

ANNUAL STATEMENT

OF THE

**Cleveland Automobile Dealers
Association Group Health Plan**

Of

Broadview Heights

in the state of OH

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

For the Year Ended
December 31, 2021

2021

Attachment to Page 1 of

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

I, John Robinson, Controller of the Cleveland Automobile Dealers Association Group Health Plan, hereby affirm that the listings and summaries, and analysis relating to data prepared for and submitted to Harry A. Don in support of his actuarial opinion for the Cleveland Automobile Dealers Association Group Health Plan as of December 31, 2021, were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2021.



John Robinson, Controller

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

1-440-746-1500



ANNUAL STATEMENT

For the Year Ended December 31, 2021
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..... 00000
State of Domicile or Port of Entry OH
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)
www.gcada.org
John Robinson
(Name)
jrobinson@gcada.org
(E-Mail Address)

Employer's ID Number..... 34-1320838
Country of Domicile US
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	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.

Subscribed and sworn to before me
This day of 2022

Kirt Frye Rob Kistler
FCE700E30036412 8606A3183823406
(Signature) (Signature) (Signature)
Kirt Frye Rob Kistler
1. (Printed Name) 2. (Printed Name) 3. (Printed Name)
Trustee Trustee
(Title) (Title) (Title)



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

Statement as of December 31, 2021 of the

Cleveland Automobile Dealers Association Group Health Plan**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....			.0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....5,845,004, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	5,845,004		5,845,004	4,671,076
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	5,845,004	.0	5,845,004	4,671,076
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.....	10,349		10,349	210,357
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. Reinsurances:				
16.1 Amounts recoverable from reinsurers.....	8,703,085		8,703,085	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other-than-invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	14,558,438	.0	14,558,438	4,881,433
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	14,558,438	.0	14,558,438	4,881,433

DETAILS OF WRITE-INS

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

Cleveland Automobile Dealers Association Group Health Plan**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....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.....	9,783,347		9,783,347	
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).....	11,856,436	0	11,856,436	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	2,702,002	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	2,702,002	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 as of December 31, 2021 of the

Cleveland Automobile Dealers Association Group Health Plan**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	23,296	21,363
2. Net premium income (including \$.....13,293 non-health premium income).....	XXX	10,467,861	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	0	7,828
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	10,467,861	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	392,465	(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	398,573	(718,410)
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX	398,573	(718,410)

DETAILS OF WRITE-INS

0601. ATRF pass through.....	XXX		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	0	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

Cleveland Automobile Dealers Association Group Health Plan
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT		1	2
		Current Year	Prior Year
33.	Capital and surplus prior reporting period.....	2,303,121	3,021,531
34.	Net income or (loss) from Line 32.....	398,573	(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).....	398,881	(718,410)
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	2,702,002	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

Cleveland Automobile Dealers Association Group Health Plan**CASH FLOW**

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	11,159,277	16,891,016
2. Net investment income.....	6,108	13,420
3. Miscellaneous income.....		7,828
4. Total (Lines 1 through 3).....	11,165,385	16,912,264
5. Benefit and loss related payments.....	8,133,061	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).....	9,991,765	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

Cleveland Automobile Dealers Association Group Health Plan

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	10,487,861	9,926,198		528,370						13,293
2. Change in unearned premium reserves and reserve for rate credit.....	0	0								
3. Fee-for-service (net of \$..... medical expenses).....	0	0								
4. Risk revenue.....	0	0								
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	0
6. Aggregate write-ins for other non-health care related revenues.....	0	0	0	0	0	0	0	0	0	0
7. Total revenues (Lines 1 to 6).....	10,487,861	9,926,198	0	528,370	0	0	0	0	0	13,293
8. Hospital/medical benefits.....	15,663,307	15,663,307								
9. Other professional services.....	745,943									
10. Outside referrals.....	0									
11. Emergency room and out-of-area.....	0									
12. Prescription drugs.....	3,131,582	3,131,582								
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	0
14. Incentive pool, withhold adjustments and bonus amounts.....	0	0	0	0	0	0	0	0	0	0
15. Subtotal (Lines 8 to 14).....	19,540,832	18,794,889	0	745,943	0	0	0	0	0	0
16. Net reinsurance recoveries.....	11,487,827	11,120,154		367,673						
17. Total hospital and medical (Lines 15 minus 16).....	8,053,005	7,674,735	0	378,270	0	0	0	0	0	0
18. Non-health claims (net).....	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
22. Increase in reserve for life contracts.....	0	0	0	0	0	0	0	0	0	0
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).....	392,465	269,072	0	110,100	0	0	0	0	0	13,293

