

ANNUAL STATEMENT

OF THE

**Cleveland Automobile Dealers
Association Group Health Plan**

Of

Broadview Heights

in the state of OH

to the Insurance Department

of the state of Ohio

For the Year Ended

December 31, 2018

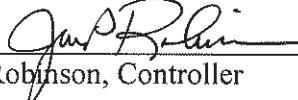
2018

HEALTH

Attachment to Page 1 of

ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Cleveland Automobile Dealers Association Group Health Plan

I, John Robinson, Controller of the Cleveland Automobile Dealers Association Group Health Plan, hereby affirm that the listings and summaries, and analysis relating to data prepared for and submitted to Harry A. Don in support of his actuarial opinion for the Cleveland Automobile Dealers Association Group Health Plan as of December 31, 2018, were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2018.


John Robinson, Controller

9150 South Hills Blvd, Suite #150
Broadview Heights, Ohio 44147

1-440-746-1500



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the

Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code..... 1, 1
(Current Period) (Prior Period)

NAIC Company Code..... 00000

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

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type Other

Is HMO Federally Qualified? Yes [] No []

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

Commenced Business..... January 1, 1979

Statutory Home Office

9150 South Hills Blvd, Suite #150 .. Broadview Heights .. OH .. US .. 44147
(Street and Number) (City or Town, State, Country and Zip Code)

440-746-1500

Main Administrative Office

9150 South Hills Blvd, Suite #150 .. Broadview Heights .. OH .. US .. 44147
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail Address

9150 South Hills Blvd, Suite #150 .. Broadview Heights .. OH .. US .. 44147
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Primary Location of Books and Records

9150 South Hills Blvd, Suite #150 .. Broadview Heights .. OH .. US .. 44147
(Street and Number) (City or Town, State, Country and Zip Code)

440-746-1500

Internet Web Site Address

www.gcada.org

(Area Code) (Telephone Number)

Statutory Statement Contact

John Robinson

440-746-1500

(Name)

jrobinson@gcada.org

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

(Fax Number)

OFFICERS

Name
1. Richard Marcellino
3.

Title
Trustee

2. Kirt Frye
4.

Name

Trustee

Title

OTHER

DIRECTORS OR TRUSTEES

Richard Marcellino
Joseph Fornai

Kirt Frye
Christopher O'Donnell

Robert Gillingham
Paul Hrnchar Jr.

Jay Park

State of..... Ohio
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.

Richard Marcellino
(Signature)

Richard Marcellino

1. (Printed Name)

Trustee

(Title)

Kirt Frye
(Signature)

Kirt Frye

2. (Printed Name)

Trustee

(Title)

[Signature]
(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me

This 2 day of APRIL 2019

a. Is this an original filing?

Yes [X] No []

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached



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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds (Schedule D).....			.0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....6,054,659, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	6,054,659		.6,054,659	.8,009,215
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	6,054,659	.0	.6,054,659	.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:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	.368,549		.368,549	.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:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other-than-invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,423,208	.0	.6,423,208	.8,439,744
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	6,423,208	.0	.6,423,208	.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 through 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501.....			.0	
2502.....			.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	.0	.0	.0	.0

Statement as of December 31, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,514,000		2,514,000	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 reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	4,537
9. General expenses due or accrued.....	19,922		19,922	18,600
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$....559,241 current).....	559,241	0	559,241	745,011
24. Total liabilities (Lines 1 to 23).....	3,353,163	0	3,353,163	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	3,070,045	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	3,070,045	5,319,596
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	6,423,208	8,439,744

DETAILS OF WRITE-INS

2301. Invoices payable to carriers.....	559,241		559,241	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 through 2303 plus 2398) (Line 23 above).....	559,241	0	559,241	745,011
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Statement as of December 31, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**
STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	....XXX.....	....28,002.....	....28,989.....
2. Net premium income (including \$....15,090 non-health premium income).....	....XXX.....	....20,322,507.....	....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.....	....8,358.....	....9,069.....
7. Aggregate write-ins for other non-health revenues.....	....XXX.....	....0.....	....0.....
8. Total revenues (Lines 2 to 7).....	....XXX.....	....20,330,865.....	....21,020,796.....
Hospital and Medical:			
9. Hospital/medical benefits.....		....16,515,020.....	....14,831,811.....
10. Other professional services.....		....804,366.....	....846,838.....
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		....4,102,909.....	....4,441,787.....
14. Aggregate write-ins for other hospital and medical.....	....0.....	....0.....	....0.....
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	....0.....	....21,422,295.....	....20,120,436.....
Less:			
17. Net reinsurance recoveries.....		....464,811.....	....921,718.....
18. Total hospital and medical (Lines 16 minus 17).....	....0.....	....20,957,484.....	....19,198,718.....
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		....1,375,526.....	....1,321,543.....
21. General administrative expenses.....		....266,054.....	....166,827.....
22. Increase in reserves for life and accident and health contracts including \$.....0 Increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	....0.....	....22,599,064.....	....20,687,088.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	....XXX.....	....(2,268,199).....	....333,708.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		....18,648.....	....11,919.....
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	....0.....	....18,648.....	....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.....
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.....	....(2,249,551).....	....345,627.....
31. Federal and foreign income taxes incurred.....	....XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	....XXX.....	....(2,249,551).....	....345,627.....

