



# HEALTH QUARTERLY STATEMENT

102

As of June 30, 2018  
of the Condition and Affairs of the

## Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code..... 1, 1  
(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..... 0

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

State of Domicile or Port of Entry OH

Country of Domicile US

Is HMO Federally Qualified? Yes [ ] No [ ]

Commenced Business..... January 1, 1979

Main Administrative Office

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

440-746-1500

(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

440-746-1500

(Area Code) (Telephone Number)

Internet Web Site Address

www.gcada.org

440-746-1500

Statutory Statement Contact

John Robinson  
(Name)  
jrobinson@gcada.org  
(E-Mail Address)

(Area Code) (Telephone Number) (Extension)

(Fax Number)

### OFFICERS

Name  
1. Richard Marcellino  
3.

Title  
Trustee

2. Kirt Frye  
4.

Name  
Trustee

Title

### OTHER

### DIRECTORS OR TRUSTEES

Richard Marcellino  
Joseph Fornal

Kirt Frye  
Christopher O'Donnell

Robert Gillingham  
Paul Hnchar 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

1. (Printed Name)

Trustee

(Title)

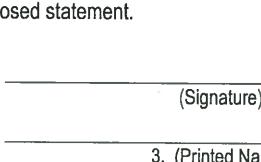
  
(Signature)

Kirt Frye

2. (Printed Name)

Trustee

(Title)

  
(Signature)

Robert Gillingham

Paul Hnchar Jr.

3. (Printed Name)

(Title)

Subscribed and sworn to before me  
This 6th day of July

a. Is this an original filing?

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [X] No [ ]

  
(Signature)

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

7/18/2018 7:35:23 PM



Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**ASSETS**

|  | Current Statement Date |                         |  | 4<br>Prior Year Net Admitted Assets |
|--|------------------------|-------------------------|--|-------------------------------------|
|  | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets (Cols. 1 - 2) |                                     |
| 1. Bonds.....  |                        |                         | 0                                      |                                     |
| 2. Stocks:   |                        |                         | 0                                      |                                     |
| 2.1 Preferred stocks.....  |                        |                         | 0                                      |                                     |
| 2.2 Common stocks.....   |                        |                         | 0                                      |                                     |
| 3. Mortgage loans on real estate:  |                        |                         | 0                                      |                                     |
| 3.1 First liens.....   |                        |                         | 0                                      |                                     |
| 3.2 Other than first liens.....  |                        |                         | 0                                      |                                     |
| 4. Real estate:  |                        |                         | 0                                      |                                     |
| 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 (\$.....8,275,549), cash equivalents (\$.....0) and short-term investments (\$.....0).....   | 8,275,549              |                         | 8,275,549                              | 8,009,215                           |
| 6. Contract loans (including \$.....0 premium notes).....  |                        |                         | 0                                      |                                     |
| 7. Derivatives.....  |                        |                         | 0                                      |                                     |
| 8. Other invested assets.....  |                        |                         | 0                                      |                                     |
| 9. Receivables for securities.....   |                        |                         | 0                                      |                                     |
| 10. Securities lending reinvested collateral assets.....   |                        |                         | 0                                      |                                     |
| 11. Aggregate write-ins for invested assets.....   | 0                      | 0                       | 0                                      | 0                                   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....   | 8,275,549              | 0                       | 8,275,549                              | 8,009,215                           |
| 13. Title plants less \$.....0 charged off (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.....  | 121,617                |                         | 121,617                                | 430,529                             |
| 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:   |                        |                         | 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).....   |                        |                         | 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 through 25).....                             | 8,397,166              | 0                       | 8,397,166                              | 8,439,744                           |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....   |                        |                         | 0                                      |                                     |
| 28. Total (Lines 26 and 27).....   | 8,397,166              | 0                       | 8,397,166                              | 8,439,744                           |

**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 thru 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 thru 2503 plus 2598) (Line 25 above).....       | 0 | 0 | 0 | 0 |

Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**LIABILITIES, CAPITAL AND SURPLUS**

|   | Current Period |                |                | Prior Year     |
|---|----------------|----------------|----------------|----------------|
|   | 1<br>Covered   | 2<br>Uncovered | 3<br>Total     | 4<br>Total     |
| 1. Claims unpaid (less \$.....0 reinsurance ceded)  | .....1,938,000 |                | .....1,938,000 | .....2,102,000 |
| 2. Accrued medical incentive pool and bonus amounts   |                |                | .....0         |                |
| 3. Unpaid claims adjustment expenses  | .....260,000   |                | .....260,000   | .....250,000   |
| 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 reserve   |                |                | .....0         |                |
| 7. Aggregate health claim reserves  |                |                | .....0         |                |
| 8. Premiums received in advance   |                |                | .....0         | .....4,537     |
| 9. General expenses due or accrued  | .....22,014    |                | .....22,014    | .....18,600    |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized 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 certified \$.....0 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 \$....511,803 current)   | .....511,803   | .....0         | .....511,803   | .....745,011   |
| 24. Total liabilities (Lines 1 to 23)   | .....2,731,817 | .....0         | .....2,731,817 | .....3,120,148 |
| 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       | .....5,665,349 | .....5,319,596 |
| 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       | .....5,665,349 | .....5,319,596 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)  | .....XXX       | .....XXX       | .....8,397,166 | .....8,439,744 |

**DETAILS OF WRITE-INS**

|   |              |          |              |              |
|---|--------------|----------|--------------|--------------|
| 2301. Invoices payable to carriers                                  | .....511,803 |          | .....511,803 | .....745,011 |
| 2302.   | .....        |          | .....0       |              |
| 2303.   | .....        |          | .....0       |              |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | .....0       | .....0   | .....0       | .....0       |
| 2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)       | .....511,803 | .....0   | .....511,803 | .....745,011 |
| 2501.   | .....        |          |              |              |
| 2502.   | .....        |          |              |              |
| 2503.   | .....        |          |              |              |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | .....XXX     | .....XXX | .....0       | .....0       |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)       | .....XXX     | .....XXX | .....0       | .....0       |
| 3001.   | .....        |          |              |              |
| 3002.   | .....        |          |              |              |
| 3003.   | .....        |          |              |              |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | .....XXX     | .....XXX | .....0       | .....0       |
| 3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)       | .....XXX     | .....XXX | .....0       | .....0       |

Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**STATEMENT OF REVENUE AND EXPENSES**

|  | Current Year<br>To Date |                 | Prior Year<br>To Date | Prior Year<br>Ended December 31 |
|--|-------------------------|-----------------|-----------------------|---------------------------------|
|  | 1<br>Uncovered          | 2<br>Total      | 3<br>Total            | 4<br>Total                      |
| 1. Member months.....  | ....XXX                 | .....14,098     | .....14,505           | .....28,989                     |
| 2. Net premium income (including \$....7,763 non-health premium income).....   | ....XXX                 | .....10,296,146 | .....10,377,160       | .....21,011,727                 |
| 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                 | .....0          | .....14               | .....9,069                      |
| 7. Aggregate write-ins for other non-health revenues.....  | ....XXX                 | .....0          | .....0                | .....0                          |
| 8. Total revenues (Lines 2 to 7).....  | ....XXX                 | .....10,296,146 | .....10,377,174       | .....21,020,796                 |
| <b>Hospital and Medical:</b>   |                         |                 |                       |                                 |
| 9. Hospital/medical benefits.....  |                         | .....7,093,586  | .....6,548,832        | .....14,391,811                 |
| 10. Other professional services.....   |                         | .....450,944    | .....462,448          | .....862,838                    |
| 11. Outside referrals.....   |                         |                 |                       |                                 |
| 12. Emergency room and out-of-area.....  |                         |                 |                       |                                 |
| 13. Prescription drugs.....  |                         | .....2,064,059  | .....2,029,337        | .....4,404,787                  |
| 14. Aggregate write-ins for other hospital and medical.....  | .....0                  | .....10,205     | .....0                | .....(65,163)                   |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                         |                 |                       |                                 |
| 16. Subtotal (Lines 9 to 15).....  | .....0                  | .....9,618,794  | .....9,040,617        | .....19,594,273                 |
| <b>Less:</b>   |                         |                 |                       |                                 |
| 17. Net reinsurance recoveries.....  |                         | .....330,259    | .....412,683          | .....921,718                    |
| 18. Total hospital and medical (Lines 16 minus 17).....  | .....0                  | .....9,288,535  | .....8,627,934        | .....18,672,555                 |
| 19. Non-health claims (net).....   |                         |                 |                       |                                 |
| 20. Claims adjustment expenses, including \$.....0 cost containment expenses.....  |                         | .....675,566    | .....635,593          | .....1,296,543                  |
| 21. General administrative expenses.....   |                         | .....148,784    | .....148,647          | .....231,990                    |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....     |                         | .....(154,000)  | .....133,000          | .....486,000                    |
| 23. Total underwriting deductions (Lines 18 through 22).....   | .....0                  | .....9,958,885  | .....9,545,174        | .....20,687,088                 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23).....  | ....XXX                 | .....337,261    | .....832,000          | .....333,708                    |
| 25. Net investment income earned.....  |                         | .....8,492      | .....5,356            | .....11,919                     |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0.....  |                         |                 |                       |                                 |
| 27. Net investment gains or (losses) (Lines 25 plus 26).....   | .....0                  | .....8,492      | .....5,356            | .....11,919                     |
| 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                | .....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                 | .....345,753    | .....837,356          | .....345,627                    |
| 31. Federal and foreign income taxes incurred.....   | ....XXX                 |                 |                       |                                 |
| 32. Net income (loss) (Lines 30 minus 31).....   | ....XXX                 | .....345,753    | .....837,356          | .....345,627                    |

