	Borrowed from others	\$ 0									
21.23	Leased from others	\$ 0									
21.24	Other	\$ 0									
22.1	Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
22.2	If answer is yes:										
22.21	Amount paid as losses or risk adjustment	\$ 0									
22.22	Amount paid as expenses	\$ 0									
22.23	Other amounts paid	\$ 0									
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ 0									

INVESTMENT

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>								
24.02	If no, give full and complete information, relating thereto:									
24.03	For 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 the <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>								
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ <u>0</u>								
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ <u>0</u>								
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>								
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>								
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>								
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 reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <u>0</u>								
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <u>0</u>								
24.103	Total payable for securities lending reported on the liability page:	\$ <u>0</u>								
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 current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
25.2	If yes, state the amount thereof at December 31 of the current year:									
25.21	Subject to repurchase agreements	\$ <u>0</u>								
25.22	Subject to reverse repurchase agreements	\$ <u>0</u>								
25.23	Subject to dollar repurchase agreements	\$ <u>0</u>								
25.24	Subject to reverse dollar repurchase agreements	\$ <u>0</u>								
25.25	Placed under option agreements	\$ <u>0</u>								
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ <u>0</u>								
25.27	FHLB Capital Stock	\$ <u>0</u>								
25.28	On deposit with states	\$ <u>0</u>								
25.29	On deposit with other regulatory bodies	\$ <u>0</u>								
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ <u>0</u>								
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ <u>0</u>								
25.32	Other	\$ <u>0</u>								
25.3	For category (25.26) provide the following:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Nature of Restriction</th> <th style="text-align: center; width: 33.33%;">2 Description</th> <th style="text-align: center; width: 33.33%;">3 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount			\$			
1 Nature of Restriction	2 Description	3 Amount								
		\$								
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>								
	If no, attach a description with this statement.									
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>								
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ <u>0</u>								
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 <i>Financial Condition Examiners Handbook</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name of Custodian(s)</th> <th style="text-align: center; width: 33.33%;">2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address							
1 Name of Custodian(s)	2 Custodian's Address									
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name(s)</th> <th style="text-align: center; width: 33.33%;">2 Location(s)</th> <th style="text-align: center; width: 33.33%;">3 Complete Explanation(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)						
1 Name(s)	2 Location(s)	3 Complete Explanation(s)								
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
28.04	If yes, give full and complete information relating thereto:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 25%;">1 Old Custodian</th> <th style="text-align: center; width: 25%;">2 New Custodian</th> <th style="text-align: center; width: 25%;">3 Date of Change</th> <th style="text-align: center; width: 25%;">4 Reason</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason					
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").									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">1 Name of Firm or Individual</th> <th style="text-align: center; width: 50%;">2 Affiliation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	1 Name of Firm or Individual	2 Affiliation							
1 Name of Firm or Individual	2 Affiliation									
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 <input type="checkbox"/> No <input type="checkbox"/>								

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	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	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

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

1 Name of Mutual Fund (from above table)	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	\$ 0	\$ 0	\$ 0
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 0	\$ 0	\$ 0

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 []

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 [] No []

32.2 If no, list exceptions:

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No []

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 0

34.2 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
	\$

35.1 Amount of payments for legal expenses, if any?

\$ 13,200

35.2 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
	\$

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

\$ 0

36.2 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
	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
1.2	If yes, indicate premium earned on U.S. business only.	\$ <u>0</u>	
1.3	What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ <u>0</u>	
1.31	Reason for excluding: <u>2017 retiree premium totalled \$190,875. Premium cannot be split by Medicare vs non-Medicare. Medicare Supp 2017 paid claims = \$80,104.</u>		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item (1.2) above.	\$ <u>0</u>	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ <u>0</u>	
1.6	Individual policies: Most current three years: 1.61 Total premium earned 1.62 Total incurred claims 1.63 Number of covered lives	\$ <u>0</u> \$ <u>0</u> _____ 0	
	All years prior to most current three years: 1.64 Total premium earned 1.65 Total incurred claims 1.66 Number of covered lives	\$ <u>0</u> \$ <u>0</u> _____ 0	
1.7	Group policies: Most current three years: 1.71 Total premium earned 1.72 Total incurred claims 1.73 Number of covered lives	\$ <u>0</u> \$ <u>0</u> _____ 0	
	All years prior to most current three years: 1.74 Total premium earned 1.75 Total incurred claims 1.76 Number of covered lives	\$ <u>0</u> \$ <u>0</u> _____ 0	
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ <u>20,997,437</u>	\$ <u>19,286,753</u>
2.2	Premium Denominator	\$ <u>21,011,727</u>	\$ <u>19,300,838</u>
2.3	Premium Ratio (2.1/2.2)	_____ 99.9%	_____ 99.9%
2.4	Reserve Numerator	\$ <u>2,102,000</u>	\$ <u>1,641,000</u>
2.5	Reserve Denominator	\$ <u>2,102,000</u>	\$ <u>1,641,000</u>
2.6	Reserve Ratio (2.4/2.5)	_____ 100.0%	_____ 100.0%
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$ <u>0</u>	
5.32	Medical Only	\$ <u>220,000</u>	
5.33	Medicare Supplement	\$ <u>0</u>	
5.34	Dental and Vision	\$ <u>0</u>	
5.35	Other Limited Benefit Plan	\$ <u>0</u>	
5.36	Other	\$ <u>0</u>	
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.		