DETAILS OF WRITE-INS

0601. ATRF pass-thru (see Note 22).....	....XXX.....	....8,358.....	....9,069.....
0602. ....	....XXX.....		
0603. ....	....XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	....XXX.....	....0.....	....0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	....XXX.....	....8,358.....	....9,069.....
0701. ....	....XXX.....		
0702. ....	....XXX.....		
0703. ....	....XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	....XXX.....	....0.....	....0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	....XXX.....	....0.....	....0.....
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	....0.....	....0.....	....0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	....0.....	....0.....	....0.....
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	....0.....	....0.....	....0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	....0.....	....0.....	....0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	5,319,596	4,973,969
34. Net income or (loss) from Line 32.....	(2,249,551)	345,627
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....		
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	.0	.0
48. Net change in capital and surplus (Lines 34 to 47).....	(2,249,551)	345,627
49. Capital and surplus end of reporting period (Line 33 plus 48).....	3,070,045	5,319,596

DETAILS OF WRITE-INS

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

Statement as of December 31, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	20,379,950	20,871,818
2. Net investment income.....	18,648	11,919
3. Miscellaneous income.....	8,358	9,069
4. Total (Lines 1 through 3).....	20,406,956	20,892,806
5. Benefit and loss related payments.....	20,731,254	18,461,800
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,630,258	1,464,415
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).....	22,361,512	19,926,215
11. Net cash from operations (Line 4 minus Line 10).....	(1,954,556)	966,591
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	.0	.0
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	.0	.0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	.0	.0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	.0	.0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(1,954,556)	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 year (Line 18 plus Line 19.1).....	6,054,659	8,009,215

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

20,0001	
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

- 6 -

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	20,609,679			1,246,316	19,363,363
2. Medicare supplement.....					0
3. Dental only.....	944,054				944,054
4. Vision only.....					0
5. Federal employees health benefits plan.....					0
6. Title XVIII - Medicare.....					0
7. Title XIX - Medicaid.....					0
8. Other health.....					0
9. Health subtotal (Lines 1 through 8).....	21,553,733		0	1,246,316	20,307,417
10. Life.....		61,639		46,549	15,090
11. Property/casually.....					0
12. Totals (Lines 9 to 11).....	21,615,372	0	1,292,365	20,322,507	

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	21,056,844	20,208,929			801,366					46,549
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	511,360	464,811								46,549
1.4 Net	20,545,484	19,744,118	0		801,366	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,514,000	2,459,000			55,000					
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	2,514,000	2,459,000	0		55,000	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0			0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,102,000	2,050,000			52,000					
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	2,102,000	2,050,000	0		52,000	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0			0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	21,468,844	20,617,929	0		804,366	0	0	0	0	46,549
12.2 Reinsurance assumed	0									0
12.3 Reinsurance ceded	511,360	464,811	0		0	0	0	0	0	46,549
12.4 Net	20,957,444	20,153,118	0		804,366	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0				0	0	0	0	0	0

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1. Direct.....	447,000	437,000			10,000					
1.2. Reinsurance assumed.....	0									
1.3. Reinsurance ceded.....	0									
1.4. Net.....	447,000	437,000			10,000					
2. Incurred but unreported:										
2.1. Direct.....	2,067,000	2,022,000			45,000					
2.2. Reinsurance assumed.....	0									
2.3. Reinsurance ceded.....	0									
2.4. Net.....	2,067,000	2,022,000			45,000					
3. Amounts withheld from paid claims and captiations:										
3.1. Direct.....	0									
3.2. Reinsurance assumed.....	0									
3.3. Reinsurance ceded.....	0									
3.4. Net.....	0				0					
4. Totals:										
4.1. Direct.....	2,514,000	2,459,000			55,000					
4.2. Reinsurance assumed.....	0	0			0					
4.3. Reinsurance ceded.....	0	0			0					
4.4. Net.....	2,514,000	2,459,000			55,000					

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....		2,097,689	17,646,429	54,000	2,405,000		2,050,000
2. Medicare supplement.....						0	
3. Dental only.....		52,450	748,936	1,000	54,000	53,430	52,000
4. Vision only.....						0	
5. Federal employees health benefits plan.....						0	
6. Title XVII - Medicare.....						0	
7. Title XIX - Medicaid.....						0	
8. Other health.....						0	
9. Health subtotal (Lines 1 to 8).....		2,150,119	18,395,365	55,000	2,459,000		2,102,000
10. Healthcare receivables (a).....						0	
11. Other non-health.....						0	
12. Medical incentive pools and bonus amounts.....						0	
13. Totals (Lines 9 - 10 + 11 + 12).....		2,150,119	18,395,365	55,000	2,459,000	2,205,119	2,102,000

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid					
		1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior.....		1,066		1,065		1,065	1,065
2. 2014.....		14,843		16,130		16,169	16,169
3. 2015.....	XXX.....			16,167		17,530	17,535
4. 2016.....	XXX.....			XXX.....	14,783	16,202	16,262
5. 2017.....	XXX.....			XXX.....		17,318	19,402
6. 2018.....	XXX.....			XXX.....		XXX.....	18,396