**DETAILS OF WRITE-INS**

|  |         |             |         |               |
|--|---------|-------------|---------|---------------|
| 0601. ATRF pass-through.....   | ....XXX |             | .....14 | .....9,069    |
| 0602. ....   | ....XXX |             |         |               |
| 0603. ....   | ....XXX |             |         |               |
| 0698. Summary of remaining write-ins for Line 6 from overflow page.....  | ....XXX | .....0      | .....0  | .....0        |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....        | ....XXX | .....0      | .....14 | .....9,069    |
| 0701. ....   | ....XXX |             |         |               |
| 0702. ....   | ....XXX |             |         |               |
| 0703. ....   | ....XXX |             |         |               |
| 0798. Summary of remaining write-ins for Line 7 from overflow page.....  | ....XXX | .....0      | .....0  | .....0        |
| 0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....        | ....XXX | .....0      | .....0  | .....0        |
| 1401. ACA fees (including ATRF and PCORI).....                           |         | .....10,205 |         | .....(65,163) |
| 1402. ....   |         |             |         |               |
| 1403. ....   |         |             |         |               |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | .....0  | .....0      | .....0  | .....0        |
| 1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....       | .....0  | .....10,205 | .....0  | .....(65,163) |
| 2901. ....   |         |             |         |               |
| 2902. ....   |         |             |         |               |
| 2903. ....   |         |             |         |               |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | .....0  | .....0      | .....0  | .....0        |
| 2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....       | .....0  | .....0      | .....0  | .....0        |

Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**STATEMENT OF REVENUE AND EXPENSES (Continued)**

| CAPITAL AND SURPLUS ACCOUNT  | 1                       | 2                     | 3                               |
|--|-------------------------|-----------------------|---------------------------------|
|  | Current Year<br>to Date | Prior Year<br>To Date | Prior Year<br>Ended December 31 |
| 33. Capital and surplus prior reporting year.....                                      | 5,319,596               | 4,973,969             | 4,973,969                       |
| 34. Net income or (loss) from Line 32.....   | 345,753                 | 837,356               | 345,627                         |
| 35. Change in valuation basis of aggregate policy and claim reserves.....              |                         |                       |                                 |
| 36. Change in net unrealized capital gains (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.....  |                         |                       |                                 |
| 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                     | 0                               |
| 48. Net change in capital and surplus (Lines 34 to 47).....                            | 345,753                 | 837,356               | 345,627                         |
| 49. Capital and surplus end of reporting period (Line 33 plus 48).....                 | 5,665,349               | 5,811,325             | 5,319,596                       |

