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ANNUAL STATEMENT

For the Year Ended December 31, 2021

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)*	
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)*	440-746-1500 *(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)*	
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 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.gcada.org	
Statutory Statement Contact	John Robinson *(Name)*	440-746-1500 *(Area Code) (Telephone Number) (Extension)*
	jrobinson@gcada.org *(E-Mail Address)*	*(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Kirt Frye	Trustee	2. Rob Kistler	Trustee
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Kirt Frye, Rob Kistler, Doug Callahan, Bruce Abraham, Mike Abraham

State of..... Ohio
County of..... Cuyahoga

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

(Signature)	(Signature)	(Signature)
Kirt Frye	Rob Kistler	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Trustee	Trustee	
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2022

a. Is this an original filing? Yes [ ] No [X]
b. If no
1. State the amendment number: 1
2. Date filed: 5-9-2022
3. Number of pages attached: 26

AMENDED FILING EXPLANATION

Amendment #1 changes

1. Updated address of accounting firm Apple Growth Partners in Interrogatories Part 1, line 9.

2. Split out the ATRF pass thru charge. MMO billed dealers for the PCORI taxes ($8,246 in July 2021). This pass-thru was included in premium on the original annual statement. We removed it from premium and put it on line 6 as an aggregate write-in of other health care related revenues. This same treatment was used in past years.

3. Corrected data entry error used in calculation of ceded premium. Ceded premium increased by $2,812, from $9,783,347 to $9,786,159. As a result of this change, net gain from reinsurance decreased by $2,812 and surplus decreased by $2,812. Gross premium, claims and expenses were not affected.

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....1,874,625 reinsurance ceded)	801,375		801,375	2,073,000
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	412,000		412,000	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	491,408		491,408	
9.	General expenses due or accrued	18,813		18,813	17,126
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	9,786,159		9,786,159	
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 $.....0 current)	349,493	0	349,493	238,186
24.	Total liabilities (Lines 1 to 23)	11,859,248	0	11,859,248	2,578,312
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	2,699,190	2,303,121
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	2,699,190	2,303,121
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	14,558,438	4,881,433

DETAILS OF WRITE-INS

2301.	Invoices payable to carriers (for weekly paid claims and adjustments)	349,493		349,493	238,186
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)	349,493	0	349,493	238,186
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 OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	23,296	21,363
2.	Net premium income (including $.....13,293 non-health premium income)	XXX	10,456,803	17,074,867
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	8,246	7,828
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	10,465,049	17,082,695
Hospital and Medical:				
9.	Hospital/medical benefits		15,663,307	13,462,654
10.	Other professional services		745,943	566,280
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		3,131,582	3,388,543
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	19,540,832	17,417,477
Less:				
17.	Net reinsurance recoveries		11,487,827	1,210,471
18.	Total hospital and medical (Lines 16 minus 17)	0	8,053,005	16,207,006
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....60,000 cost containment expenses		1,711,974	1,303,188
21.	General administrative expenses		310,417	304,331
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	10,075,396	17,814,525
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	389,653	(731,830)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		6,108	13,420
26.	Net realized capital gains or (losses) less capital gains tax of $.....0			
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	6,108	13,420
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	395,761	(718,410)
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	395,761	(718,410)

DETAILS OF WRITE-INS

0601.	ATRF pass through	XXX	8,246	7,828
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	8,246	7,828
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	2,303,121	3,021,531
34. Net income or (loss) from Line 32	395,761	(718,410)
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	308	0
48. Net change in capital and surplus (Lines 34 to 47)	396,069	(718,410)
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,699,190	2,303,121

DETAILS OF WRITE-INS

4701. Correction of 2020 reporting error: investment income, 12/31/20 assets and surplus were understated by $308	308	
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)	308	0

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	11,148,219	16,891,016
2.	Net investment income	6,108	13,420
3.	Miscellaneous income	8,246	7,828
4.	Total (Lines 1 through 3)	11,162,573	16,912,264
5.	Benefit and loss related payments	8,130,249	15,585,883
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,858,704	1,588,512
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)	9,988,953	17,174,395
11.	Net cash from operations (Line 4 minus Line 10)	1,173,620	(262,131)
	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)	308	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	308	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)	1,173,928	(262,131)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	4,671,076	4,933,207
	19.2 End of year (Line 18 plus Line 19.1)	5,845,004	4,671,076

