ANNUAL STATEMENT

OF THE

Cleveland Automobile Dealers Association Group Health Plan

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE YEAR ENDED
DECEMBER 31, 2023

HEALTH

2023

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

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

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

Country of Domicile United States of America

Licensed as business type: Other

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 (Street and Number), Broadview Heights, OH, US 44147 (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 (Street and Number or P.O. Box), Broadview Heights, OH, US 44147 (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 (Name), 440-746-1500 (Area Code) (Telephone Number)
jrobinson@gcada.org (E-mail Address), _____ (FAX Number)

OFFICERS

jrobinson@gcada.org	John Robinson	
Trustee	Doug Callahan	

OTHER

DIRECTORS OR TRUSTEES

Kirt Frye	Doug Callahan	Bruce Abraham
Mike Abraham		

State of Ohio
County of _____ SS

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.

DocuSigned by:
Kirt Frye
FCE790F30036412...
Kirt Frye
Trustee

DocuSigned by:
Doug Callahan
75E248ABADF84E5...
Doug Callahan
Trustee

Subscribed and sworn to before me this 1st day of April

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

a. Is this an original filing? ..... Yes [X] No [ ]
b. If no,
1. State the amendment number.....
2. Date filed 03/31/2024
3. Number of pages attached.....

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	0
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
	4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
	4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5.	Cash ($ 5,245,614 , Schedule E - Part 1), cash equivalents ($ 1,049,009 , Schedule E - Part 2) and short-term investments ($ ..... , Schedule DA)	6,294,623		6,294,623	7,322,354
6.	Contract loans, (including $ ..... premium notes)			0	0
7.	Derivatives (Schedule DB)			0	0
8.	Other invested assets (Schedule BA)			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	6,294,623	0	6,294,623	7,322,354
13.	Title plants less $ ..... charged off (for Title insurers only)			0	0
14.	Investment income due and accrued			0	0
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	41,908		41,908	14,340
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ .....)			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	6,730,966		6,730,966	9,658,530
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans			0	0
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	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	0
23.	Receivables from parent, subsidiaries and affiliates			0	0
24.	Health care ($ .....) and other amounts receivable			0	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)	13,067,497	0	13,067,497	16,995,224
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	13,067,497	0	13,067,497	16,995,224
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ 1,153,500 reinsurance ceded)	649,695		649,695	1,160,166
2.	Accrued medical incentive pool and bonus amounts			0	0
3.	Unpaid claims adjustment expenses	269,000		269,000	372,000
4.	Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act			0	0
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance	444,466		444,466	695,412
9.	General expenses due or accrued	16,659		16,659	33,596
10.1	Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))	47,554		47,554	0
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable	7,908,362		7,908,362	11,529,632
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including $ current) and interest thereon $ (including $ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates			0	0
16.	Derivatives			0	0
17.	Payable for securities			0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with $ authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified ($) companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including $ current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	9,335,736	0	9,335,736	13,790,806
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	3,721,761	3,204,418
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 $)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,721,761	3,204,418
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	13,057,497	16,995,224
	DETAILS OF WRITE-INS				
2301.	Invoices payable to carriers (for weekly paid claims and adjustments)			0	0
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	19,551	24,357
2.	Net premium income (including $ ..... non-health premium income)	XXX	4,643,011	6,203,775
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	
4.	Fee-for-service (net of $ ..... medical expenses)	XXX	0	
5.	Risk revenue	XXX	0	
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	4,643,011	6,203,775
	Hospital and Medical:			
9.	Hospital/medical benefits		12,605,284	16,178,971
10.	Other professional services		551,085	712,169
11.	Outside referrals		0	
12.	Emergency room and out-of-area		0	
13.	Prescription drugs		2,013,701	3,121,525
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		0	
16.	Subtotal (Lines 9 to 15)	0	15,170,070	20,012,665
	Less:			
17.	Net reinsurance recoveries		12,699,381	16,421,232
18.	Total hospital and medical (Lines 16 minus 17)	0	2,470,689	3,591,433
19.	Non-health claims (net)		49,455	43,103
20.	Claims adjustment expenses, including $ ..... 159,401 cost containment expenses		159,401	159,791
21.	General administrative expenses		1,526,027	1,920,506
22.	Increase in reserves for life and accident and health contracts (including $ ..... increase in reserves for life only)		0	0
23.	Total underwriting deductions (Lines 18 through 22)	0	4,205,572	5,714,833
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	437,439	488,942
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		145,350	16,286
26.	Net realized capital gains (losses) less capital gains tax of $			
27.	Net investment gains (losses) (Lines 25 plus 26)	0	145,350	16,286
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ .....) (amount charged off $ .....)]			
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	582,789	505,228
31.	Federal and foreign income taxes incurred	XXX	55,446	
32.	Net income (loss) (Lines 30 minus 31)	XXX	527,343	505,228
	DETAILS OF WRITE-INS			
0601.	ATRF pass through	XXX		0
0602.		XXX		
0603		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
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 thru 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 thru 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 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	3,204,418	2,699,190
34.	Net income or (loss) from Line 32	527,343	505,228
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		
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	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	527,343	505,228
49.	Capital and surplus end of reporting period (Line 33 plus 48)	3,731,761	3,204,418
	DETAILS OF WRITE-INS		
4701.	Correction of 2020 reporting error: investment income, 12/31/20 assets and surplus were understated by $308		0
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	743,227	8,147,261
2.	Net investment income	145,350	16,286
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	888,577	8,163,547
5.	Benefit and loss related payments	103,051	4,231,190
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,805,365	2,105,514
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)	7,892	0
10.	Total (Lines 5 through 9)	1,916,308	6,336,704
11.	Net cash from operations (Line 4 minus Line 10)	(1,027,731)	1,826,843
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	0	0
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	0	0
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14.	Net increase/(decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	0	(349,493)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	0	(349,493)
	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)	(1,027,731)	1,477,350
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	7,322,354	5,845,004
	19.2 End of year (Line 18 plus Line 19.1)	6,294,623	7,322,354