**DETAILS OF WRITE-INS**

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

Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**CASH FLOW**

|   | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>CASH FROM OPERATIONS</b>   |                              |                            |                                      |
| 1. Premiums collected net of reinsurance.....   | 10,600,521                   | 10,442,991                 | 20,871,818                           |
| 2. Net investment income.....   | 8,492                        | 5,356                      | 11,919                               |
| 3. Miscellaneous income.....  |                              | .14                        | 9,069                                |
| 4. Total (Lines 1 through 3).....   | 10,609,013                   | 10,448,361                 | 20,892,806                           |
| 5. Benefit and loss related payments.....   | 9,531,743                    | 8,585,400                  | 18,421,637                           |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                         |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....   | .810,936                     | .752,404                   | 1,504,578                            |
| 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).....  | 10,342,679                   | 9,337,804                  | 19,926,215                           |
| 11. Net cash from operations (Line 4 minus Line 10).....  | .266,334                     | 1,110,557                  | .966,591                             |
| <b>CASH FROM INVESTMENTS</b>  |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds.....   |                              |                            |                                      |
| 12.2 Stocks.....  |                              |                            |                                      |
| 12.3 Mortgage loans.....  |                              |                            |                                      |
| 12.4 Real estate.....   |                              |                            |                                      |
| 12.5 Other invested assets.....   |                              |                            |                                      |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                                |                              |                            |                                      |
| 12.7 Miscellaneous proceeds.....  |                              |                            |                                      |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....  | .0                           | .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                         | .0                                   |
| 14. Net increase or (decrease) in contract loans and premium notes.....   |                              |                            |                                      |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....  | .0                           | .0                         | .0                                   |
| <b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>  |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes.....  |                              |                            |                                      |
| 16.2 Capital and paid in surplus, less treasury stock.....  |                              |                            |                                      |
| 16.3 Borrowed funds.....  |                              |                            |                                      |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities.....                                    |                              |                            |                                      |
| 16.5 Dividends to stockholders.....   |                              |                            |                                      |
| 16.6 Other cash provided (applied).....   |                              |                            |                                      |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | .0                           | .0                         | .0                                   |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>  |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....        | .266,334                     | 1,110,557                  | .966,591                             |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year.....   | 8,009,215                    |                            | 7,042,624                            |
| 19.2 End of period (Line 18 plus Line 19.1).....  | 8,275,549                    | 1,110,557                  | 8,009,215                            |

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

|               |       |       |       |
|---------------|-------|-------|-------|
| 20.0001 ..... | ..... | ..... | ..... |
|---------------|-------|-------|-------|

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|  | 1<br>Total | 2<br>Individual                    |            | 3<br>Group |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal Employees<br>Health Benefit Plan | 8<br>Title XVII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|------------|------------|-----------------------------|---------------------|---------------------|---|-----------------------------|----------------------------|-------------|
|  |            | Comprehensive (Hospital & Medical) | Individual | Group      |            |                             |                     |                     |   |                             |                            |             |
| <b>Total Members at End of:</b>                                |            |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 1. Prior Year.....   | 2,417      |                                    |            |            | 2,417      |                             |                     |                     |   |                             |                            |             |
| 2. First Quarter.....  | 2,350      |                                    |            |            | 2,350      |                             |                     |                     |   |                             |                            |             |
| 3. Second Quarter.....   | 2,364      |                                    |            |            | 2,364      |                             |                     |                     |   |                             |                            |             |
| 4. Third Quarter.....  | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 5. Current Year.....   | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 6. Current Year Member Months.....                             | 14,098     |                                    |            |            | 14,098     |                             |                     |                     |   |                             |                            |             |
| <b>Total Member Ambulatory Encounters for Period:</b>          |            |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 7. Physician.....  | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 8. Non-Physician.....  | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 9. Total.....  | 0          |                                    |            |            | 0          |                             |                     |                     |   |                             |                            |             |
| 10. Hospital Patient Days Incurred.....                        | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 11. Number of Inpatient Admissions.....                        | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 12. Health Premiums Written (a).....                           | 10,907,918 |                                    |            |            | 10,397,911 |                             |                     |                     |   |                             |                            |             |
| 13. Life Premiums Direct.....                                  | 31,916     |                                    |            |            |            |                             |                     |                     |   |                             |                            | 31,916      |
| 14. Property/Casually Premiums Written.....                    | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 15. Health Premiums Earned.....                                | 10,907,918 |                                    |            |            | 10,397,911 |                             |                     |                     |   |                             |                            |             |
| 16. Property/Casually Premiums Earned.....                     | 0          |                                    |            |            |            |                             |                     |                     |   |                             |                            |             |
| 17. Amount Paid for Provision of Health Care Services.....     | 9,608,589  |                                    |            |            | 9,157,645  |                             |                     |                     |   |                             |                            | 450,944     |
| 18. Amount Incurred for Provision of Health Care Services..... | 9,444,589  |                                    |            |            | 8,966,645  |                             |                     |                     |   |                             |                            | 477,944     |