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

	Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year					
		1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior.....		1,075		1,065		1,065	1,065
2. 2014.....		16,527		16,140		16,169	16,169
3. 2015.....	XXX.....			17,898		17,530	17,535
4. 2016.....	XXX.....			XXX.....	16,415	16,253	16,262
5. 2017.....	XXX.....			XXX.....		19,369	19,457
6. 2018.....	XXX.....			XXX.....		XXX.....	20,855

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

	Years in Which Premiums were Earned and Claims were Incurred	Claim and Claim Adjustment Expense Payments						Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
		1 2014	2 2015	3 2016	4 2017	5 2018	6 2018		
1. 2014.....		18,666	16,169	1,149	7.1	17,318	92.8	17,318	92.8
2. 2015.....		17,799	17,535	1,123	6.4	18,658	104.8	18,658	104.8
3. 2016.....		19,287	16,262	1,207	7.4	17,469	90.6	17,469	90.6
4. 2017.....		20,987	19,402	1,315	6.8	20,777	98.7	20,779	99.0
5. 2018.....		20,307	18,396	1,123	6.1	19,519	96.1	24,59	109.5

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

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	1 2014	2 2015	2 2015	3 2016	4 2017	4 2017	5 2018
1. Prior		1,006		1,005		1,005		1,005
2. 2014		14,186		15,447		15,456		15,456
3. 2015		XXX		15,329		16,619		16,625
4. 2016		XXX		XXX		13,957		15,393
5. 2017		XXX		XXX		XXX		18,530
6. 2018		XXX		XXX		XXX		17,647

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	1 2014	2 2015	2 2015	3 2016	4 2017	4 2017	5 2018
1. Prior			1,014		1,005		1,005	1,005
2. 2014			15,798		15,426		15,456	15,456
3. 2015		XXX			16,992		16,628	16,625
4. 2016		XXX		XXX		15,521		15,383
5. 2017		XXX		XXX		XXX		18,498
6. 2018		XXX		XXX		XXX		20,052

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2014	17,526	15,456	1,109	7.2	16,565	94.5			16,565	94.5
2. 2015	16,687	16,625	1,073	6.5	17,698	106.1			17,698	106.1
3. 2016	18,178	15,393	1,156	7.5	16,549	91.0			16,549	91.0
4. 2017	19,898	18,530	1,264	6.8	19,794	99.5	54	7	19,855	99.8
5. 2018	19,363	17,647	1,061	6.0	18,708	96.6		242	21,355	110.3

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

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Year in Which Losses Were Incurred	1 2014	2 2015	2016	3 2016	4 2017	5 2018
1. Prior.....							
2. 2014.....							
3. 2015.....							
4. 2016.....							
5. 2017.....							
6. 2018.....							

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Year in Which Losses Were Incurred	1 2014	2 2015	2016	3 2016	4 2017	5 2018
1. Prior.....							
2. 2014.....							
3. 2015.....							
4. 2016.....							
5. 2017.....							
6. 2018.....							

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

	1	2	3	4	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
Years in Which Premiums were Earned and Claims were Incurred										
1. 2014.....										
2. 2015.....										
3. 2016.....										
4. 2017.....										
5. 2018.....										

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

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

		Year in Which Losses Were Incurred		Cumulative Net Amounts Paid	
		1 2014	2 2015	3 2016	4 2017
1. Prior					
2. 2014		57		57	57
3. 2015		632	708	708	708
4. 2016		XXX	838	910	910
5. 2017		XXX	XXX	826	869
6. 2018		XXX	XXX	XXX	820
					749

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

		Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year	
		1 2014	2 2015	3 2016	4 2017
1. Prior					
2. 2014		58		57	57
3. 2015		724	709	708	708
4. 2016		XXX	906	911	910
5. 2017		XXX	XXX	894	870
6. 2018		XXX	XXX	XXX	871
					803

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

Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Percent (Col. 2 + 3)	Claim and Claim Adjustment Expenses (Col. 5/1)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)		Percent (Col. 9/1)
										6	7	
1. 2014		1,132	708	47	6.6	755	66.7			755	755	66.7
2. 2015		1,111	910	50	5.5	960	86.4			960	960	86.4
3. 2016		1,109	869	51	5.9	920	83.0			920	920	83.0
4. 2017		1,099	872	51	5.8	923	84.0	1		924	924	84.1
5. 2018		944	749	62	8.3	811	85.9	54	11	876	876	92.8

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

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

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

	Year in Which Losses Were Incurred	1 2014	2 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....							
2. 2014.....		3		3	3	3	3
3. 2015.....		5		5	5	5	5
4. 2016.....		XXX		XXX	XXX	XXX	XXX
5. 2017.....		XXX		XXX	XXX	XXX	XXX
6. 2018.....		XXX		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - OTHER

	Year in Which Losses Were Incurred	1 2014	2 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....							
2. 2014.....		3		3	3	3	3
3. 2015.....		5		5	5	5	5
4. 2016.....		XXX		XXX	XXX	XXX	XXX
5. 2017.....		XXX		XXX	XXX	XXX	XXX
6. 2018.....		XXX		XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2014.....					40.0	7	77.8	7	77.8	
2. 2015.....					0.0	0	0.0	0	0.0	
3. 2016.....					0.0	0	0.0	0	0.0	
4. 2017.....					0.0	0	0.0	0	0.0	
5. 2018.....					0.0	0	0.0	0	0.0	

UNDERWRITING AND INVESTMENT EXHIBIT

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

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

DETAILS OF WRITE-INS

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

(a) Includes \$ 0 premium deficiency reserve.

