

# **QUARTERLY 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**

**For the Period Ended**

**March 31, 2020**

**2020**



# HEALTH QUARTERLY STATEMENT

As of March 31, 2020

of the Condition and Affairs of the

## Cleveland Automobile Dealers Association Group Health Plan

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

Organized under the Laws of OH

Licensed as Business Type Other

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

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 0

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

State of Domicile or Port of Entry OH

Country of Domicile US

Is HMO Federally Qualified? Yes [ ] No [ ]

Commenced Business..... January 1, 1979

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

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

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)

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

(Area Code) (Telephone Number)

440-746-1500

(Area Code) (Telephone Number)

440-746-1500

(Area Code) (Telephone Number) (Extension)

(Fax Number)

### OFFICERS

Name  
1. Richard Marcellino  
3.

Title  
Trustee

Name  
2. Kirt Frye  
4.

Title  
Trustee

### OTHER

### DIRECTORS OR TRUSTEES

Richard Marcellino  
Joseph Fornal

Kirt Frye  
Christopher O'Donnell

Robert Gillingham  
Paul Hnchar 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*

E6B0F8E34B7C464...

(Signature)

Richard Marcellino

1. (Printed Name)

Trustee

(Title)

*Kirt Frye*

FCE790E30036412...

(Signature)

Kirt Frye

2. (Printed Name)

Trustee

(Title)

(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me  
This 26th day of May, 2020

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

\_\_\_\_\_

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



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**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			.....0	
2. Stocks:				
2.1 Preferred stocks.....			.....0	
2.2 Common stocks.....			.....0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.....0	
3.2 Other than first liens.....			.....0	
4. Real estate:				
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 (\$.....5,038,272), cash equivalents (\$.....0) and short-term investments (\$.....0).....	.....5,038,272		.....5,038,272	.....4,933,207
6. Contract loans (including \$.....0 premium notes).....			.....0	
7. Derivatives.....			.....0	
8. Other invested assets.....			.....0	
9. Receivables for securities.....			.....0	
10. Securities lending reinvested collateral assets.....			.....0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.....5,038,272	0	.....5,038,272	.....4,933,207
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.....	.....270,109		.....270,109	.....26,506
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 through 25).....	.....5,308,381	0	.....5,308,381	.....4,959,713
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0	
28. Total (Lines 26 and 27).....	.....5,308,381	0	.....5,308,381	.....4,959,713

**DETAILS OF WRITE-INS**

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

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,603,000		1,603,000	1,615,000
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	230,000		230,000	230,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	46,515		46,515	18,119
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	240,882	0	240,882	75,063
24. Total liabilities (Lines 1 to 23).....	2,120,397	0	2,120,397	1,938,182
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	3,187,984	3,021,531
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	3,187,984	3,021,531
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	5,308,381	4,959,713

**DETAILS OF WRITE-INS**

2301. Invoices payable to carriers.....	240,882		240,882	75,063
2302. ....			0	
2303. ....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	240,882	0	240,882	75,063
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	.....5,385	.....6,517	.....23,157
2. Net premium income (including \$.....3,801 non-health premium income).....	XXX.....	.....4,108,256	.....4,624,261	.....17,398,754
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	.....	.....
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....	.....	.....	.....
5. Risk revenue.....	XXX.....	.....	.....	.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	.....0	.....0	.....6,671
7. Aggregate write-ins for other non-health revenues.....	XXX.....	.....0	.....0	.....0
8. Total revenues (Lines 2 to 7).....	XXX.....	.....4,108,256	.....4,624,261	.....17,405,425
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....	.....	.....2,714,437	.....3,120,780	.....12,216,278
10. Other professional services.....	.....	.....152,355	.....189,905	.....576,638
11. Outside referrals.....	.....	.....	.....	.....
12. Emergency room and out-of-area.....	.....	.....	.....	.....
13. Prescription drugs.....	.....	.....771,234	.....1,070,763	.....3,604,977
14. Aggregate write-ins for other hospital and medical.....	.....0	.....0	.....0	.....0
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	.....	.....
16. Subtotal (Lines 9 to 15).....	.....0	.....3,638,026	.....4,381,448	.....16,497,893
<b>Less:</b>				
17. Net reinsurance recoveries.....	.....	.....79,851	.....234,685	.....506,489
18. Total hospital and medical (Lines 16 minus 17).....	.....0	.....3,558,175	.....4,146,763	.....15,991,404
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	.....	.....312,403	.....326,663	.....1,171,045
21. General administrative expenses.....	.....	.....77,534	.....85,204	.....326,019
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	.....3,948,112	.....4,558,630	.....17,488,468
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	.....160,144	.....65,631	.....(83,043)
25. Net investment income earned.....	.....	.....6,309	.....5,691	.....34,529
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	.....0	.....6,309	.....5,691	.....34,529
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.....	.....	.....	.....
29. Aggregate write-ins for other income or expenses.....	.....0	.....0	.....0	.....0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	.....166,453	.....71,322	.....(48,514)
31. Federal and foreign income taxes incurred.....	XXX.....	.....	.....	.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	.....166,453	.....71,322	.....(48,514)