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

| Aging Analysis of Unpaid Claims                          |             |              |              |               |               |           |
|--|-------------|--------------|--------------|---------------|---------------|-----------|
| 1  | 2           | 3            | 4            | 5             | 6             | 7         |
| Account  | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total     |
| Claims Unpaid (Reported)                                 |             |              |              |               |               |           |
| 0599999. Unreported Claims and Other Claim Reserves..... |             |              |              |               |               | 1,938,000 |
| 0799999. Total Claims Unpaid.....                        |             |              |              |               |               | 1,938,000 |

**UNDERWRITING AND INVESTMENT EXHIBIT**

**Analysis of Claims Unpaid - Prior Year - Net of Reinsurance**

| Line of Business                                   | Claims Paid Year to Date                                   |   |   | Liability End of Current Quarter        |        | Claims incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|--|---|---|---|--------|--|---|
|  | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>On Claims Incurred During the Year | 5      |  |   |
| 1. Comprehensive (hospital and medical).....       | 1,970,011  | .....                                   | 6,857,075                                       | .....                                   | 71,000 | .....  | 2,050,000   |
| 2. Medicare Supplement.....                        | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 3. Dental only.....                                | 48,853   | .....                                   | 402,091   | .....                                   | 2,000  | .....  | 52,000  |
| 4. Vision only.....                                | .....  | .....                                   | .....   | .....                                   | 77,000 | .....  | 50,853  |
| 5. Federal Employees Health Benefits Plan.....     | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 6. Title XVIII - Medicare.....                     | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 7. Title XIX - Medicaid.....                       | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 8. Other health.....                               | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 9. Health subtotal (Lines 1 to 8).....             | 2,018,864  | .....                                   | 7,259,166                                       | .....                                   | 73,000 | .....  | 2,091,864   |
| 10. Healthcare receivables (a).....                | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 11. Other non-health.....                          | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 12. Medical incentive pools and bonus amounts..... | .....  | .....                                   | .....   | .....                                   | 0      | .....  | 0   |
| 13. Totals (Lines 9-10+11+12).....                 | 2,018,864  | .....                                   | 7,259,166                                       | .....                                   | 73,000 | .....  | 2,091,864   |

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

## **NOTES TO FINANCIAL STATEMENTS**

### **NOTE 1 - Summary of Significant Accounting Policies**

#### **DESCRIPTION OF PLAN**

**Nature of Operations:** The Cleveland Automobile Dealers' Group Health Plan (the Plan) provides and maintains a program of group insurance for the benefit of members of the Greater Cleveland Automobile Dealers' Association. The Plan, as amended and restated by the Board of Trustees was adopted effective June 1, 1990. GCADA is the plan's sponsor.

**Premiums:** Contributions to the Trust are made by members of the Association in accordance with rates established for the insurance coverage provided.

**Health Insurance Benefits:** Group health insurance benefits are provided by direct payments of claims per agreements with Medical Mutual of Ohio.

#### **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation:** The accompanying statutory financial statements have been prepared in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance. Prescribed statutory accounting practices include state laws, regulations and general administrative rules, as well as a variety of publications of the National Association of Insurance Commissioners (NAIC). Permitted statutory accounting practices encompass all accounting practices that are not prescribed; such practices may differ from state to state, may differ from company to company within a state and may change in the future. Statutory accounting practices used by the Plan vary from accounting principles generally accepted in the United States of America as follows:

**Reinsurance:** Reserves for losses and loss adjustment expenses and unearned premiums are reported net of reinsured amounts.

For the purpose of the annual and quarterly statements, the following policies have been treated as reinsurance.