Statement as of December 31, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$....25,284 for occupancy of own building)			25,284		25,284
2. Salaries, wages and other benefits			74,062		74,062
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)					0
4. Legal fees and expenses			25,300		25,300
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			102,323		102,323
7. Traveling expenses			183		183
8. Marketing and advertising					0
9. Postage, express and telephone			9,291		9,291
10. Printing and office supplies			4,825		4,825
11. Occupancy, depreciation and amortization					0
12. Equipment			3,026		3,026
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			9,961		9,961
17. Collection and bank service charges					0
18. Group service and administration fees		1,375,526			1,375,526
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			10,736		10,736
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	1,063	0	1,063
26. Total expenses incurred (Lines 1 to 25)	0	1,375,526	266,054	0	(a) 1,641,580
27. Less expenses unpaid December 31, current year		260,000	19,922		279,922
28. Add expenses unpaid December 31, prior year		250,000	18,600		268,600
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	1,365,526	264,732	0	1,630,258

DETAILS OF WRITE-INS

2501. Dues and subscriptions			1,000		1,000
2502. Miscellaneous			.63		.63
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	1,063	0	1,063

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

Cleveland Automobile Dealers Association Group Health Plan**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e)..... 18,648	..... 18,648
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	..... 0	..... 0
10. Total gross investment income.....	..... 18,648	..... 18,648
11. Investment expenses.....	(g).....	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i)..... 0	..... 0
15. Aggregate write-ins for deductions from investment income.....	..... 0	..... 0
16. Total deductions (Lines 11 through 15).....	..... 0	..... 0
17. Net investment income (Line 10 minus Line 16).....	..... 18,648	..... 18,648

DETAILS OF WRITE-INS

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

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	..... 0	.....	..... 0	.....	.....
1.1 Bonds exempt from U.S. tax..... 0	.....	.....
1.2 Other bonds (unaffiliated)..... 0	.....	.....
1.3 Bonds of affiliates..... 0	.....	.....
2.1 Preferred stocks (unaffiliated)..... 0	.....	.....
2.11 Preferred stocks of affiliates..... 0	.....	.....
2.2 Common stocks (unaffiliated)..... 0	.....	.....
2.21 Common stocks of affiliates..... 0	.....	.....
3. Mortgage loans..... 0	.....	.....
4. Real estate..... 0	.....	.....
5. Contract loans..... 0	.....	.....
6. Cash, cash equivalents and short-term investments..... 0	.....	.....
7. Derivative instruments..... 0	.....	.....
8. Other invested assets..... 0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	..... 0	..... 0	..... 0	..... 0	..... 0
10. Total capital gains (losses).....	..... 0	..... 0	..... 0	..... 0	..... 0

DETAILS OF WRITE-INS

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

Cleveland Automobile Dealers Association Group Health Plan
EXHIBIT OF NONADMITTED ASSETS

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

DETAILS OF WRITE-INS

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

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

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

A&H Premiums Due and Unpaid	Name of Debtor	1		2		3		4		5		6		7	
		1 - 30 Days	31 - 60 Days	31 - 60 Days	61 - 90 Days	61 - 90 Days	Over 90 Days	Over 90 Days	Nonadmitted	Nonadmitted	Admitted	Admitted	Admitted	Admitted	
0299997. Group subscribers subtotal		368,549												368,549	
0299998. Total group		368,549					0							368,549	
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)		368,549				0								0	
		368,549				0								368,549	

Ex. 3 - Health Care Receivables
NONE

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

1 Account	Aging Analysis of Unpaid Claims						7 Total
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days		
Claims Unpaid (Reported)							
0599999. Unreported claim and other claim reserves.							2,514,000
0799999. Total claims unpaid.							2,514,000

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

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Capitation Payments:	Payment Method	1	2	3	4	5	6
		Direct Medical Expense Payment	Column 1 as % of Total Payment	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
1. Medical groups.....		0	0.0				
2. Intermediaries.....		0	0.0				
3. All other providers.....		0	0.0				
4. Total capitation payments.....		0	0.0	0		0	0
Other Payments:							
5. Fee-for-service.....		0	0.0	XXX.....	XXX.....		
6. Contractual fee payments.....		21,010,295	100.0	XXX.....	XXX.....		21,010,295
7. Bonus/withhold arrangements - fee-for-service.....		0	0.0	XXX.....	XXX.....		
8. Bonus/withhold arrangements - contractual fee payments.....		0	0.0	XXX.....	XXX.....		
9. Non-contingent salaries.....		0	0.0	XXX.....	XXX.....		
10. Aggregate cost arrangements.....		0	0.0	XXX.....	XXX.....		
11. All other payments.....		0	0.0	XXX.....	XXX.....		
12. Total other payments.....		21,010,295	100.0	XXX.....	XXX.....	0	21,010,295
13. Total (Line 4 plus Line 12).....		21,010,295	100.0	XXX.....	XXX.....	0	21,010,295

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Summary of Significant Accounting Policies

DESCRIPTION OF PLAN

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

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

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

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Reinsurance: Reserves for losses and loss adjustment expenses and unearned premiums are reported net of 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 are net of 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 -- Incurred claims and expenses are shown on lines 9, 10, 13, 20. The temporary ACA fees are included with general administrative expenses (line 21). Related pass-through revenue is shown on line 6 (see NOTE 22). In prior years, paid claims and expenses, as well as the change in reserves were shown on the R&E exhibit. The 2017 results and 5-year history were also updated to reflect this change. Net income (loss) is not affected by this change.