## DETAILS OF WRITE-INS

0601. ATRF pass-through.....	XXX.....	.....	.....	.....6,671
0602. ....	XXX.....	.....	.....	.....
0603. ....	XXX.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	.....0	.....0	.....0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	.....0	.....0	.....6,671
0701. ....	XXX.....	.....	.....	.....
0702. ....	XXX.....	.....	.....	.....
0703. ....	XXX.....	.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	.....0	.....0	.....0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	.....0	.....0	.....0
1401. ....	.....	.....	.....	.....
1402. ....	.....	.....	.....	.....
1403. ....	.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.....0	.....0	.....0	.....0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	.....0	.....0	.....0	.....0
2901. ....	.....	.....	.....	.....
2902. ....	.....	.....	.....	.....
2903. ....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.....0	.....0	.....0	.....0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.....0	.....0	.....0	.....0

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	3,021,531	3,070,045	3,070,045
34. Net income or (loss) from Line 32.....	166,453	71,322	(48,514)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	166,453	71,322	(48,514)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	3,187,984	3,141,367	3,021,531

**DETAILS OF WRITE-INS**

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

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	3,864,653	4,958,321	17,740,797
2. Net investment income.....	6,309	5,691	34,529
3. Miscellaneous income.....			6,671
4. Total (Lines 1 through 3).....	3,870,962	4,964,012	17,781,997
5. Benefit and loss related payments.....	3,404,356	4,351,666	17,374,582
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	361,541	395,855	1,528,867
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).....	3,765,897	4,747,521	18,903,449
11. Net cash from operations (Line 4 minus Line 10).....	105,065	216,491	(1,121,452)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	0
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	105,065	216,491	(1,121,452)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,933,207	6,054,659	6,054,659
19.2 End of period (Line 18 plus Line 19.1).....	5,038,272	6,271,150	4,933,207

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

20.0001 .....	.....	.....	.....
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII/ Medicare	9 Title XIX/ Medicaid	10 Other
<b>Total Members at End of:</b>										
1. Prior Year.....	1,772									
2. First Quarter.....	1,811									
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	5,385				5,385					
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0				0					
10. Hospital Patient Days Incurred.....	0				0					
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	4,368,586				4,153,872					
13. Life Premiums Direct.....	15,650									15,650
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,368,586				4,153,872					
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	3,650,026				3,496,671					153,355
18. Amount Incurred for Provision of Health Care Services.....	3,638,026				3,485,671					152,355

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

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Claims Unpaid (Reported)	Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days
059989. Unreported Claims and Other Claim Reserves.....						1,693,000
079989. Total Claims Unpaid.....						1,693,000

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid Year to Date			Liability End of Current Quarter			Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year	
1. Comprehensive (hospital and medical)	1,284,163	2,152,657	165,000	1,389,000	1,429,163	1,565,000	
2. Medicare Supplement			0		0	0	
3. Dental only			2,000	47,000	36,163	50,000	
4. Vision only			0	0	0	0	
5. Federal Employees Health Benefits Plan					0	0	
6. Title XVIII - Medicare					0	0	
7. Title XIX - Medicaid					0	0	
8. Other health					0	0	
9. Health subtotal (Lines 1 to 8)	1,298,326	2,271,849	167,000	1,436,000	1,465,326	1,615,000	
10. Healthcare receivables (a)					0	0	
11. Other non-health					0	0	
12. Medical incentive pools and bonus amounts					0	0	
13. Totals (Lines 9+10+11+12)	1,298,326	2,271,849	167,000	1,436,000	1,465,326	1,615,000	

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

Statement as of March 31, 2020 of the **Cleveland Automobile Dealers Association Group Health Plan****NOTES TO FINANCIAL STATEMENTS****NOTE 1 - Summary of Significant Accounting Policies****DESCRIPTION OF PLAN**

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

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

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

**SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

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

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

- Specific and aggregate stop loss (Medical Mutual)
- Fully-insured, no-risk life insurance (Medical Mutual 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).