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	10,456,803	9,915,140		528,370						13,293
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	8,246	8,246	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	10,465,049	9,923,386	0	528,370	0	0	0	0	0	13,293
8. Hospital/medical benefits	15,663,307	15,663,307								XXX
9. Other professional services	745,943			745,943						XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	3,131,582	3,131,582								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	19,540,832	18,794,889	0	745,943	0	0	0	0	0	XXX
16. Net reinsurance recoveries	11,487,827	11,120,154		367,673						XXX
17. Total hospital and medical (Lines 15 minus 16)	8,053,005	7,674,735	0	378,270	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....60,000 cost containment expenses	1,711,974	1,671,974		40,000						
20. General administrative expenses	310,417	310,417								
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	10,075,396	9,657,126	0	418,270	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	389,653	266,260	0	110,100	0	0	0	0	0	13,293
DETAILS OF WRITE-INS										
0501. ATRF pass-through	8,246	8,246								XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	8,246	8,246	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	20,837,606		10,922,465	9,915,141
2. Medicare Supplement				0
3. Dental only	1,001,699		473,330	528,369
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)	21,839,305	0	11,395,795	10,443,510
10. Life	54,543		41,250	13,293
11. Property/casualty				0
12. Totals (Lines 9 to 11)	21,893,848	0	11,437,045	10,456,803

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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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	1,420	1,485	1,486	1,486	1,486
2. 2017	17,318	19,402	19,442	19,443	19,443
3. 2018	XXX	18,396	20,391	20,368	20,370
4. 2019	XXX	XXX	14,855	16,438	16,439
5. 2020	XXX	XXX	XXX	14,188	15,885
6. 2021	XXX	XXX	XXX	XXX	7,927

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	1,471	1,485	1,486	1,486	1,486
2. 2017	19,369	19,457	19,442	19,443	19,443
3. 2018	XXX	20,855	20,430	20,368	20,370
4. 2019	XXX	XXX	16,431	16,474	16,439
5. 2020	XXX	XXX	XXX	16,225	15,927
6. 2021	XXX	XXX	XXX	XXX	8,686

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

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 Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2017	20,997	19,443	1,330	6.8	20,773	98.9			20,773	98.9
2. 2018	20,307	20,370	1,347	6.6	21,717	106.9			21,717	106.9
3. 2019	17,384	16,439	1,189	7.2	17,628	101.4			17,628	101.4
4. 2020	17,060	15,885	1,299	8.2	17,184	100.7	42	5	17,231	101.0
5. 2021	10,443	7,625	1,122	14.7	8,747	83.8	759	407	9,913	94.9

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	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	1,377	1,442	1,443	1,443	1,443
2. 2017	16,498	18,530	18,570	18,571	18,571
3. 2018	XXX	17,647	19,595	19,579	19,581
4. 2019	XXX	XXX	14,220	15,758	15,759
5. 2020	XXX	XXX	XXX	13,673	15,296
6. 2021	XXX	XXX	XXX	XXX	7,281

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	1,427	1,442	1,443	1,443	1,443
2. 2017	18,498	18,584	18,570	18,571	18,571
3. 2018	XXX	20,052	19,633	19,579	19,581
4. 2019	XXX	XXX	15,747	15,793	15,759
5. 2020	XXX	XXX	XXX	15,648	15,338
6. 2021	XXX	XXX	XXX	XXX	8,017

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. 2017	19,898	18,571	1,276	6.9	19,847	99.7			19,847	99.7
2. 2018	19,363	19,581	1,275	6.5	20,856	107.7			20,856	107.7
3. 2019	16,523	15,759	1,125	7.1	16,884	102.2			16,884	102.2
4. 2020	16,215	15,296	1,265	8.3	16,561	102.1	42	5	16,608	102.4
5. 2021	9,915	7,281	1,090	15.0	8,371	84.4	736	404	9,511	95.9

