



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code 0001 0001 NAIC Company Code 00000 Employer's ID Number 34-1320838
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: _____

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 01/11/1979 Commenced Business 01/01/1979

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

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

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

Primary Location of Books and Records 9150 South Hills Blvd, Suite #150
(Street and Number)
Broadview Heights, OH, US 44147
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.gcada.org

Statutory Statement Contact John Robinson 440-746-1500
(Name) (Area Code) (Telephone Number)
jrobinson@gcada.org (E-mail Address) (FAX Number)

OFFICERS

jrobinson@gcada.org John Robinson
Trustee Rob Kistler

OTHER

DIRECTORS OR TRUSTEES

Kirt Frye Rob Kistler Doug Callahan
Bruce Abraham Mike Abraham

State of _____ SS:
County of _____

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

Kirt Frye
FCE790E30030412...

DocuSigned by:
Rob Kistler
8000A3163823490...

Kirt Frye
Trustee

Rob Kistler
Trustee

Subscribed and sworn to before me this
day of December

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed 11/15/2022

3. Number of pages attached.....



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