**Enrollment:** Reported counts indicate number of contracts. In 2020 the ratio of members to contracts averaged 1.71 and ranged from 1.70 (Jan) to 1.71 (Mar). The ratio of members to contracts in the first quarter of 2019 averaged 1.68 and ranged from 1.68 to 1.69.

**Nonadmitted Assets:** Certain assets designated as "nonadmitted," including furniture and fixtures, automobiles and equipment, unrealized gain and loss on investments and intangible assets related to costs of insurance licenses, prepaid assets and deferred expenses, are excluded from the statements of admitted assets, liabilities and surplus statutory basis and are charged directly to unassigned surplus.

**Statements of Cash Flows - Statutory Basis:** The Plan reports cash flows in accordance with NAIC guidelines.

**Valuation of Bonds and Mutual Funds:** Bonds and mutual funds are valued in accordance with the laws of the State of Ohio or the valuations prescribed by the Committee on Valuation of Securities of the NAIC. Generally, bonds are stated at amortized cost and stocks (mutual funds) are valued based on market quotations.

**Losses Payable:** A liability for losses is provided based on: (1) case basis estimates for losses reported, (2) estimates of unreported losses based on past experience, (3) information received relating to assumed reinsurance, and (4) deduction of amounts for reinsurance placed with reinsurers.

**Loss Adjustment Expenses Payable:** A liability for loss adjustment expenses payable is provided by estimating future expenses to be incurred in settlement of the claims provided for in the liability for losses.

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

Statement as of March 31, 2020 of the **Cleveland Automobile Dealers Association Group Health Plan**

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## **NOTES TO FINANCIAL STATEMENTS**

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**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 the first quarter of 2020, management fees of \$20,625 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of \$32,925 were paid to GCADA in the first quarter of 2019.

**NOTE 11 - Debt**

None

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

Not Applicable

Statement as of March 31, 2020 of the **Cleveland Automobile Dealers Association Group Health Plan**

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## **NOTES TO FINANCIAL STATEMENTS**

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

Not Applicable

**NOTE 14 - Contingencies**

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

**NOTE 15 - Leases**

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

**NOTE 20 - September 11 Events**

Not Applicable

**NOTE 21 - Other Items**

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

**NOTE 22 - Events Subsequent**

Effect of the ACA

Patient-Centered Outcomes Research Institute (PCORI) fee:

The Plan paid the PCORI fee in 2013-2019. The fees payable in 2019 and 2018 were approximately \$2 per member. The program ended after 2019.

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

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
ATRF Pass-Through revenue (reported on page 4, line 6)	\$ 6,671	\$ 8,358	\$ 9,069	\$ 128,861	\$ 192,553
ACA fees, incl. ATRF & PCORI (reported on page 4, line 21)	9,783	10,736	(65,163)	195,637	195,823

Statement as of March 31, 2020 of the **Cleveland Automobile Dealers Association Group Health Plan****NOTES TO FINANCIAL STATEMENTS****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 the first quarter of 2020 and 2019:

	<u>1/1/20 - 3/31/20</u>	<u>1/1/19 - 3/31/19</u>
Premium Income		
Cost of Stop Loss Insurance	\$ 264,131	\$ 297,694
Cost of Life Insurance	11,849	11,608
Total reduction	275,980	309,302
Underwriting Deductions		
Stop Loss Reimbursements	\$ 79,851	\$ 234,685

**B. Uncollectible Reinsurance - Not Applicable****C. Commutation of Ceded Reinsurance - Not Applicable****NOTE 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not Applicable

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

Not Applicable

**NOTE 26 - Intercompany Pooling Arrangements**

Not Applicable

**NOTE 27 - Structured Settlements**

Not Applicable

**NOTE 28 - Health Care Receivables**

Not Applicable

**NOTE 29 - Participating Policies**

Not Applicable

**NOTE 30 - Premium Deficiency Reserves**

Not Applicable

**NOTE 31 - Anticipated Salvage and Subrogation**

Not Applicable

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

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

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

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

2.2 If yes, date of change:

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

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

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

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

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2018

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  12/31/2018

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  10/18/2019

6.4 By what department or departments?  
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [X]

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

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

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

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

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

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

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

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

(e) Accountability for adherence to the code.

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

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

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

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [X]

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

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [X]

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

\$ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [X]

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

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

\$ 0

13. Amount of real estate and mortgages held in short-term investments:

\$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [X]

14.2 If yes, please complete the following:

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

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ] N/A [X]

If no, attach a description with this statement.