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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.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ 395,761	$ (718,410)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	$ 395,761	$ (718,410)
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 2,699,190	$ 2,303,121
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	$ 2,699,190	$ 2,303,121

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 claims 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)
- Quota share reinsurance agreement effective May 1, 2021 (Medical Mutual 75% / CADA 25%)

Reported premium income is generally net of reinsurance – it has been reduced by the cost of ceded reinsurance (cost of stop loss premium, cost of life insurance premium, and beginning 5/1/2021, 75% of expected incurred claims net of Stop Loss recoveries). 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 on Schedule T.

Vision premium and claims are included with dental.

Statement of Revenues and Expenses – Incurred claims and expenses on 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 calendar year 2021 the ratio of members to contracts averaged 1.71 and ranged from 1.70 to 1.71. In calendar year 2020, the ratio of members to contracts averaged 1.72 and ranged from 1.70 to 1.73.

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.

NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

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

Cash Equivalents: As of the statement date, there were no cash equivalents. Money held in banks' insured savings accounts, with interest tied to money market rates was considered cash.

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

The 2020 Annual Statement under-reported 2020 investment income, year-end assets and surplus by $308. To correct this error, a $308 addition to surplus is included on Statement of Revenues and Expenses (page 5, line 47).

Amendment #1 to 2021 Annual Statement
Changes made:

1. Updated address of accounting firm Apple Growth Partners (p. 27)

2. Split out the ATRF pass-through charge from premium. The $8,246 pass-through charge was moved to aggregate write ins for other health care related revenues (R&E line 6). This change did not affect net income or surplus.

3. Corrected a data entry error in the calculation of ceded premium. Ceded premium increased by $2,812, from $9,783,347 to $9,786,159. This change increased the liabilities by $2,812, and reduced the net reinsurance gain and surplus by $2,812. Gross premium, claims and expenses were not affected.

Effect on Assets, Liabilities, Net Income and Surplus:

	Amended	Original	Change
Assets	$ 14,558,438	$ 14,558,438	$ 0
Liabilities	11,859,248	11,856,436	(2,812)
Surplus	2,699,190	2,702,002	(2,812)
Net Income	395,761	398,573	(2,812)

NOTE 3 - Business Combinations and Goodwill

Not Applicable

NOTE 4 - Discontinued Operations

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - Investments

Not Applicable.

NOTE 6 - Joint Ventures, Partnerships, and Limited Liability Companies

Not Applicable

NOTE 7 - Investment Income

Investment income is comprised of interest income from the Plan's checking and savings accounts.

NOTE 8 - Derivative Instruments

Not Applicable

NOTE 9 - Income Taxes

Not Applicable – the Plan is exempt (assets are held in a 501(c)(9) trust).

NOTE 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

In the calendar year 2021, management fees of $87,500 were paid to GCADA to reimburse management's time in administration and promotion of the Plan. Management fees of $82,500 were paid to GCADA in calendar year 2020.

NOTE 11 - Debt

None

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

Not Applicable

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

Not Applicable

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

NOTES TO FINANCIAL STATEMENTS

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

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/ Produced By
					$
Total	XXX	XXX	XXX	XXX	$

NOTE 20 - Fair Value Measurements

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 2013-2021. These fees are passed through to dealers.

	2021	2020	2019	2018	2017
ACA fees, incl. ATRF & PCORI (reported on page 4, line 21)	8,246	8,273	9,783	10,736	(65,163)

NOTES TO FINANCIAL STATEMENTS

NOTE 23 - Reinsurance

Effect of Ceded Reinsurance

The following table shows the approximate amounts by which ceded reinsurance has reduced the indicated financial statement accounts for calendar years 2021 and 2020:

	1/1/21 - 12/31/21	1/1/20 - 12/31/20
Premium Deductions		
Stop Loss Premium	$ 1,609,636	$ 1,199,612
Life Insurance	41,250	46,485
Quota share eff 5/1/2021 (75/25) (75% of expected incurred claims)	9,786,159	NA
Total ceded premium	11,437,045	1,246,097
Underwriting Deductions		
Stop Loss Reimbursements	$ 910,117	$ 1,210,471
Life Insurance	41,250	46,485
Quota share eff 5/1/2021 (75/25) (75% of actual claims net of SL reimb, incurred 5/1/21-12/31/21)		
Paid claims (75%)	8,703,085	NA
Est. unpaid claims (75%)	1,874,625	NA
Subtotal - quota share	10,577,710	NA
Total ceded claims	11,529,077	1,256,956
Net gain (loss)		
Stop Loss Insurance	$ (699,519)	$ 10,859
Life Insurance	0	0
Quota share	791,551	0
Total	92,032	10,859

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [ ] No [X]
If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [ ] No [X]
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [X] No [ ]

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. **$0**

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement?
$1,874,625

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [ ] No [X]
If yes, give full details.

NOTES TO FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **$0**

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [X] No [ ]

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? **$1,874,625**

B. Uncollectible Reinsurance

NONE

C. Commutation of Ceded Reinsurance

NONE

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a. Certified Reinsurers Downgraded or Status Subject to Revocation
NONE

b. Impact to the Reporting Entity as a Result of the Assuming Entity's Downgraded or Revocation of Certified Reinsurer Status
Not applicable

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a. Certified Reinsurer Rating is Downgraded or Status Subject to Revocation

b. Impact to the Reporting Entity as a Result of the Certified Reinsurer Rating Downgraded or Revocation of Certified Reinsurer Status

E. Reinsurance Credits

(1) Disclose any reinsurance contracts subject to A-791 that includes a provision, which limits the reinsurer's assumption of significant risks identified as in A-791.

NONE

(2) Disclose any reinsurance contracts not subject to A-791, for which reinsurance accounting was applied and includes a provision that limits the reinsurer's assumption of risk.

NONE

(3) Disclose if any reinsurance contracts contain features which result in delays in payment in form or in fact.

Quota share reinsurance contract with Medical Mutual covers claims incurred 5/1/2021 - 4/30/2022 and paid through 4/30/2023. A preliminary settlement will be done in late-2022 and a final settlement in mid-2023.

(4) Disclose if the reporting entity has reflected reinsurance accounting credit for any contracts not subject to A-791 and not yearly renewal term, which meet the risk transfer requirements of SSAP No. 61R and identify the type of contacts and the reinsurance contracts.

Reinsurance accounting credit is used for the quota share contract with Medical Mutual, the reinsurer. CADA transfers 75% of claims incurred after 5/1/21, net of stop loss reimbursements. Ceded premium equals 75% of expected incurred claims. Ceded claims are 75% of actual incurred claims.

(5) Disclose if the reporting entity ceded any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by the financial statement.

(6) If affirmative disclosure is required for Paragraph 23H(5) above, explain why the contract(s) is treated differently under GAAP and SAP.

N/A

NOTE 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 25 - Change in Incurred Claims and Claim Adjustment Expenses

The liability for loss adjustment expenses increased from $250,000 to $412,000 because the quota-share reinsurance contract requires payment of 3 months admin expenses. In addition, we assumed 1.5 months of general expenses. The 12/31/2020 liability assumed post-cancellation runout would be self-insured with admin fees related to claims processed.

NOTE 26 - Intercompany Pooling Arrangements

Not Applicable

NOTE 27 - Structured Settlements

Not Applicable

NOTE 28 - Health Care Receivables

The only healthcare receivables are prescriptions drug rebates. These are collected by Medical Mutual and partially shared with CADA. Effective 5/1/2021, prescription drug rebates are credited monthly using a fixed per-capita formula which increases at the beginning of each plan year. There are no receivables as of 12/31/2021. The rebates cease upon cancellation of the reinsurance contract.

Rebates received in 2021:	$1,071,755
Rebates received in 2020:	624,000
Rebates received in 2019:	634,000

NOTE 29 - Participating Policies

Not Applicable

NOTE 30 - Premium Deficiency Reserves

Liability carried for premium deficiency reserves: $0
Date of most recent examination of this liability: Not applicable.