DETAILS OF WRITE-INS

0501.....	0									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	0
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	0	0	0	0	0
0601.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0	0	0	0	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0	0	0	0	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	0
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above).....	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	20,845,852		10,919,553	9,926,199
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)	21,847,551	0	11,392,983	10,454,568
10.	Life	54,543		41,250	13,293
11.	Property/casualty				0
12.	Totals (Lines 8 to 11)	21,902,094	0	11,434,233	10,467,861

Statement as of December 31, 2021 of the

Cleveland Automobile Dealers Association Group Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	18,979,082	18,217,889		719,943						41,250
1.2 Reinsurance assumed.....	0	0								
1.3 Reinsurance ceded.....	951,367	910,117								
1.4 Net.....	18,027,715	17,307,772	0	719,943	0	0	0	0	0	41,250
2. Paid medical incentive pools and bonuses.....	0	0								0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	2,676,000	2,587,000		89,000						
3.2 Reinsurance assumed.....	0	0								
3.3 Reinsurance ceded.....	1,874,625	1,809,000		65,625						
3.4 Net.....	801,375	778,000	0	23,375	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0	0								
4.2 Reinsurance assumed.....	0	0								
4.3 Reinsurance ceded.....	0	0								
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0	0								
6. Net healthcare receivables (a).....	0	0								
7. Amounts recoverable from reinsurers December 31, current year.....	8,703,085	8,401,037		302,048						
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	2,073,000	2,010,000		63,000						
8.2 Reinsurance assumed.....	0	0								
8.3 Reinsurance ceded.....	0	0								
8.4 Net.....	2,073,000	2,010,000	0	63,000	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0	0								
9.2 Reinsurance assumed.....	0	0								
9.3 Reinsurance ceded.....	0	0								
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0	0								
11. Amounts recoverable from reinsurers December 31, prior year.....	0	0								
12. Incurred benefits:										
12.1 Direct.....	19,582,082	18,794,889	0	746,943	0	0	0	0	0	41,250
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	11,529,077	11,120,154	0	367,673	0	0	0	0	0	41,250
12.4 Net.....	8,053,005	7,674,735	0	378,270	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

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

Statement as of December 31, 2021 of the

Cleveland Automobile Dealers Association Group Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	2,676,000	2,587,000		89,000						
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	1,874,625	1,809,000		85,625						
2.4 Net.....	801,375	778,000	0	23,375	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	2,676,000	2,587,000	0	89,000	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	1,874,625	1,809,000	0	85,625	0	0	0	0	0	0
4.4 Net.....	801,375	778,000	0	23,375	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	1,625,875	7,280,860	42,000	736,000	1,667,875	2,010,000
2. Medicare Supplement.....					0	
3. Dental only.....	73,947	343,948	200	23,175	74,147	63,000
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XY/II - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	1,699,822	7,624,808	42,200	759,175	1,742,022	2,073,000
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	1,699,822	7,624,808	42,200	759,175	1,742,022	2,073,000

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

Cleveland Automobile Dealers Association Group Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	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	1,298	8.2	17,184	100.7	42	5	17,231	101.0
5. 2021.....	10,455	7,625	1,122	14.7	8,747	83.7	789	407	9,913	94.8

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	17,847	19,695	19,579	19,581
4. 2019.....	XXX	XXX	14,220	15,798	15,799
5. 2020.....	XXX	XXX	XXX	13,673	15,286
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.....	16,498	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	15,799
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	19,847	19,847	99.7
2. 2018.....	19,363	19,581	1,275	6.5	20,858	107.7	20,858	20,858	20,858	107.7
3. 2019.....	16,523	15,759	1,125	7.1	16,884	102.2	16,884	16,884	16,884	102.2
4. 2020.....	16,215	15,286	1,285	8.3	16,581	102.1	16,581	16,581	16,581	102.4
5. 2021.....	9,927	7,281	1,090	15.0	8,371	84.3	736	404	9,511	95.8

Cleveland Automobile Dealers Association Group Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

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

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		.0		.00	.0	.00			.0	.00
2. 2018		.0		.00	.0	.00			.0	.00
3. 2019		.0		.00	.0	.00			.0	.00
4. 2020		.0		.00	.0	.00			.0	.00
5. 2021		.0		.00	.0	.00			.0	.00