Enrollment: Reported counts indicate number of contracts. In 2018 the ratio of members to contracts averaged 1.71 and ranged from 1.74 (Feb) to 1.68 (July). 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.

NOTES TO FINANCIAL STATEMENTS

Recognition of Premium Revenues: Premiums are billed monthly. Revenue is recognized in the month billed.

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

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

Cash Equivalents: Highly liquid, short-term investments with maturities of three months or less from acquisition date are considered cash equivalents. As of the statement date, there were no cash equivalents.

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 2018, management fees of \$131,700 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$131,700 were paid to GCADA in 2017 as well.

NOTE 11 - Debt

None

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

Not Applicable

NOTES TO FINANCIAL STATEMENTS

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

Not Applicable

NOTE 14 - Contingencies

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

NOTE 15 - Leases

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

NOTE 20 - September 11 Events

Not Applicable

NOTE 21 - Other Items

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

NOTE 22 - Events Subsequent

Effect of the ACA

The Transitional Reinsurance Program Fees (TRF) was a temporary program, in place 2014-2016. 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 TRF fee expired after 2016.

Patient-Centered Outcomes Research Institute (PCORI) fee:

The Plan also pays the PCORI fee in 2013-2019. The fees payable in 2018 and 2017 were approximately \$2 per member. The program ends after 2019.

NOTES TO FINANCIAL STATEMENTS

The revenue and expenses related to the ACA over the past 5 years:

	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
ATRF Pass-Through revenue (reported on page 4, line 6)	\$ 8,358	\$ 9,069	\$128,861	\$ 192,553	\$ 215,980
ACA fees, incl. ATRF & PCORI (reported on page 4, line 21)	10,736	(65,163)	195,637	195,823	292,865

In prior years, ACA fees were split out and shown on line 14. Since the fees are now relatively small, and the program is ending, the fees are now included with other administrative expenses on line 21. The 2017 results and 5-year history were updated to reflect the new methodology.

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>1/1/18 - 12/31/18</u>	<u>1/1/17 - 12/31/17</u>
Premium Income		
Cost of Stop Loss Insurance	\$ 1,246,316	\$ 1,225,077
Cost of Life Insurance	46,549	44,418
Total reduction	1,292,865	1,269,495
Underwriting Deductions		
Stop Loss Reimbursements	\$ 464,811	\$ 921,718

B. Uncollectible Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

NOTE 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

NOTE 25 - Change in Incurred Claims and Claim Adjustment Expenses

Not Applicable

NOTE 26 - Intercompany Pooling Arrangements

Not Applicable

NOTE 27 - Structured Settlements

Not Applicable

NOTE 28 - Health Care Receivables

Not Applicable

NOTE 29 - Participating Policies

Not Applicable

NOTE 30 - Premium Deficiency Reserves

Not Applicable

NOTE 31 - Anticipated Salvage and Subrogation

Not Applicable

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

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [] No [X]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State regulating? OH
- 1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 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: 12/31/2015
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/10/2017
- 3.4 By what department or departments? Ohio Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If the answer is YES, complete and file the merger history data file with the NAIC. Yes [] No [X]
- 5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC
Company
Code | 3
State of
Domicile |
|---------------------|------------------------------|---------------------------|
|---------------------|------------------------------|---------------------------|
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
|------------------|---------------------|
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
- | 1
Affiliate Name | 2
Location (City, State) | 3
FRB | 4
OCC | 5
FDIC | 6
SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|---------------------|-----------------------------|----------|----------|-----------|----------|
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Apple Growth Partners, 6155 Rockside Rd, Suite 400, Independence, OH 44131
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