NOTE 31 - Anticipated Salvage and Subrogation

The Plan did not anticipate subrogation when developing the reserves for unpaid claims.

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, 2 and 3. 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:

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

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. 12/31/2018

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). 10/18/2019

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 [X] No [ ]

4.12 renewals? Yes [X] No [ ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

If the answer is YES, complete and file the merger history data file with the NAIC.

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 depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [ ] No [ ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ ] N/A [ ]

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, 1540 West Market St., Akron, OH 44313

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:

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	$ 10,443,511	$ 17,059,897
2.2	Premium Denominator	$ 10,456,803	$ 17,074,867
2.3	Premium Ratio (2.1/2.2)	99.9%	99.9%
2.4	Reserve Numerator	$ 801,375	$ 2,073,000
2.5	Reserve Denominator	$ 801,375	$ 2,073,000
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	$	250,000
5.32	Medical Only	$	0
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:

Conversion provisions are included in reinsurance contract with Medical Mutual

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	14,558,438	4,881,433	4,959,713	6,423,208	8,439,744
2. Total liabilities (Page 3, Line 24)	11,859,248	2,578,312	1,938,182	3,353,163	3,120,148
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)	2,699,190	2,303,121	3,021,531	3,070,045	5,319,596
Income Statement (Page 4)					
5. Total revenues (Line 8)	10,465,049	17,082,695	17,405,425	20,330,865	21,020,796
6. Total medical and hospital expenses (Line 18)	8,053,005	16,207,006	15,991,404	20,957,484	19,198,718
7. Claims adjustment expenses (Line 20)	1,711,974	1,303,188	1,171,045	1,375,526	1,321,543
8. Total administrative expenses (Line 21)	310,417	304,331	326,019	266,054	166,827
9. Net underwriting gain (loss) (Line 24)	389,653	(731,830)	(83,043)	(2,268,199)	333,708
10. Net investment gain (loss) (Line 27)	6,108	13,420	34,529	18,648	11,919
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	395,761	(718,410)	(48,514)	(2,249,551)	345,627
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	1,173,620	(262,131)	(1,121,452)	(1,954,556)	966,591
Risk-Based Capital Analysis					
14. Total adjusted capital	2,699,190	2,303,121	3,021,531	3,070,045	5,319,596
15. Authorized control level risk-based capital	528,086	1,059,793	1,043,705	1,368,956	1,214,899
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,894	1,776	1,772	2,365	2,417
17. Total member months (Column 6, Line 7)	23,296	21,363	23,157	28,002	28,989
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).	77.0	94.9	91.9	103.1	91.4
20. Cost containment expenses	0.6				
21. Other claims adjustment expenses	15.8	7.6	6.7	6.8	6.3
22. Total underwriting deductions (Line 23)	96.4	104.3	100.5	111.2	98.5
23. Total underwriting gain (loss) (Line 24)	3.7	(4.3)	(0.5)	(11.2)	1.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	1,742,022	1,597,211	2,074,860	2,205,119	1,470,994
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	2,073,000	1,615,000	2,514,000	2,102,000	1,641,000
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:

* 0 0 0 0 0 2 0 2 1 4 3 0 5 9 1 0 0 *

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 (Location)

NAIC Group Code.....1 NAIC Company Code.....00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,776		1,776							
2. First quarter	1,972		1,972							
3. Second quarter	1,950		1,950							
4. Third quarter	1,916		1,916							
5. Current year	1,894		1,894							
6. Current year member months	23,296		23,296							
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	1,146		1,146							
11. Number of inpatient admissions	216		216							
12. Health premiums written (b)	21,839,305		20,837,606			1,001,699				
13. Life premiums direct	54,543									54,543
14. Property/casualty premiums written	0									
15. Health premiums earned	21,839,305		20,837,606			1,001,699				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	18,937,832		18,217,889			719,943				
18. Amount incurred for provision of health care services	19,540,832		18,794,889			745,943				

(a) For health business: number of persons insured under PPO managed care products.....1,894 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