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

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

\$ 0

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

\$ 0

16.3 Total payable for securities lending reported on the liability page:

\$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [ ] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

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

18.2 If no, list exceptions:

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

- a. 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.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ ]

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. 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 [ ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The security was purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ ]

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

## 1. Operating Percentages:

1.1 A&H loss percent .....	86.6 %
1.2 A&H cost containment percent .....	0.0 %
1.3 A&H expense percent excluding cost containment expenses .....	9.5 %

2.1 Do you act as a custodian for health savings accounts? .....	Yes [ ]	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts? .....	Yes [ ]	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ ]	No [X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes [ ]	No [X]

**Cleveland Automobile Dealers Association Group Health Plan**  
**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date									
1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7	8	9	10 Effective Date of Certified Reinsurer Rating

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
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..	4,368,586				15,650		4,384,236	
37. Oklahoma.....	OK ..N..							0	
38. Oregon.....	OR ..N..							0	
39. Pennsylvania.....	PA ..N..							0	
40. Rhode Island.....	RI ..N..							0	
41. South Carolina.....	SC ..N..							0	
42. South Dakota.....	SD ..N..							0	
43. Tennessee.....	TN ..N..							0	
44. Texas.....	TX ..N..							0	
45. Utah.....	UT ..N..							0	
46. Vermont.....	VT ..N..							0	
47. Virginia.....	VA ..N..							0	
48. Washington.....	WA ..N..							0	
49. West Virginia.....	WV ..N..							0	
50. Wisconsin.....	WI ..N..							0	
51. Wyoming.....	WY ..N..							0	
52. American Samoa.....	AS ..N..							0	
53. Guam.....	GU ..N..							0	
54. Puerto Rico.....	PR ..N..							0	
55. U.S. Virgin Islands.....	VI ..N..							0	
56. Northern Mariana Islands.....	MP ..N..							0	
57. Canada.....	CAN ..N..							0	
58. Aggregate Other alien.....	OT ..XXX..	0	0	0	0	0	0	0	0
59. Subtotal.....		4,368,586	0	0	0	15,650	0	4,384,236	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	XXX	4,368,586	0	0	0	15,650	0	4,384,236	0

**DETAILS OF WRITE-INS**

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

(a) Active Status Count

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

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

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

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Response

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

NO

Explanation:

1.

Bar Code:



**Overflow Page**

**NONE**

**Sch. A - Verification**

**NONE**

**Sch. B - Verification**

**NONE**

**Sch. BA - Verification**

**NONE**

**Sch. D - Verification**

**NONE**

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

**NONE**

**Sch. DA - Pt. 1**

**NONE**

**Sch. DA - Verification**

**NONE**

**Sch. DB - Pt. A - Verification**

**NONE**

**Sch. DB - Pt. B - Verification**

**NONE**

**Sch. DB - Pt. C - Sn. 1**

**NONE**

**Sch. DB - Pt. C - Sn. 2**

**NONE**

**Sch. DB - Verification**

**NONE**

**Sch. E - Pt. 2 Verification**

**NONE**

**Sch. A Pt. 2**

**NONE**

**Sch. A Pt. 3**

**NONE**

**Sch. B - Pt. 2**

**NONE**

**Sch. B - Pt. 3**

**NONE**

**Sch. BA - Pt. 2**

**NONE**

**Sch. BA - Pt. 3**

**NONE**

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

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

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

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

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

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

**Sch. DB - Pt. E**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
PNC Bank (checking)..... Ohio.....		varies.....	.961		432,999	1,173,973	.852,798	XXX
PNC Bank (savings)..... Ohio.....		varies.....			.1,597	1,585	.1,581	XXX
Dollar Bank (savings)..... Ohio.....		varies.....	1,709		1,128,792	1,129,460	.1,130,501	XXX
Fifth Third Bank (savings)..... Ohio.....		varies.....	.98		1,013,008	1,013,008	.1,013,020	XXX
First Federal Lakewood (savings)..... Ohio.....		varies.....	.400		1,032,281	1,032,281	.1,032,960	XXX
Citizens Bank (savings)..... Ohio.....		varies.....	3,141		1,004,347	1,004,374	.1,007,432	XXX
0199999. Total Open Depositories.....	XXX	XXX	.6,309	0	4,613,024	5,354,681	.5,038,272	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.6,309	0	4,613,024	5,354,681	.5,038,272	XXX
0599999. Total Cash.....	XXX	XXX	.6,309	0	4,613,024	5,354,681	.5,038,272	XXX

**Cleveland Automobile Dealers Association Group Health Plan**  
**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

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

## MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

COMPANY NAME: Cleveland Automobile Dealers Assoc. Group Health Plan NAIC Company Code: 00001