- Specific and aggregate stop loss
- Fully-insured, no-risk life insurance

Reported premium income is generally net of reinsurance – it has been reduced by the cost of ceded reinsurance (the cost of stop loss premium and life insurance premium). Likewise, incurred claims and the reserve for incurred but unpaid claims do not include the cost of ceded reinsurance. Premium is reported gross of reinsurance on Exhibit of Premiums and Enrollment and Schedule T.

Vision premium and claims are included with dental.

**Statement of Revenues and Expenses - Paid claims and expenses on 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 the first half of 2018 the ratio of members to contracts averaged 1.73 and ranged from 1.74 (Feb) to 1.70 (June). The ratio of members to contracts in 2017 averaged 1.77 and ranged from 1.80 (Jan) to 1.75 (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.

**Bonds:** Includes all bonds with maturity dates, when purchased, greater than one year.

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## **NOTES TO FINANCIAL STATEMENTS**

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**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 the first half of 2018, management fees of \$65,850 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$65,850 were paid to GCADA in the first half of 2017.

**NOTE 11 - Debt**

None

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

Not Applicable

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## **NOTES TO FINANCIAL STATEMENTS**

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### **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 was 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 were required to pay a per-capita fee determined by HHS. The Plan collected pass-through revenue and paid 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, were 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 pays the PCORI fee in 2013-2019. The fees for 2017 were approximately \$2.39 per member (indexed going forward).

The 1<sup>st</sup> half 2018 and 2017 revenue and expenses related to the ACA were:

|  | <u>1<sup>st</sup> Half 2018</u> | <u>1<sup>st</sup> Half 2017</u> |
|--|---------------------------------|---------------------------------|
| ATRF Pass-Through revenue (reported on page 4, line 6)     | \$ 0                            | \$ 14                           |
| ACA fees, incl. ATRF & PCORI (reported on page 4, line 14) | 10,205                          | 0                               |

### **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 2018 and 2017:

|                             | <u>1<sup>st</sup> Half 2018</u> | <u>1<sup>st</sup> Half 2017</u> |
|-----------------------------|---------------------------------|---------------------------------|
| Premium Income              |                                 |                                 |
| Cost of Stop Loss Insurance | \$ 619,535                      | \$ 598,777                      |
| Cost of Life Insurance      | 24,153                          | 21,553                          |
| Total reduction             | 643,688                         | 620,330                         |
| Underwriting Deductions     |                                 |                                 |
| Stop Loss Reimbursements    | \$ 330,259                      | \$ 412,683                      |

#### **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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  Yes [ ]  No [X]

1.2 If yes, has the report been filed with the domiciliary state?  Yes [ ]  No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [X]

2.2 If yes, date of change:

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

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

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?  Yes [ ]  No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1              | 2<br>NAIC<br>Company<br>Code | 3<br>State of<br>Domicile |
|----------------|------------------------------|---------------------------|
| Name of Entity |                              |                           |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.  Yes [ ]  No [X]  N/A [ ]

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

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

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  01/10/2017

6.4 By what department or departments?  
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  Yes [X]  No [ ]  N/A [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [X]  No [ ]  N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated 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 location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [X]  No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

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

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ \_\_\_\_\_ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ \_\_\_\_\_ 0

13. Amount of real estate and mortgages held in short-term investments: \$ \_\_\_\_\_ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

14.21 Bonds  
 14.22 Preferred Stock  
 14.23 Common Stock  
 14.24 Short-Term Investments  
 14.25 Mortgage Loans on Real Estate  
 14.26 All Other  
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)  
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

| 1   | 2  |
|---|--|
| Prior Year End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| \$ 0  | \$ 0   |
| 0   | 0  |
| 0   | 0  |
| 0   | 0  |
| 0   | 0  |
| 0   | 0  |
| \$ 0  | \$ 0   |
| \$ 0  | \$ 0   |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ \_\_\_\_\_ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ \_\_\_\_\_ 0

16.3 Total payable for securities lending reported on the liability page: \$ \_\_\_\_\_ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

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

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1       | 2           | 3                       |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |

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

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

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

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

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

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 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 |