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	4,643,011		4,398,355			178,915								65,741
2.	Change in unearned premium reserves and reserve for rate credit	0													
3.	Fee-for-service (net of $ medical expenses)	0													XXX
4.	Risk revenue	0													XXX
5.	Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	4,643,011	0	4,398,355	0	0	178,915	0	0	0	0	0	0	0	65,741
8.	Hospital/medical benefits	12,605,284		12,605,284											XXX
9.	Other professional services	551,085					551,085								XXX
10.	Outside referrals	0													XXX
11.	Emergency room and out-of-area	0													XXX
12.	Prescription drugs	2,013,701		2,013,701											XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0													XXX
15.	Subtotal (Lines 8 to 14)	15,170,070	0	14,618,985	0	0	551,085	0	0	0	0	0	0	0	XXX
16.	Net reinsurance recoveries	12,699,381		12,286,067			413,314								XXX
17.	Total medical and hospital (Lines 15 minus 16)	2,470,689	0	2,332,918	0	0	137,771	0	0	0	0	0	0	0	XXX
18.	Non-health claims (net)	49,455	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49,455
19.	Claims adjustment expenses including $ cost containment expenses	159,401		159,401											
20.	General administrative expenses	1,526,027		1,526,027											
21.	Increase in reserves for accident and health contracts	0													XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	4,205,572	0	4,018,346	0	0	137,771	0	0	0	0	0	0	0	49,455
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	437,439	0	380,009	0	0	41,144	0	0	0	0	0	0	0	16,286
	DETAILS OF WRITE-INS														
0501.															XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual				0
2. Comprehensive (hospital and medical) group	18,508,029		14,109,674	4,398,355
3. Medicare Supplement				0
4. Vision only				0
5. Dental only	715,660		536,745	178,915
6. Federal Employees Health Benefits Plan	0			0
7. Title XVIII - Medicare	0			0
8. Title XIX - Medicaid	0			0
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	19,223,689	0	14,646,419	4,577,270
14. Life	65,741			65,741
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	19,289,430	0	14,646,419	4,643,011

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	15,747,199		15,146,660			551,085								49,454
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	12,716,585		12,303,271			413,314								
1.4 Net	3,030,614	0	2,843,389	0	0	137,771	0	0	0	0	0	0	0	49,454
2. Paid medical incentive pools and bonuses	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	1,803,195	0	1,778,977	0	4,000	20,218	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	1,153,500	0	1,139,250	0	3,000	11,250	0	0	0	0	0	0	0	0
3.4 Net	649,695	0	639,727	0	1,000	8,968	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0													
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0													
6. Net health care receivables (a)	0													
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	3,080,916	3,045,445	0	0	0	35,471	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	1,920,750	1,899,000	0	0	0	21,750	0	0	0	0	0	0	0	0
8.4 Net	1,160,166	1,146,445	0	0	0	13,721	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0													
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	14,469,478	(3,045,445)	16,925,637	0	4,000	535,832	0	0	0	0	0	0	0	49,454
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	11,949,335	(1,899,000)	13,442,521	0	3,000	402,814	0	0	0	0	0	0	0	0
12.4 Net	2,520,143	(1,146,445)	3,483,116	0	1,000	133,018	0	0	0	0	0	0	0	49,454
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	265,195		259,977			5,218								
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	265,195	0	259,977	0	0	5,218	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	1,538,000		1,519,000		4,000	15,000								
2.2 Reinsurance assumed	0													
2.3 Reinsurance ceded	1,153,500		1,139,250		3,000	11,250								
2.4 Net	384,500	0	379,750	0	1,000	3,750	0	0	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	0	0	0	0
4. TOTALS:														
4.1 Direct	1,803,195	0	1,778,977	0	4,000	20,218	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	1,153,500	0	1,139,250	0	3,000	11,250	0	0	0	0	0	0	0	0
4.4 Net	649,695	0	639,727	0	1,000	8,968	0	0	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		5	6
	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	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group	973,047	1,869,125	3,750	635,977	976,797	1,152,916
3. Medicare Supplement					0	0
4. Vision Only		15,181	0	1,000	0	0
5. Dental Only	12,169	111,638	0	8,968	12,169	7,250
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8 Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-Term Care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	985,216	1,995,944	3,750	645,945	988,966	1,160,166
14. Health care receivables (a)					0	0
15. Other non-health	0	49,454			0	0
16. Medical incentive pools and bonus amounts					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	985,216	2,045,398	3,750	645,945	988,966	1,160,166