Contact: John Robinson

Telephone: 440.746.1500

REQUIRED FILINGS IN THE STATE OF: OHIO

Filings Made During the Year 2015

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"X14") – USE HEALTH BLANK	1	0	0	3/31	NAIC	
X	2	Quarterly Financial Statement (8 1/2" x 14") – USE HEALTH BLANK	1	0	0	5/15, 8/15, 11/15	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Actuarial Opinion	1	0	0	3/31	Company	
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	0	0	4/30	NAIC	
	13	Health Care Exhibit's Allocation Report Supplement	1	0	0	4/30	NAIC	
	25	Risk-Based Capital Report	1	0	0	3/31	NAIC	
	27	Supplemental Compensation Exhibit	1	0	0	3/31	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountants Letter of Qualifications	1	0	0	6/30	Company	
	72	Audited Financial Reports	1	0	0	6/30	Company	K
INS7166	73	Audited Financial Reports Exemption Affidavit	1	0	0	6/30	Company	K
	74	Communication of Internal Control Related Matters Noted in Audit	1	0	0	8/31	Company	
	75	Independent CPA (change)	1	0	0	6/30	Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	0	0	8/31	Company	
	77	Notification of Adverse Financial Condition	1	0	0	6/30	Company	
INS7160	78	Request for Exemption From Filing Audited Financial Statements	1	0	0	1/31	Company	
	79	Relief from the five-year rotation requirement for lead audit partner	1	0	0	3/31	Company	
	80	Relief from the one-year cooling off period for independent CPA	1	0	0	3/31	Company	
	81	Relief from the Requirements for Audit Committees	1	0	0	3/31	Company	
INS7160	82	Request to file Audited Consolidated/Combined Financial statements	1	0	0	1/31	Company	
		<b>V. STATE REQUIRED FILINGS***</b>						
INS7058	101	Application for Renewal of Certificate of Authority	1	0	0	1/1	State****	
	102	Paid Claim Data Lag report. NOTE: Reports for companies on monthly reporting are due the 20 <sup>th</sup> of the following month.	1	0	0	3/31,5/15,7/15,11/15 MONTHLY: See Note.	Company	

\*If "xxx" appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC.

If "N/A" appears in this column, the filing is required with the domiciliary state.

If "EO" appears in this column, the filing is Electronic Only filing – DO NOT FILE HARDCOPY.

If "AFF" appears in this column, Ohio requires an affidavit on form INS7240.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*Generally, Notes A through L apply to all filings.

\*\*\*\*These forms may be downloaded at [www.insurance.ohio.gov](http://www.insurance.ohio.gov) under "ODI Forms".

\*\*\*\*\*Do NOT file with the Ohio Department of Insurance. File Only with the Ohio Treasurer of State.

 **Shipment Receipt**

Transaction Date: 27 May 2020

Tracking Number:

1Z4X41100195271047

**① Address Information**

Ship To:	Ship From:	Return Address:
OHIO DEPARTMENT OF INSURANCE OFFICE OF RISK ASSESSMENT 50 W TOWN ST 3RD FLOOR SUITE 300 COLUMBUS OH 432154173	GREATER CLEVE AUTO DEALERS Kathleen Rutherford 9150 South Hills Blvd. Suite 150 Broadview Heights OH 44147 Telephone:888-740-2886 email:krutherford@gcada.org	GREATER CLEVE AUTO DEALERS Kathleen Rutherford 9150 South Hills Blvd. Suite 150 Broadview Heights OH 44147 Telephone:888-740-2886 email:krutherford@gcada.org

**② Package Information**

	Weight	Dimensions / Packaging	Declared Value	Reference Numbers
1. Letter (Letter billable)		UPS Letter		Reference # 1 - GROUP HEALTH

**③ UPS Shipping Service and Shipping Options**

Service:	UPS Next Day Air
Delivered By:	10:30 AM Thursday, May 28, 2020
Shipping Fees Subtotal:	25.98 USD
Transportation	25.60 USD
Fuel Surcharge	0.38 USD

**④ Payment Information**

Bill Shipping Charges to: Shipper's Account 4X4110

Shipping Charges:	25.98 USD
Subtotal Shipping Charges:	25.98 USD
Total Charged:	25.98 USD

Note: This document is not an invoice. Your final invoice may vary from the displayed reference rates.

\* For delivery and guarantee information, see the UPS Service Guide ({0}). To speak to a customer service representative, call 1-800-PICK-UPS for domes services and 1-800-782-7892 for international services.