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes 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	0
8.2 Number of providers at end of reporting year	0

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees with rate guarantees between 15-36 months	\$ 0
9.22 Business with rate guarantees over 36 months	\$ 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No

10.2 If yes:

10.21 Maximum amount payable bonuses	0
10.22 Amount actually paid for year bonuses	0
10.23 Maximum amount payable withhold	0
10.24 Amount actually paid for year withhold	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.13 An Individual Practice Association (IPA), or,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.14 A Mixed Model (combination of above)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No

11.3 If yes, show the name of the state requiring such minimum capital and surplus. <u>OH</u>	\$ 500,000
11.4 If yes, show the amount required.	\$ 0

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No

11.6 If the amount is calculated, show the calculation

12. List 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. \$ 0

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. \$ 0

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
	0		\$	\$	\$	\$

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 Premium Written	\$ 0
15.2 Total Incurred Claims	\$ 0
15.3 Number of Covered Lives	0

*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)						

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	8,439,744	7,336,268	5,830,260	6,576,084	5,016,902
2. Total liabilities (Page 3, Line 24).....	3,120,148	2,362,299	2,606,183	2,551,438	1,892,410
3. Statutory minimum capital and surplus requirement.....	500,000	500,000	500,000	500,000	500,000
4. Total capital and surplus (Page 3, Line 33).....	5,319,596	4,973,969	3,224,077	4,024,646	3,124,492
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	21,020,796	19,429,699	18,206,812	18,896,272	19,568,202
6. Total medical and hospital expenses (Line 18).....	18,672,555	16,380,222	17,649,759	16,394,632	17,381,554
7. Claims adjustment expenses (Line 20).....	1,296,543	1,202,422	1,122,639	1,148,749	1,192,237
8. Total administrative expenses (Line 21).....	231,990	201,022	193,851	189,549	216,997
9. Net underwriting gain (loss) (Line 24).....	333,708	1,741,033	(808,437)	889,342	1,774,414
10. Net investment gain (loss) (Line 27).....	11,919	7,199	7,909	10,861	7,037
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	345,627	1,748,232	(800,528)	900,203	1,781,451
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	966,591	1,496,196	(1,004,571)	1,581,025	249,260
Risk-Based Capital Analysis					
14. Total adjusted capital.....	5,319,596	4,973,969	3,224,077	4,024,646	3,124,492
15. Authorized control level risk-based capital.....	1,181,530	1,035,275	1,114,688	1,035,042	1,095,583
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	2,417	2,384	2,334	2,394	2,463
17. Total member months (Column 6, Line 7).....	28,989	28,170	27,863	29,079	31,202
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 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).....	88.9	84.9	99.1	87.8	88.8
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....	6.2	6.2	6.3	6.1	6.1
22. Total underwriting deductions (Line 23).....	98.5	91.6	106.7	96.4	90.9
23. Total underwriting gain (loss) (Line 24).....	1.6	9.0	(4.5)	4.8	9.1
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	1,470,994	1,411,560	1,296,682	1,074,371	2,006,307
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	1,641,000	1,741,000	1,692,000	1,427,000	2,391,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 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:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. Brecksville, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code....0001