- 10.6 If the response to 10.5 is no or n/a, please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Harry A. Don, FSA, PO Box 4620, Incline Village, NV 89450
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- | | |
|---|------|
| 12.11 Name of real estate holding company | 0 |
| 12.12 Number of parcels involved | |
| 12.13 Total book/adjusted carrying value | \$ 0 |
- 12.2 If yes, provide explanation
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to 13.3 is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- | | |
|---|--|
| (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; | |
| (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; | |
| (c) Compliance with applicable governmental laws, rules and regulations; | |
| (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and | |
| (e) Accountability for adherence to the code. | |
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.
- | 1
American Bankers Association (ABA)
Routing Number | 2
Issuing or Confirming Bank Name | 3
Circumstances That Can Trigger
the Letter of Credit | 4
Amount |
|---|--------------------------------------|---|-------------|
| | | | \$ |
- BOARD OF DIRECTORS**
16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []
- FINANCIAL**
19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---|------|
| 20.11 To directors or other officers | \$ 0 |
| 20.12 To stockholders not officers | \$ 0 |
| 20.13 Trustees, supreme or grand (Fraternal only) | \$ 0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---|------|
| 20.21 To directors or other officers | \$ 0 |
| 20.22 To stockholders not officers | \$ 0 |
| 20.23 Trustees, supreme or grand (Fraternal only) | \$ 0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | |
|----------------------------|------|
| 21.21 Rented from others | \$ 0 |
| 21.22 Borrowed from others | \$ 0 |
| 21.23 Leased from others | \$ 0 |
| 21.24 Other | \$ 0 |
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | |
|--|------|
| 22.21 Amount paid as losses or risk adjustment | \$ 0 |
| 22.22 Amount paid as expenses | \$ 0 |
| 22.23 Other amounts paid | \$ 0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
24.02	If no, give full and complete information, relating thereto:					
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).					
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ <input type="text" value="0"/>				
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ <input type="text" value="0"/>				
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.09.	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <input type="text" value="0"/>				
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <input type="text" value="0"/>				
24.103	Total payable for securities lending reported on the liability page:	\$ <input type="text" value="0"/>				
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
25.2	If yes, state the amount thereof at December 31 of the current year:					
25.21	Subject to repurchase agreements	\$ <input type="text" value="0"/>				
25.22	Subject to reverse repurchase agreements	\$ <input type="text" value="0"/>				
25.23	Subject to dollar repurchase agreements	\$ <input type="text" value="0"/>				
25.24	Subject to reverse dollar repurchase agreements	\$ <input type="text" value="0"/>				
25.25	Placed under option agreements	\$ <input type="text" value="0"/>				
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ <input type="text" value="0"/>				
25.27	FHLB Capital Stock	\$ <input type="text" value="0"/>				
25.28	On deposit with states	\$ <input type="text" value="0"/>				
25.29	On deposit with other regulatory bodies	\$ <input type="text" value="0"/>				
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ <input type="text" value="0"/>				
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ <input type="text" value="0"/>				
25.32	Other	\$ <input type="text" value="0"/>				
25.3	For category (25.26) provide the following:					
	<table border="1"> <thead> <tr> <th>1 Nature of Restriction</th> <th>2 Description</th> <th>3 Amount</th> </tr> </thead> </table>		1 Nature of Restriction	2 Description	3 Amount	
1 Nature of Restriction	2 Description	3 Amount				
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ <input type="text" value="0"/>				
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:					
	<table border="1"> <thead> <tr> <th>1 Name of Custodian(s)</th> <th>2 Custodian's Address</th> </tr> </thead> </table>		1 Name of Custodian(s)	2 Custodian's Address		
1 Name of Custodian(s)	2 Custodian's Address					
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation:					
	<table border="1"> <thead> <tr> <th>1 Name(s)</th> <th>2 Location(s)</th> <th>3 Complete Explanation(s)</th> </tr> </thead> </table>		1 Name(s)	2 Location(s)	3 Complete Explanation(s)	
1 Name(s)	2 Location(s)	3 Complete Explanation(s)				
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
28.04	If yes, give full and complete information relating thereto:					
	<table border="1"> <thead> <tr> <th>1 Old Custodian</th> <th>2 New Custodian</th> <th>3 Date of Change</th> <th>4 Reason</th> </tr> </thead> </table>		1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason			
28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].					
	<table border="1"> <thead> <tr> <th>1 Name of Firm or Individual</th> <th>2 Affiliation</th> </tr> </thead> </table>		1 Name of Firm or Individual	2 Affiliation		
1 Name of Firm or Individual	2 Affiliation					

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No []

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		\$	

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 0	\$ 0	\$ 0
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 0	\$ 0	\$ 0

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No []

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [] No []

32.2 If no, list exceptions:

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

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

Has the reporting entity self-designated 5GI securities?

Yes [] No []

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No []

OTHER

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

\$ 0

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

1 Name	2 Amount Paid
	\$

36.1 Amount of payments for legal expenses, if any?

\$ 25,300

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

1 Name	2 Amount Paid
	\$

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

\$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies: Most current three years: 1.61 Total premium earned	\$	0
	1.62 Total incurred claims	\$	0
	1.63 Number of covered lives		0
	All years prior to most current three years: 1.64 Total premium earned	\$	0
	1.65 Total incurred claims	\$	0
	1.66 Number of covered lives		0
1.7	Group policies: Most current three years: 1.71 Total premium earned	\$	0
	1.72 Total incurred claims	\$	0
	1.73 Number of covered lives		0
	All years prior to most current three years: 1.74 Total premium earned	\$	0
	1.75 Total incurred claims	\$	0
	1.76 Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 20,307,445	\$ 20,997,437
2.2	Premium Denominator	\$ 20,322,507	\$ 21,011,727
2.3	Premium Ratio (2.1/2.2)	99.9%	99.9%
2.4	Reserve Numerator	\$ 2,514,000	\$ 2,102,000
2.5	Reserve Denominator	\$ 2,514,000	\$ 2,102,000
2.6	Reserve Ratio (2.4/2.5)	100.0%	100.0%
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes []	No [X]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes []	No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X]	No []
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$	0
5.32	Medical Only	\$	230,000
5.33	Medicare Supplement	\$	0
5.34	Dental and Vision	\$	0
5.35	Other Limited Benefit Plan	\$	0
5.36	Other	\$	0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		

Cleveland Automobile Dealers Association Group Health Plan**GENERAL INTERROGATORIES****PART 2 – HEALTH INTERROGATORIES**