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	.43	.43	.43	.43	.43
2. 2017.....	.820	.872	.872	.872	.872
3. 2018.....	XXX	.749	.796	.789	.789
4. 2019.....	XXX	XXX	.635	.680	.680
5. 2020.....	XXX	XXX	XXX	.515	.589
6. 2021.....	XXX	XXX	XXX	XXX	.646

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior.....	.44	.43	.43	.43	.43
2. 2017.....	.871	.873	.872	.872	.872
3. 2018.....	XXX	.803	.797	.789	.789
4. 2019.....	XXX	XXX	.684	.681	.680
5. 2020.....	XXX	XXX	XXX	.577	.589
6. 2021.....	XXX	XXX	XXX	XXX	.689

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

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.....	1,089	.872	.54	.62	.926	.84.3			.926	.84.3
2. 2018.....	.944	.789	.72	.91	.861	.91.2			.861	.91.2
3. 2019.....	.861	.680	.64	.94	.744	.86.4			.744	.86.4
4. 2020.....	.845	.589	.34	.58	.623	.73.7	.0		.623	.73.8
5. 2021.....	.528	.646	.32	.50	.678	.128.4	.23	.3	.704	.133.3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE**

Cleveland Automobile Dealers Association Group Health Plan**UNDERWRITING AND INVESTMENT EXHIBIT****PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			29,100		29,100
2. Salaries, wages and other benefits.....			116,139		116,139
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....		200,000			200,000
4. Legal fees and expenses.....			26,400		26,400
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			101,837		101,837
7. Traveling expenses.....			559		559
8. Marketing and advertising.....					0
9. Postage, express and telephone.....			4,494		4,494
10. Printing and office supplies.....			6,148		6,148
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....			2,916		2,916
13. Cost or depreciation of EDP equipment and software.....					0
14. Outsourced services including EDP, claims, and other services.....					0
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			13,332		13,332
17. Collection and bank service charges.....					0
18. Group service and administration fees.....	60,000	1,451,974			1,511,974
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....			8,246		8,246
24. Investment expenses not included elsewhere.....					0
25. Aggregate write-ins for expenses.....	0	0	1,246	0	1,246
26. Total expenses incurred (Lines 1 to 25).....	60,000	1,651,974	310,417	0	(a) 2,022,391
27. Less expenses unpaid December 31, current year.....		393,187	18,813		412,000
28. Add expenses unpaid December 31, prior year.....		232,874	17,126		250,000
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	60,000	1,491,661	308,730	0	1,860,391

DETAILS OF WRITE-INS

2501. Dues and subscriptions.....			1,246		1,246
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	1,246	0	1,246

(a) Includes management fees of \$.....87,500 to affiliates and \$.....0 to non-affiliates.

Statement as of December 31, 2021 of the

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

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....6,108	.....6,108
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....6,108	.....6,108
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....0
17. Net investment income (Line 10 minus Line 16).....	.....	.....6,108

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.	.....	.....
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.	.....	.....
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.	.....	.....
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.	.....	.....
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.	.....	.....
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.	.....	.....

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

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

DETAILS OF WRITE-INS

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

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan****EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

		Total Members at End of					6
Source of Enrollment		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health maintenance organizations.....						
2.	Provider service organizations.....						
3.	Preferred provider organizations.....	1,776	1,972	1,950	1,916	1,894	23,296
4.	Point of service.....						
5.	Indemnity only.....						
6.	Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7.	Total.....	1,776	1,972	1,950	1,916	1,894	23,296
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan**

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
0299998 Premiums due and unpaid not individually listed	10,349					10,349
0299999 Total group	10,349	0	0	0	0	10,349
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	10,349	0	0	0	0	10,349

Cleveland Automobile Dealers Association Group Health Plan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	50,000	1,021,755			50,000	
2. Claim overpayment receivables.....					0	
3. Loans and advances to providers.....					0	
4. Capitalization arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....					0	
7. Totals (Lines 1 through 6).....	50,000	1,021,755	0	0	50,000	0

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

Cleveland Automobile Dealers Association Group Health Plan

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves.						2,675,000
0799999. Total claims unpaid.						2,675,000