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	NAIC Company Code....00000
Total Members at end of:										
1. Prior year.....	2,384			2,384						
2. First quarter.....	2,416			2,416						
3. Second quarter.....	2,411			2,411						
4. Third quarter.....	2,415			2,415						
5. Current year.....	2,417			2,417						
6. Current year member months.....	28,989			28,989						
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	1,353			1,353						
11. Number of inpatient admissions.....	263			263						
12. Health premiums written (b).....	22,222,512			21,123,440						
13. Life premiums direct.....	58,710									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	22,222,512			21,123,440						
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	19,659,436			18,796,598						
18. Amount incurred for provision of health care services.....	20,120,436			19,273,598						

(a) For health business: number of persons insured under PPO managed care products.....2,417 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. Brecksville, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code....0001

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year.....	2,384			2,384						
2. First quarter.....	2,416			2,416						
3. Second quarter.....	2,411			2,411						
4. Third quarter.....	2,415			2,415						
5. Current year.....	2,417			2,417						
6. Current year member months.....	28,989			28,989						
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0			0						
10. Hospital patient days incurred.....	1,353			1,353						
11. Number of inpatient admissions.....	263			263						
12. Health premiums written (b).....	22,222,512			21,123,440			1,099,072			
13. Life premiums direct.....	58,710									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	22,222,512			21,123,440			1,099,072			
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	19,659,436			18,796,598			862,838			
18. Amount incurred for provision of health care services.....	20,120,436			19,273,598			846,838			

(a) For health business: number of persons insured under PPO managed care products.....2,417 and number of persons insured under indemnity only products.....0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

Sch. S - Pt. 7
NONE

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	Active Status	1	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N						0		
2. Alaska	AK	N						0		
3. Arizona	AZ	N						0		
4. Arkansas	AR	N						0		
5. California	CA	N						0		
6. Colorado	CO	N						0		
7. Connecticut	CT	N						0		
8. Delaware	DE	N						0		
9. District of Columbia	DC	N						0		
10. Florida	FL	N						0		
11. Georgia	GA	N						0		
12. Hawaii	HI	N						0		
13. Idaho	ID	N						0		
14. Illinois	IL	N						0		
15. Indiana	IN	N						0		
16. Iowa	IA	N						0		
17. Kansas	KS	N						0		
18. Kentucky	KY	N						0		
19. Louisiana	LA	N						0		
20. Maine	ME	N						0		
21. Maryland	MD	N						0		
22. Massachusetts	MA	N						0		
23. Michigan	MI	N						0		
24. Minnesota	MN	N						0		
25. Mississippi	MS	N						0		
26. Missouri	MO	N						0		
27. Montana	MT	N						0		
28. Nebraska	NE	N						0		
29. Nevada	NV	N						0		
30. New Hampshire	NH	N						0		
31. New Jersey	NJ	N						0		
32. New Mexico	NM	N						0		
33. New York	NY	N						0		
34. North Carolina	NC	N						0		
35. North Dakota	ND	N						0		
36. Ohio	OH	L	22,222,512			58,710		22,281,222		
37. Oklahoma	OK	N						0		
38. Oregon	OR	N						0		
39. Pennsylvania	PA	N						0		
40. Rhode Island	RI	N						0		
41. South Carolina	SC	N						0		
42. South Dakota	SD	N						0		
43. Tennessee	TN	N						0		
44. Texas	TX	N						0		
45. Utah	UT	N						0		
46. Vermont	VT	N						0		
47. Virginia	VA	N						0		
48. Washington	WA	N						0		
49. West Virginia	WV	N						0		
50. Wisconsin	WI	N						0		
51. Wyoming	WY	N						0		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate Other alien	OT	XXX	0	0	0	0	0	0	0	
59. Subtotal		XXX	22,222,512	0	0	0	58,710	0	22,281,222	
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	
61. Total (Direct Business)	(a)	1	22,222,512	0	0	0	58,710	0	22,281,222	

DETAILS OF WRITE-INS

58001								0	
58002								0	
58003								0	
58998. Summary of remaining write-ins for line 58		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)		0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (O) - 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.

Sch. T - Pt. 2 - Interstate Compact
NONE

Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

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.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses
<u>SEE EXPLANATION</u>
yes
<u>SEE EXPLANATION</u>
yes

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

yes
<u>SEE EXPLANATION</u>
yes

JUNE FILING

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

yes
<u>SEE EXPLANATION</u>

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?

waived

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

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. 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?
15. 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?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. 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?
18. 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?
19. 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?

<u>SEE EXPLANATION</u>
waived

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

waived
waived
waived
waived

AUGUST FILING

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

yes

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1. Plan is a MEWA overseen by trustees (no direct employees).