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 0
- 8.2 Number of providers at end of reporting year 0
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0
- 9.22 Business with rate guarantees over 36 months \$ 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses 0
- 10.22 Amount actually paid for year bonuses 0
- 10.23 Maximum amount payable withholds 0
- 10.24 Amount actually paid for year withholds 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. OH
- 11.4 If yes, show the amount required. \$ 500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:
- | | | | |
|---|----------------------|--|--|
| 1 | Name of Service Area | | |
|---|----------------------|--|--|
- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:
- | 1 | 2
NAIC
Company
Code | 3
Domiciliary
Jurisdiction | 4
Reserve
Credit | Assets Supporting Reserve Credit | | |
|---|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
| | | | | 5
Letters of
Credit | 6
Trust
Agreements | 7
Other |
| 0 | \$ | \$ | \$ | \$ | \$ | |
15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$ 0
- 15.2 Total Incurred Claims \$ 0
- 15.3 Number of Covered Lives \$ 0
- | |
|---|
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary guarantee) |
| Universal Life (with or without secondary guarantee) |
| Variable Universal Life (with or without secondary guarantee) |
16. Is the reporting entity licensed or charted, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

Cleveland Automobile Dealers Association Group Health Plan**FIVE-YEAR HISTORICAL DATA**

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	6,423,208	8,439,744	7,336,268	5,830,260	6,576,084
2. Total liabilities (Page 3, Line 24).....	3,353,163	3,120,148	2,362,299	2,606,183	2,551,438
3. Statutory minimum capital and surplus requirement.....	500,000	500,000	500,000	500,000	500,000
4. Total capital and surplus (Page 3, Line 33).....	3,070,045	5,319,596	4,973,969	3,224,077	4,024,646
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	20,330,865	21,020,796	19,429,699	18,206,812	18,896,272
6. Total medical and hospital expenses (Line 18).....	20,957,484	19,198,718	16,084,585	17,502,936	16,366,767
7. Claims adjustment expenses (Line 20).....	1,375,526	1,321,543	1,207,422	1,122,639	1,157,749
8. Total administrative expenses (Line 21).....	266,054	166,827	396,659	389,674	482,414
9. Net underwriting gain (loss) (Line 24).....	(2,268,199)	333,708	1,741,033	(808,437)	889,342
10. Net investment gain (loss) (Line 27).....	18,648	11,919	7,199	7,909	10,861
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(2,249,551)	345,627	1,748,232	(800,528)	900,203
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(1,954,556)	966,591	1,496,196	(1,004,571)	1,581,025
Risk-Based Capital Analysis					
14. Total adjusted capital.....	3,070,045	5,319,596	4,973,969	3,224,077	4,024,646
15. Authorized control level risk-based capital.....	1,608,983	1,181,530	1,035,275	1,114,688	1,035,042
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	2,365	2,417	2,384	2,334	2,394
17. Total member months (Column 6, Line 7).....	28,002	28,989	28,170	27,863	29,079
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	103.1	91.4	83.3	98.3	87.6
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....	6.8	6.3	6.3	6.3	6.2
22. Total underwriting deductions (Line 23).....	111.2	98.5	91.6	106.7	96.4
23. Total underwriting gain (loss) (Line 24).....	(11.2)	1.6	9.0	(4.5)	4.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	2,205,119	1,470,994	1,411,560	1,296,682	1,074,371
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	2,102,000	1,641,000	1,741,000	1,692,000	1,427,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

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

Yes No

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. Broadview Heights, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code....1

(Location)

	NAIC Group Code....1	Total	Individual	Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	NAIC Company Code....00000	9	10
				2	3										
Total Members at end of:															
1. Prior year.....		2,417			2,417										
2. First quarter.....		2,350			2,350										
3. Second quarter.....		2,364			2,364										
4. Third quarter.....		2,331			2,331										
5. Current year.....		2,365			2,365										
6. Current year member months.....		28,002			28,002										
Total Member Ambulatory Encounters for Year:															
7. Physician.....		0													
8. Non-physician.....		0													
9. Totals.....		0			0										
10. Hospital patient days incurred.....		1,080			1,080										
11. Number of inpatient admissions.....		224			224										
12. Health premiums written (b).....		21,553,733			20,609,679										
13. Life premiums direct.....		61,639													
14. Property/casualty premiums written.....		0													
15. Health premiums earned.....		21,553,733			20,609,679										
16. Property/casualty premiums earned.....		0													
17. Amount paid for provision of health care services.....		21,010,295			20,208,929										
18. Amount incurred for provision of health care services.....		21,422,295			20,617,929										
														804,366	

(a) For health business: number of persons insured under PPO managed care products.....2,365 and number of persons insured under indemnity only products.....0.