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

18.2 If no, list exceptions:

## **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 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 [X]

**GENERAL INTERROGATORIES (continued)****PART 2 - HEALTH**

|  |       |         |          |
|--|-------|---------|----------|
| 1. Operating Percentages:  |       |         |          |
| 1.1 A&H loss percent .....   | ..... | 90.2 %  |          |
| 1.2 A&H cost containment percent .....   | ..... | 0.0 %   |          |
| 1.3 A&H expense percent excluding cost containment expenses .....  | ..... | 8.0 %   |          |
| 2.1 Do you act as a custodian for health savings accounts? .....   | ..... | Yes [ ] | No [ X ] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.  |       |         | 0        |
| 2.3 Do you act as an administrator for health savings accounts? .....  | ..... | Yes [ ] | No [ X ] |
| 2.4 If yes, please provide the amount of funds administered as of the reporting date.  |       |         | 0        |
| 3 Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....  | ..... | Yes [ ] | No [ X ] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?..... | ..... | Yes [ ] | No [ X ] |

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

| 1<br>NAIC<br>Company<br>Code | 2<br>ID Number | 3<br>Effective<br>Date | 4<br>Name of Reinsurer | 5<br>Domiciliary<br>Jurisdiction | 6<br>Type of<br>Reinsurance<br>Ceded | 7<br>Type of<br>Reinsurer | 8<br>Certified<br>Reinsurer Rating<br>(1 through 6) | 9<br>Effective Date<br>of Certified<br>Reinsurer<br>Rating |
|------------------------------|----------------|------------------------|------------------------|----------------------------------|--------------------------------------|---------------------------|---|--|
|                              |                |                        |                        |                                  |                                      |                           |   |  |

Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

| State, Etc.   | 1<br>Active Status<br>(a) | Direct Business Only                    |                              |                            |   |   |  |                                      | 9<br>Deposit-Type<br>Contracts |
|---|---------------------------|---|------------------------------|----------------------------|---|---|--|--------------------------------------|--------------------------------|
|   |                           | 2<br>Accident<br>and Health<br>Premiums | 3<br>Medicare<br>Title XVIII | 4<br>Medicaid<br>Title XIX | 5<br>Federal<br>Employees<br>Health Benefits<br>Program<br>Premiums | 6<br>Life and<br>Annuity<br>Premiums and<br>Other<br>Considerations | 7<br>Property/<br>Casualty<br>Premiums | 8<br>Total<br>Columns<br>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.                    | 10,907,918                              |                              |                            |   | 31,916  |  | 10,939,834                           |                                |
| 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                                    | 0                              |
| 59. Subtotal.....   | XXX.                      | 10,907,918                              | 0                            | 0                          | 0   | 31,916  | 0                                      | 10,939,834                           | 0                              |
| 60. Reporting entity contributions for<br>Employee Benefit Plans..... | XXX.                      |   |                              |                            |   |   |  | 0                                    |                                |
| 61. Total (Direct Business).....                                      | XXX.                      | 10,907,918                              | 0                            | 0                          | 0   | 31,916  | 0                                      | 10,939,834                           | 0                              |

DETAILS OF WRITE-INS

|  |  |   |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|
| 58001.....   |  |   |   |   |   |   |   | 0 |   |
| 58002.....   |  |   |   |   |   |   |   | 0 |   |
| 58003.....   |  |   |   |   |   |   |   | 0 |   |
| 58998. Summary of remaining write-ins<br>for line 58 from overflow page..... |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Total (Lines 58001 thru 58003 plus 58998)<br>(Line 58 above).....     |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0  
N - None of the above - Not allowed to write business in the state..... 56

**Sch. Y - Pt. 1**  
**NONE**

**Sch. Y - Pt. 1A**  
**NONE**

Statement as of June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:



**Overflow Page**

**NONE**

**Sch. A - Verification**

**NONE**

**Sch. B - Verification**

**NONE**

**Sch. BA - Verification**

**NONE**

**Sch. D - Verification**

**NONE**

**Sch. D - Pt. 1B**

**NONE**

**Sch. DA - Pt. 1**

**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. 2**

**NONE**

**Sch. A - Pt. 3**

**NONE**

**Sch. B - Pt. 2**

**NONE**

**Sch. B - Pt. 3**

**NONE**

**Sch. BA - Pt. 2**

**NONE**

**Sch. BA - Pt. 3**

**NONE**

**Sch. D - Pt. 3**  
**NONE**

**Sch. D - Pt. 4**  
**NONE**

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**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 June 30, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**  
**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

| 1<br>Depository                       | 2<br>Code | 3<br>Rate of Interest | 4<br>Amount of interest<br>Received During<br>Current Quarter | 5<br>Amount of Interest<br>Accrued at Current<br>Statement Date | Book Balance at End of Each<br>Month During Current Quarter |                   |                  | 9<br>* |
|---------------------------------------|-----------|-----------------------|---|---|---|-------------------|------------------|--------|
|                                       |           |                       |   |   | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |        |
| <b>Open Depositories</b>              |           |                       |   |   |   |                   |                  |        |
| PNC Bank - checking.....              |           | varies.....           | 1,956   |   | 3,387,968   | 4,052,414         | 3,796,633        | XXX    |
| PNC Bank - savings.....               |           | varies.....           | .91   |   | 341,101   | 341,129           | 341,163          | XXX    |
| Dollar Bank - savings.....            |           | varies.....           | 2,057   |   | 1,109,738   | 1,110,442         | 1,111,139        | XXX    |
| Fifth Third Bank - savings.....       |           | varies.....           | 205   |   | 1,011,279   | 1,011,364         | 1,011,447        | XXX    |
| Huntington Bank - savings.....        |           | varies.....           | 252   |   | 1,011,893   | 1,011,979         | 1,012,062        | XXX    |
| Key Bank - savings.....               |           | varies.....           | 196   |   | 1,002,974   | 1,003,041         | 1,003,105        | XXX    |
| (199999. Total Open Depositories..... | XXX       | XXX                   | .4,757  | 0   | 7,864,953   | 8,530,369         | 8,275,549        | XXX    |
| (399999. Total Cash on Deposit.....   | XXX       | XXX                   | .4,757  | 0   | 7,864,953   | 8,530,369         | 8,275,549        | XXX    |
| (599999. Total Cash.....              | XXX       | XXX                   | .4,757  | 0   | 7,864,953   | 8,530,369         | 8,275,549        | XXX    |

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

| 1<br>CUSIP | 2<br>Description | 3<br>Code | 4<br>Date Acquired | 5<br>Rate of Interest | 6<br>Maturity Date | 7<br>Book/Adjusted Carrying Value | 8<br>Amount of Interest Due &<br>Accrued | 9<br>Amount Received During Year |
|------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|
|------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code.....1

NAIC Company Code.....0

|  | Individual Coverage |                | Group Coverage |                | 5<br>Total<br>Cash |
|--|---------------------|----------------|----------------|----------------|--------------------|
|  | 1<br>Insured        | 2<br>Uninsured | 3<br>Insured   | 4<br>Uninsured |                    |
| 1. Premiums collected.....   |                     | ....XXX.....   |                | ....XXX.....   | 0                  |
| 2. Earned premiums.....  |                     | ....XXX.....   |                | ....XXX.....   | ....XXX.....       |
| 3. Claims paid.....  |                     | ....XXX.....   |                | ....XXX.....   | 0                  |
| 4. Claims incurred.....  |                     | ....XXX.....   |                | ....XXX.....   | ....XXX.....       |
| 5. Reinsurance coverage and low income cost sharing - claims paid net of reimbursements applied (a)..... | ....XXX.....        |                | ....XXX.....   |                | 0                  |
| 6. Aggregate policy reserves - change.....   |                     | ....XXX.....   |                | ....XXX.....   | ....XXX.....       |
| 7. Expenses paid.....  |                     | ....XXX.....   |                | ....XXX.....   | 0                  |
| 8. Expenses incurred.....  |                     | ....XXX.....   |                | ....XXX.....   | ....XXX.....       |
| 9. Underwriting gain or loss.....  | 0                   | ....XXX.....   | 0              | ....XXX.....   | ....XXX.....       |
| 10. Cash flow results.....   | ....XXX.....        | ....XXX.....   | ....XXX.....   | ....XXX.....   | 0                  |

(a) Uninsured Receivable/Payable with CMS at End of Quarter \$.....0 due from CMS or \$.....0 due to CMS.