BAR CODE:



2.



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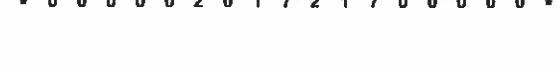
21.



22.



23.



24.

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.22 Issued by U.S. government sponsored agencies.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.43 Revenue and assessment obligations.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.44 Industrial development and similar obligations.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.513 All other.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
1.523 All other.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
2.3 Affiliated securities.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3. Equity interests:						
3.1 Investments in mutual funds.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.2 Preferred stocks:						
3.21 Affiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.22 Unaffiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.32 Unaffiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.4 Other equity securities:						
3.41 Affiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.42 Unaffiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
3.52 Unaffiliated.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
4. Mortgage loans:						
4.1 Construction and land development.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
4.2 Agricultural.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
4.3 Single family residential properties.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
4.4 Multifamily residential properties.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
4.5 Commercial loans.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
4.6 Mezzanine real estate loans.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
5. Real estate investments:						
5.1 Property occupied by company.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
6. Contract loans.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
7. Derivatives.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
8. Receivables for securities.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....	.....0.0		.....0.0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments.....	8,009,215	100.0	8,009,215	.....0.0	8,009,215	100.0
11. Other invested assets.....	.....0.0		.....0.0	.....0.0	.....0.0	.....0.0
12. Total invested assets.....	8,009,215	100.0	8,009,215	.....0.0	8,009,215	100.0

Sch. A - Verification

NONE

Sch. B - Verification

NONE

Sch. BA - Verification

NONE

Sch. D - Verification

NONE

Sch. D - Summary by Country

NONE

Sch. D - Pt. 1A - Sn. 1

NONE

Sch. D - Pt. 1A - Sn. 1

NONE

Sch. D - Pt. 1A - Sn. 1

NONE

Sch. D - Pt. 1A - Sn. 2

NONE

Sch. D - Pt. 1A - Sn. 2

NONE

Sch. DA - Verification

NONE

Sch. DB - Pt. A - Verification

NONE

Sch. DB - Pt. B - Verification

NONE

Sch. DB - Pt. C - Sn. 1

NONE

Sch. DB - Pt. C - Sn. 2

NONE

Sch. DB - Verification

NONE

Sch. E - Pt. 2 Verification

NONE

Sch. A - Pt. 1

NONE

Sch. A - Pt. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 1

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 1

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 1

NONE

Sch. D - Pt. 2 - Sn. 1

NONE

Sch. D - Pt. 2 - Sn. 2

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. D - Pt. 5

NONE

Sch. D - Pt. 6 - Sn. 1

NONE

Sch. D - Pt. 6 - Sn. 2

NONE

Sch. DA - Pt. 1

NONE

Sch. DB - Pt. A - Sn. 1

NONE

Sch. DB - Pt. A - Sn. 2

NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 2
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

Statement as of December 31, 2017 of the **Cleveland Automobile Dealers Association Group Health Plan**
SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
Open Depositories						
PNC Bank - checking.....	Pennsylvania.....	varies.....	.6,913.....	.....	3,535,255	XXX
PNC Bank - savings.....	Pennsylvania.....	varies.....	.318.....	.....	340,988	XXX
Dollar Bank - savings.....	Ohio.....	varies.....	1,927.....	.....	1,107,703	XXX
Fifth Third Bank - savings.....	Ohio.....	varies.....	.964.....	.....	1,010,993	XXX
Huntington Natl Bank - savings.....	Ohio.....	varies.....	1,011.....	.....	1,011,560	XXX
Key Bank - savings.....	Ohio.....	varies.....	.786.....	.....	1,002,716	XXX
0139999. Total - Open Depositories.....	XXX	XXX	11,919.....	.0	8,009,215	XXX
0339999. Total Cash on Deposit.....	XXX	XXX	11,919.....	.0	8,009,215	XXX
0539999. Total Cash.....	XXX	XXX	11,919.....	.0	8,009,215	XXX

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

1. January.....	7,258,008	4. April.....	8,241,815	7. July.....	7,929,958	10. October.....	8,279,954
2. February.....	7,558,341	5. May.....	7,805,766	8. August.....	8,275,874	11. November.....	8,282,785
3. March.....	8,035,419	6. June.....	8,153,181	9. September.....	8,238,634	12. December.....	8,009,215

Sch. E - Pt. 2
NONE

Sch. E - Pt. 3
NONE