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

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payment	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers
Capitation Payments:					
1. Medical groups.....	.0	.0			
2. Intermediaries.....	.0	.0			
3. All other providers.....	.0	.0			
4. Total capitation payments.....	.0	.0	.0	.0	.0
Other Payments:					
5. Fee-for-service.....	.0	.0	XXX	XXX	
6. Contractual fee payments.....	18,937,832	100.0	XXX	XXX	18,937,832
7. Bonus/withhold arrangements - fee-for-service.....	.0	.0	XXX	XXX	
8. Bonus/withhold arrangements - contractual fee payments.....	.0	.0	XXX	XXX	
9. Non-contingent salaries.....	.0	.0	XXX	XXX	
10. Aggregate cost arrangements.....	.0	.0	XXX	XXX	
11. All other payments.....	.0	.0	XXX	XXX	
12. Total other payments.....	18,937,832	100.0	XXX	XXX	18,937,832
13. Total (Line 4 plus Line 12).....	18,937,832	100.0	XXX	XXX	18,937,832

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

Cleveland Automobile Dealers Association Group Health Plan

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan****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	\$ 398,573	\$ (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	\$ 398,573	\$ (718,410)
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,702,002	\$ 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	\$ 2,702,002	\$ 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.

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan**

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).

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

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

NOTE 8 - Derivative Instruments

Not Applicable

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan**

NOTES TO FINANCIAL STATEMENTS

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

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	\$

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan****NOTES TO FINANCIAL STATEMENTS****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.

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

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:

	<u>1/1/21 - 12/31/21</u>	<u>1/1/20 - 12/31/20</u>
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 <u>expected</u> incurred claims)	<u>9,783,347</u>	<u>NA</u>
Total ceded premium	11,434,233	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 <u>actual</u> claims net of SL reimb, incurred 5/1/21-12/31/21)		
Paid claims (75%)	8,703,085	NA
Est. unpaid claims (75%)	<u>1,874,625</u>	<u>NA</u>
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	<u>794,363</u>	<u>0</u>
Total	94,844	10,859

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan****NOTES TO FINANCIAL STATEMENTS****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.

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

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan**

NOTES TO FINANCIAL STATEMENTS

- (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 contracts 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

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 runoff 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.

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan**

NOTES TO FINANCIAL STATEMENTS

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? Yes ☐ No ☒
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 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 ☒
- 1.3 State regulating? OH
- 1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes ☐ No ☒
- 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 ☒
- 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 ☒ No ☐ N/A ☐
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☒ No ☐ N/A ☐
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes ☒ No ☐
- 4.12 renewals? Yes ☒ 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 ☒
- 4.22 renewals? Yes ☐ No ☒
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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, 6155 Rockside Rd, Suite 400, Independence, OH 44131
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes ☐ No ☒
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: _____

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes ☐ No ☒
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes ☒ No ☐ N/A ☐
- 10.6 If the response to 10.5 is no or n/a, please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Harry A. Don, FSA, 774 Mays Blvd., Suite 10-688, Incline Village, NV 89451
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes ☐ No ☒
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes ☒ No ☐
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes ☐ No ☒
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes ☐ No ☐ N/A ☒
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes ☐ No ☒
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ☐ No ☒
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ☐ No ☒
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes ☒ No ☐
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes ☒ No ☐
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes ☒ No ☐

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ☐ No ☒
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers 0
- 20.23 Trustees, supreme or grand (Fraternal only) 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes ☐ No ☒
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ☐ No ☒
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

22.22	Amount paid as expenses	\$	0				
22.23	Other amounts paid	\$	0				
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes []	No [X]				
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$	0				
24.1	Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?	Yes []	No [X]				
24.2	If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.	<table border="1"> <thead> <tr> <th>Name of Third-Party</th> <th>Is the Third-Party Agent a Related Party (Yes/No)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)		
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)						