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

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

Sch. S - Pt. 2
NONE

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

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

Sch. S - Pt. 7
NONE

Statement as of December 31, 2018 of the **Cleveland Automobile Dealers Association Group Health Plan**
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								9 Deposit- Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama.....	AL ..N.....								.0	
2. Alaska.....	AK ..N.....								.0	
3. Arizona.....	AZ ..N.....								.0	
4. Arkansas.....	AR ..N.....								.0	
5. California.....	CA ..N.....								.0	
6. Colorado.....	CO ..N.....								.0	
7. Connecticut.....	CT ..N.....								.0	
8. Delaware.....	DE ..N.....								.0	
9. District of Columbia.....	DC ..N.....								.0	
10. Florida.....	FL ..N.....								.0	
11. Georgia.....	GA ..N.....								.0	
12. Hawaii.....	HI ..N.....								.0	
13. Idaho.....	ID ..N.....								.0	
14. Illinois.....	IL ..N.....								.0	
15. Indiana.....	IN ..N.....								.0	
16. Iowa.....	IA ..N.....								.0	
17. Kansas.....	KS ..N.....								.0	
18. Kentucky.....	KY ..N.....								.0	
19. Louisiana.....	LA ..N.....								.0	
20. Maine.....	ME ..N.....								.0	
21. Maryland.....	MD ..N.....								.0	
22. Massachusetts.....	MA ..N.....								.0	
23. Michigan.....	MI ..N.....								.0	
24. Minnesota.....	MN ..N.....								.0	
25. Mississippi.....	MS ..N.....								.0	
26. Missouri.....	MO ..N.....								.0	
27. Montana.....	MT ..N.....								.0	
28. Nebraska.....	NE ..N.....								.0	
29. Nevada.....	NV ..N.....								.0	
30. New Hampshire.....	NH ..N.....								.0	
31. New Jersey.....	NJ ..N.....								.0	
32. New Mexico.....	NM ..N.....								.0	
33. New York.....	NY ..N.....								.0	
34. North Carolina.....	NC ..N.....								.0	
35. North Dakota.....	ND ..N.....								.0	
36. Ohio.....	OH ..L.....	21,553,733					61,639		.21,615,372	
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	0
59. Subtotal.....	XXX.....	21,553,733	0	0	0	61,639	0	0	.21,615,372	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX.....									0
61. Total (Direct Business).....	XXX.....	21,553,733	0	0	0	61,639	0	0	.21,615,372	0

DETAILS OF WRITE-INS

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

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 56

Sch. T - Pt. 2 - Interstate Compact
NONE

Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

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

Responses
NO
YES
NO
YES

APRIL FILING

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

YES
NO
YES

JUNE FILING

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

YES
YES

AUGUST FILING

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

NO

The following supplemental reports are required to be filed as part of your statement filing **If your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?

NO

AUGUST FILING

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

YES

Overflow Page
NONE

Overflow Page
NONE

Cleveland Automobile Dealers Association Group Health Plan**SCHEDULE E - PART 1 - CASH**

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
PNC Bank - checking.....	Pennsylvania.....	varies.....	.6,171		1,568,222	XXX
PNC Bank - savings.....	Pennsylvania.....	varies.....	399		341,387	XXX
Dollar Bank - savings.....	Ohio.....	varies.....	9,315		1,117,018	XXX
Fifth Third Bank - savings.....	Ohio.....	varies.....	964		1,011,957	XXX
Huntington Nati Bank - savings.....	Ohio.....	varies.....	1,012		1,012,572	XXX
Key Bank - savings.....	Ohio.....	varies.....	787		1,003,503	XXX
0199999. Total - Open Depositories.....	XXX	XXX	18,648	0	6,054,659	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	18,648	0	6,054,659	XXX
0599999. Total Cash.....	XXX	XXX	18,648	0	6,054,659	XXX

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

1. January.....	7,443,115	4. April.....	7,664,953	7. July.....	7,822,998	10. October.....	7,358,918
2. February.....	7,532,073	5. May.....	8,530,369	8. August.....	7,802,716	11. November.....	6,934,523
3. March.....	7,573,229	6. June.....	8,275,549	9. September.....	7,465,832	12. December.....	6,054,659

ACTUARIAL OPINION
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Cleveland Automobile Dealers Association Group Health Plan

TABLE OF KEY INDICATORS

This Opinion is: Unqualified Qualified Adverse Inconclusive

IDENTIFICATION SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

SCOPE SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

RELIANCE SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

OPINION SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

RELEVANT COMMENTS

Revised Wording

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

IDENTIFICATION

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

SCOPE

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2018.

- | | |
|---|--------------|
| A. Claims unpaid (Page 3, Line 1); | \$ 2,514,000 |
| B. Accrued medical incentive pool and bonus payments (Page 3, Line 2); | \$ 0 |

C.	Unpaid claims adjustment expenses (Page 3, Line 3);	\$ 260,000
D.	Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	\$ 0
E.	Aggregate life policy reserves (Page 3, Line 5);	\$ 0
F.	Property/casualty unearned premium reserves (Page 3, Line 6);	\$ 0
G.	Aggregate health claim reserves (Page 3, Line 7);	\$ 0

RELIANCE

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

OPINION

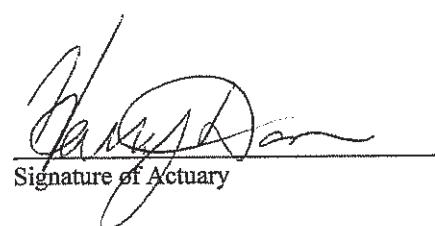
In my opinion, the amounts carried in the balance sheet on account of the items identified above:

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

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

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

RELEVANT COMMENTS



Signature of Actuary

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

March 31, 2019

Date Opinion was Rendered

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