* 0 0 0 0 0 2 0 2 1 4 3 0 3 6 1 0 0 *

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 OHIO DURING THE YEAR (Location)

NAIC Group Code.....1

NAIC Company Code.....00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,776		1,776							
2. First quarter	1,972		1,972							
3. Second quarter	1,950		1,950							
4. Third quarter	1,916		1,916							
5. Current year	1,894		1,894							
6. Current year member months	23,296		23,296							
Total Member Ambulatory Encounters for Year:										
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8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	1,146		1,146							
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17. Amount paid for provision of health care services	18,937,832		18,217,889			719,943				
18. Amount incurred for provision of health care services	19,540,832		18,794,889			745,943				

(a) For health business: number of persons insured under PPO managed care products.....1,894 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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
		.05/01/2021	Medical Mutual Services, LLC	OH	QA/G	CMM	9,257,789		1,809,000				
		.05/01/2021	Medical Mutual Services, LLC	OH	QA/G	D	528,370		65,625				
		.05/01/2021	Medical Mutual Services, LLC	OH	SSL/G	SLEL	1,609,636						
1999999.	Total - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates						11,395,795	0	1,874,625	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						11,395,795	0	1,874,625	0	0	0	0
2299999.	Total - General Account - Unauthorized						11,395,795	0	1,874,625	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						11,395,795	0	1,874,625	0	0	0	0
9199999.	Total - U.S.						11,395,795	0	1,874,625	0	0	0	0
9999999.	Total						11,395,795	0	1,874,625	0	0	0	0

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1 2021	2 2020	3 2019	4 2018	5 2017
A.	**OPERATIONS ITEMS**					
1.	Premiums	11,396	1,200	1,112	1,246	1,225
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance	469				
5.	Total hospital and medical expenses	11,488	1,210	506	465	922
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable	10				
7.	Claims payable	801				
8.	Reinsurance recoverable on paid losses	8,703				
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	5,845,004		5,845,004
2.	Accident and health premiums due and unpaid (Line 15)	10,349		10,349
3.	Amounts recoverable from reinsurers (Line 16.1)	8,703,085	(8,703,085)	0
4.	Net credit for ceded reinsurance	XXX	791,551	791,551
5.	All other admitted assets (balance)			0
6.	Totals assets (Line 28)	14,558,438	(7,911,534)	6,646,904
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	801,375	1,874,625	2,676,000
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	491,408		491,408
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	10,566,465	(9,786,159)	780,306
15.	Total liabilities (Line 24)	11,859,248	(7,911,534)	3,947,714
16.	Total capital and surplus (Line 33)	2,699,190	XXX	2,699,190
17.	Total liabilities, capital and surplus (Line 34)	14,558,438	(7,911,534)	6,646,904

	NET CREDIT FOR CEDED REINSURANCE	
18.	Claims unpaid	1,874,625
19.	Accrued medical incentive pool	0
20.	Premiums received in advance	0
21.	Reinsurance recoverable on paid losses	8,703,085
22.	Other ceded reinsurance recoverables	0
23.	Total ceded reinsurance recoverables	10,577,710
24.	Premiums receivable	0
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0
26.	Unauthorized reinsurance	0
27.	Reinsurance with certified reinsurers	0
28.	Funds held under reinsurance treaties with certified reinsurers	0
29.	Other ceded reinsurance payables/offsets	9,786,159
30.	Total ceded reinsurance payables/offsets	9,786,159
31.	Total net credit for ceded reinsurance	791,551

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefit Plan Premiums	7 Life & Annuity Premiums and Other Considerations	8 Property /Casualty Premiums	9 Total Columns 2 Through 8	10 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	21,839,305					54,543		21,893,848	
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	21,839,305	0	0	0	0	54,543	0	21,893,848	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	21,839,305	0	0	0	0	54,543	0	21,893,848	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	0
58999. Total (Lines 58001 through 58003 + 58998)	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

- Eligible - Reporting entities eligible or approved to write surplus lines in the sta 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

(b) Explanation of basis of allocation by states, premiums by state, etc.