INVESTMENT

25.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 25.03)?	Yes [X]	No []						
25.02	If no, give full and complete information, relating thereto:								
25.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).								
25.04	For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$	0						
25.05	For the reporting entity's securities lending program, report amount of collateral for other programs.	\$	0						
25.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes []	No [] N/A [X]						
25.07	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes []	No [] N/A [X]						
25.08	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes []	No [] N/A [X]						
25.09	For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:								
25.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0						
25.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0						
25.093	Total payable for securities lending reported on the liability page:	\$	0						
26.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 25.03.)	Yes []	No [X]						
26.2	If yes, state the amount thereof at December 31 of the current year:								
26.21	Subject to repurchase agreements	\$	0						
26.22	Subject to reverse repurchase agreements	\$	0						
26.23	Subject to dollar repurchase agreements	\$	0						
26.24	Subject to reverse dollar repurchase agreements	\$	0						
26.25	Placed under option agreements	\$	0						
26.26	Letter stock or securities restricted as sale -- excluding FHLB Capital Stock	\$	0						
26.27	FHLB Capital Stock	\$	0						
26.28	On deposit with states	\$	0						
26.29	On deposit with other regulatory bodies	\$	0						
26.30	Pledged as collateral -- excluding collateral pledged to an FHLB	\$	0						
26.31	Pledged as collateral to FHLB -- including assets backing funding agreements	\$	0						
26.32	Other	\$	0						
26.3	For category (26.26) provide the following:								
	<table border="1"> <thead> <tr> <th>1 Nature of Restriction</th> <th>2 Description</th> <th>3 Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>\$</td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount			\$		
1 Nature of Restriction	2 Description	3 Amount							
		\$							
27.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes []	No [X]						
27.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes []	No [] N/A [X]						
Lines 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:									
27.3	Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity?	Yes []	No [X]						
27.4	If the response to 27.3 is yes, does the reporting entity utilize:								
27.41	Special accounting provision of SSAP No. 108	Yes []	No []						
27.42	Permitted accounting practice	Yes []	No []						
27.43	Other accounting guidance	Yes []	No []						
27.5	By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:	Yes []	No []						
	<ul style="list-style-type: none"> The reporting entity has obtained explicit approval from the domiciliary state. Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount. Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts. 								
28.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes []	No [X]						
28.2	If yes, state the amount thereof at December 31 of the current year:	\$	0						

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

29. 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 ☒ No ☐
- 29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:
- | 1
Name of Custodian(s) | 2
Custodian's Address |
|---------------------------|--------------------------|
| | |
- 29.02 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) |
|--------------|------------------|------------------------------|
| | | |
- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes ☐ No ☒
- 29.04 If yes, give full and complete information relating thereto:
- | 1
Old Custodian | 2
New Custodian | 3
Date of Change | 4
Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |
- 29.05 Investment management -- Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such, "...that have access to the investment accounts", "... handle securities".
- | 1
Name of Firm or Individual | 2
Affiliation |
|---------------------------------|------------------|
| | |
- 29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes ☐ No ☒
- 29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes ☐ No ☒
- 29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.
- | 1
Central Registration Depository Number | 2
Name of Firm or Individual | 3
Legal Entity Identifier (LEI) | 4
Registered With | 5
Investment Management Agreement (IMA) Filed |
|---|---------------------------------|------------------------------------|----------------------|--|
| | | | | |
- 30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes ☐ No ☒
- 30.2 If yes, complete the following schedule:
- | 1
CUSIP | 2
Name of Mutual Fund | 3
Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| | | \$ |
| 30.2999 TOTAL | | \$ |
- 30.3 For each mutual fund listed in the table above, complete the following schedule:
- | 1
Name of Mutual Fund (from above table) | 2
Name of Significant Holding of the Mutual Fund | 3
Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4
Date of Valuation |
|---|---|---|------------------------|
| | | \$ | |
31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.
- | | 1
Statement (Admitted) Value | 2
Fair Value | 3
Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------|---------------------------------|-----------------|--|
| 31.1 Bonds | \$ 0 | \$ 0 | \$ 0 |
| 31.2 Preferred Stocks | \$ 0 | \$ 0 | \$ 0 |
| 31.3 Totals | \$ 0 | \$ 0 | \$ 0 |
- 31.4 Describe the sources or methods utilized in determining the fair values:
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes ☐ No ☐
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes ☐ No ☐
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes ☒ No ☐
- 33.2 If no, list exceptions:
34. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:
- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - Issuer or obligor is current on all contracted interest and principal payments.
 - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes ☐ No ☒

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of 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 an 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 ☒

36. 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 shares were 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 reported 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 ☒

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E, Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes ☒ No ☐ N/A ☐

OTHER

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

\$ 0

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

1 Name	2 Amount Paid
	\$

39.1 Amount of payments for legal expenses, if any?

\$ 26,400

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

1 Name	2 Amount Paid
Fisher Phillips	\$ 26,400

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

\$ 0

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

1 Name	2 Amount Paid
	\$

Cleveland Automobile Dealers Association Group Health Plan**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	\$ 10,454,569	\$ 17,059,897
2.2	Premium Denominator	\$ 10,467,861	\$ 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: <u>Conversion provisions are included in reinsurance contract with Medical Mutual.</u>		

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details

8. Provide the following information regarding participating providers:

- 8.1 Number of providers at start of reporting year 0
- 8.2 Number of providers at end of reporting year 0

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

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

- 10.1 Does the reporting entity have incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

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

11.1 Is the reporting entity organized as:

- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]

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

- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
OH

- 11.4 If yes, show the amount required. \$ 500,000

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

- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Ohio

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$	\$	\$	\$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

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

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

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).....	11,856,436	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).....	2,702,002	2,303,121	3,021,531	3,070,045	5,319,596
Income Statement (Page 4)					
5. Total revenues (Line 8).....	10,467,881	17,082,695	17,405,425	20,330,865	21,020,796
6. Total medical and hospital expenses (Line 18).....	8,053,005	16,207,008	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	328,019	266,054	166,827
9. Net underwriting gain (loss) (Line 24).....	392,465	(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).....	398,573	(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.....	2,702,002	2,303,121	3,021,531	3,070,045	5,319,596
15. Authorized control level risk-based capital.....	528,126	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).....	76.9	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).....	86.3	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:



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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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
10. Hospital patient days incurred.....	1,146		1,146							
11. Number of inpatient admissions.....	216		216							
12. Health premiums written (b).....	21,847,551		20,845,852			1,001,899				
13. Life premiums direct.....	54,543									54,543
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	21,847,551		20,845,852			1,001,899				
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



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 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	Group							
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 (a).....	21,847,551		20,845,852			1,001,699				54,543
13. Life premiums direct.....	54,543									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	21,847,551		20,845,852			1,001,699				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	18,937,832		18,217,869			719,943				
18. Amount incurred for provision of health care services.....	18,540,832		18,794,869			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

Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year												
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld under Coinsurance

Cleveland Automobile Dealers Association Group Health Plan**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
		05/01/2021	Medical Mutual Services, L.L.C.	OH	8,703,085	1,874,625
1999999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				8,703,085	1,874,625
2199999	Total - Accident and Health Non-Affiliates				8,703,085	1,874,625
2299999	Total - Accident and Health				8,703,085	1,874,625
2399999	Total U.S.				8,703,085	1,874,625
9999999	Total				8,703,085	1,874,625

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	11		13	14
										Outstanding Surplus Relief			
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 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	9,254,977		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	SS/G	SLEI	1,609,636						
1999999	Total - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates						11,392,983	.0	1,874,625	.0	.0	.0	.0
2199999	Total - General Account - Unauthorized - Non-Affiliates						11,392,983	.0	1,874,625	.0	.0	.0	.0
4999999	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						11,392,983	.0	1,874,625	.0	.0	.0	.0
9199999	Total - U.S.						11,392,983	.0	1,874,625	.0	.0	.0	.0
9999999	Total						11,392,983	.0	1,874,625	.0	.0	.0	.0

Statement as of December 31, 2021 of the

Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (e)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not In Excess of Col. 8
General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates														
			01/07/1979 MedMutual Life Insurance Co.				0							
099999	Total - General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates			0	0	0	0	0	XXX	0	0	0	0	0
109999	Total - General Account - Life and Annuity - Non-Affiliates			0	0	0	0	0	XXX	0	0	0	0	0
119999	Total - General Account - Life and Annuity			0	0	0	0	0	XXX	0	0	0	0	0
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
		05/01/2021	Medical Mutual Services, LLC	1,874,625	10,577,710		12,452,335							
199999	Total - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates			1,874,625	10,577,710	0	12,452,335	0	XXX	0	0	0	0	0
219999	Total - General Account - Accident and Health - Non-Affiliates			1,874,625	10,577,710	0	12,452,335	0	XXX	0	0	0	0	0
229999	Total - General Account - Accident and Health			1,874,625	10,577,710	0	12,452,335	0	XXX	0	0	0	0	0
239999	Total - General Account			1,874,625	10,577,710	0	12,452,335	0	XXX	0	0	0	0	0
359999	Total - U.S.			1,874,625	10,577,710	0	12,452,335	0	XXX	0	0	0	0	0
999999	Total			1,874,625	10,577,710	0	12,452,335	0	XXX	0	0	0	0	0

Statement as of December 31, 2021 of the **Cleveland Automobile Dealers Association Group Health Plan**

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domestic Incorporated Jurisdiction	Certified Reinsurer Rating	Effective Date of Certified Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverables (Debit)	Total Recoverable Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 + 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 9)	Collateral										Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 23 / Col. 14 x 100%)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
														Multiple Beneficiary Trust	Issuing or Confirming Bank Reference Number (6)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14 x 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)				

Cleveland Automobile Dealers Association Group Health Plan**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.....	11,393	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).....					

Cleveland Automobile Dealers Association Group Health Plan**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	794,363	794,363
5. All other admitted assets (balance).....			0
6. Totals assets (Line 28).....	14,558,438	(7,908,722)	6,649,716
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).....	10,563,653	(9,783,347)	780,306
15. Total liabilities (Line 24).....	11,856,436	(7,908,722)	3,947,714
16. Total capital and surplus (Line 33).....	2,702,002	XXX	2,702,002
17. Total liabilities, capital and surplus (Line 34).....	14,558,438	(7,908,722)	6,649,716
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.....	9,783,347		
30. Total ceded reinsurance payables/offsets.....	9,783,347		
31. Total net credit for ceded reinsurance.....	794,363		

Statement as of December 31, 2021 of the

Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefit Plan Premiums	Life & Annuity Premiums and Other Considerations	Property /Casualty Premiums	Total Columns 2 Through 8	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	21,847,551					54,543		21,902,094	
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		21,847,551	0	0	0	0	54,543	0	21,902,094	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX									0	
61. Total (Direct Business).....XXX		21,847,551	0	0	0	0	54,543	0	21,902,094	0

DETAILS OF WRITE-INS

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

(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.

Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH	54,543					54,543
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	54,543	0	0	0	0	54,543

Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

Sch. Y - Pt. 3
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

Responses

SEE EXPLANATION
YES
SEE EXPLANATION
YES

APRIL FILING

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

YES
SEE EXPLANATION
YES

JUNE FILING

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

YES
YES

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

MARCH FILING

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

NO
NO
NO
NO
NO
NO
NO
NO
NO

APRIL FILING

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

NO
NO
NO
NO
NO

AUGUST FILING

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

YES

Cleveland Automobile Dealers Association Group Health Plan
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**EXPLANATIONS:****BAR CODE:**

1 This health plan is a MEWA. It has no employees.



2.



3. This health plan is a MEWA. Doesn't file with NAIC.

4.

5.



6. All funds are held in cash (checking and saving accounts).

7.

8.

9.

10.



11.



12.



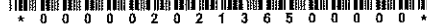
13.



14.



15.



16.



17.



18.



19.



20.



21.



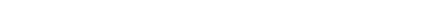
22.



23.



24.



**Overflow Page
NONE**

**Overflow Page
NONE**

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments.....		0.0			0	0.0
1.02 All Other Governments.....		0.0			0	0.0
1.03 U.S. States, Territories and Possessions, etc., Guaranteed.....		0.0			0	0.0
1.04 U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed.....		0.0			0	0.0
1.05 U.S. Special Revenue and Special Assessment Obligations, etc., Non-Guaranteed.....		0.0			0	0.0
1.06 Industrial and Miscellaneous.....		0.0			0	0.0
1.07 Hybrid Securities.....		0.0			0	0.0
1.08 Parent, Subsidiaries and Affiliates.....		0.0			0	0.0
1.09 SVO Identified Funds.....		0.0			0	0.0
1.10 Unaffiliated Bank Loans.....		0.0			0	0.0
1.11 Total Long-Term Bonds.....	0	0.0	0	0	0	0.0
2. Preferred Stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and Misc. (Unaffiliated).....		0.0			0	0.0
2.02 Parent, Subsidiaries and Affiliates.....		0.0			0	0.0
2.03 Total Preferred Stock.....	0	0.0	0	0	0	0.0
3. Common Stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and Miscellaneous Publicly Traded (Unaffiliated).....		0.0			0	0.0
3.02 Industrial and Miscellaneous Other (Unaffiliated).....		0.0			0	0.0
3.03 Parent, Subsidiaries and Affiliates Publicly Traded.....		0.0			0	0.0
3.04 Parent, Subsidiaries and Affiliates Other.....		0.0			0	0.0
3.05 Mutual Funds.....		0.0			0	0.0
3.06 Unit Investment Trusts.....		0.0			0	0.0
3.07 Closed-End Funds.....		0.0			0	0.0
3.08 Total Common Stocks.....	0	0.0	0	0	0	0.0
4. Mortgage Loans (Schedule B):						
4.01 Farm Mortgages.....		0.0			0	0.0
4.02 Residential Mortgages.....		0.0			0	0.0
4.03 Commercial Mortgages.....		0.0			0	0.0
4.04 Mezzanine Real Estate Loans.....		0.0			0	0.0
4.05 Total Valuation Allowance.....		0.0			0	0.0
4.06 Total Mortgage Loans.....	0	0.0	0	0	0	0.0
5. Real Estate (Schedule A):						
5.01 Properties Occupied by Company.....		0.0			0	0.0
5.02 Properties Held for Production of Income.....		0.0			0	0.0
5.03 Properties Held for Sale.....		0.0			0	0.0
5.04 Total Real Estate.....	0	0.0	0	0	0	0.0
6. Cash, Cash Equivalents, and Short-Term Investments:						
6.01 Cash (Schedule E, Part 1).....	5,845,004	100.0	5,845,004		5,845,004	100.0
6.02 Cash Equivalents (Schedule E, Part 2).....		0.0			0	0.0
6.03 Short-Term Investments (Schedule DA).....		0.0			0	0.0
6.04 Total Cash, Cash Equivalents, and Short-Term Investments.....	5,845,004	100.0	5,845,004	0	5,845,004	100.0
7. Contract Loans.....		0.0			0	0.0
8. Derivatives (Schedule DB).....		0.0			0	0.0
9. Other Invested Assets (Schedule BA).....		0.0			0	0.0
10. Receivables for Securities.....		0.0			0	0.0
11. Securities Lending (Schedule DL, Part 1).....		0.0		XXX	XXX	XXX
12. Other Invested Assets (Page 2, Line 11).....		0.0			0	0.0
13. Total Invested Assets.....	5,845,004	100.0	5,845,004	0	5,845,004	100.0

Sch. A - Verification

NONE

Sch. B - Verification

NONE

Sch. BA - Verification

NONE

Sch. D - Verification

NONE

Sch. D - Summary by Country

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Sch. DA - Verification

NONE

Sch. DB - Pt. A - Verification

NONE

Sch. DB - Pt. B - Verification

NONE

Sch. DB - Pt. C - Sn. 1

NONE

Sch. DB - Pt. C - Sn. 2

NONE

Sch. DB - Verification

NONE

Sch. E - Pt. 2 Verification

NONE

Sch. A - Pt. 1

NONE

Sch. A - Pt. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 1

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 1

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 1

NONE

Sch. D - Pt. 2 - Sn. 1

NONE

Sch. D - Pt. 2 - Sn. 2

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. D - Pt. 5

NONE

Sch. D - Pt. 6 - Sn. 1

NONE

Sch. D - Pt. 6 - Sn. 2

NONE

Sch. DA - Pt. 1

NONE

Sch. DB - Pt. A - Sn. 1

NONE

Sch. DB - Pt. A - Sn. 2

NONE

Sch. DB - Pt. B - Sn. 1

NONE

Sch. DB - Pt. B - Sn. 2

NONE

Sch. DB - Pt. D - Sn. 1

NONE

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

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

Statement as of December 31, 2021 of the

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

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
Checking - PNC		varies	429		1,546,812	XXX
Savings - PNC		varies	9		101,423	XXX
Savings - DOLLAR		varies	1,190		1,133,143	XXX
Savings - Fifth Third Bank		varies	414		1,013,578	XXX
Savings - FFL (First Fed Lakewood)		varies	3,632		1,039,623	XXX
Savings - Citizens MM		varies	434		1,010,325	XXX
0199999. Total - Open Depositories	XXX	XXX	6,108	0	5,845,004	XXX
0399999. Total Cash on Deposit	XXX	XXX	6,108	0	5,845,004	XXX
0599999. Total Cash	XXX	XXX	6,108	0	5,845,004	XXX

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

1. January	4,750,796	4. April	5,544,345	7. July	6,398,052	10. October	6,343,920
2. February	5,018,445	5. May	5,614,953	8. August	6,371,795	11. November	6,254,381
3. March	5,361,578	6. June	5,930,907	9. September	6,512,176	12. December	5,845,004

Sch. E - Pt. 2
NONE

Sch. E - Pt. 3
NONE