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	1,989	1,974	1,976	(19,744)	
2. 2019	14,220	15,758	15,759	1,215	37
3. 2020	XXX	13,673	15,296	32,999	69
4. 2021	XXX	XXX	7,281	724,520	29,309
5. 2022	XXX	XXX	XXX	2,843,145	955,907
6. 2023	XXX	XXX	XXX	XXX	2,045,398

Section B - Incurred Health Claims - Comprehensive (Hospital & 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	2,027	1,974	1,976	(19,744)	
2. 2019	15,747	15,793	15,759	1,215	37
3. 2020	XXX	15,648	15,338	32,999	69
4. 2021	XXX	XXX	8,017	735,020	29,309
5. 2022	XXX	XXX	XXX	3,992,611	959,051
6. 2023	XXX	XXX	XXX	XXX	2,691,843

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	16,523	37		0.0	37	0.2			37	0.2
2. 2020	16,215	69		0.0	69	0.4			69	0.4
3. 2021	9,915	29,203		0.0	29,203	294.5			29,203	294.5
4. 2022	7,757	955,907		0.0	955,907	12,323.2	3,250	2,000	961,157	12,390.8
5. 2023	4,643,011	2,045,398	159,401	7.8	2,204,799	47.5	646,445	267,000	3,118,244	67.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	1,989	1,974	1,976	(19,744)	0
2. 2019	14,220	15,758	15,759	1,215	37
3. 2020	XXX	13,673	15,296	32,999	69
4. 2021	XXX	XXX	7,281	724,520	29,309
5. 2022	XXX	XXX	XXX	2,843,145	955,907
6. 2023	XXX	XXX	XXX	XXX	2,045,398

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	2,027	1,974	1,976	(19,744)	0
2. 2019	15,747	15,793	15,759	1,215	37
3. 2020	XXX	15,648	15,338	32,999	69
4. 2021	XXX	XXX	8,017	735,020	29,309
5. 2022	XXX	XXX	XXX	3,992,611	959,051
6. 2023	XXX	XXX	XXX	XXX	2,691,843

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	16,523	37	0	0.0	37	0.2	0	0	37	0.2
2. 2020	16,215	69	0	0.0	69	0.4	0	0	69	0.4
3. 2021	9,915	29,203	0	0.0	29,203	294.5	0	0	29,203	294.5
4. 2022	7,757	955,907	0	0.0	955,907	12,323.2	3,250	2,000	961,157	12,390.8
5. 2023	4,643,011	2,045,398	159,401	7.8	2,204,799	47.5	646,445	267,000	3,118,244	67.2

UNDERWRITING AND INVESTMENT EXHIBIT

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

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1.	Unearned premium reserves													
2.	Additional policy reserves (a)													
3.	Reserve for future contingent benefits													
4.	Reserve for rate credits or experience rating refunds (including $ ..... for investment income)													
5.	Aggregate write-ins for other policy reserves													
6.	Totals (gross)													
7.	Reinsurance ceded													
8.	Totals (Net)(Page 3, Line 4)													
9.	Present value of amounts not yet due on claims													
10.	Reserve for future contingent benefits													
11.	Aggregate write-ins for other claim reserves													
12.	Totals (gross)													
13.	Reinsurance ceded													
14.	Totals (Net)(Page 3, Line 7)													
	DETAILS OF WRITE-INS													
0501.														
0502.														
0503.														
0598.	Summary of remaining write-ins for Line 5 from overflow page													
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)													
1101.														
1102.														
1103.														
1198.	Summary of remaining write-ins for Line 11 from overflow page													
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)													

NONE

(a) Includes $ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)			31,008		31,008
2. Salary, wages and other benefits			109,459		109,459
3. Commissions (less $ ..... ceded plus $ ..... assumed)					0
4. Legal fees and expenses			26,400		26,400
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			106,301		106,301
7. Traveling expenses			288		288
8. Marketing and advertising					0
9. Postage, express and telephone			1,207		1,207
10. Printing and office supplies			7,218		7,218
11. Occupancy, depreciation and amortization					0
12. Equipment			2,801		2,801
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	159,401		1,126,088		1,285,489
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			13,716		13,716
17. Collection and bank service charges					0
18. Group service and administration fees			90,000		90,000
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			11,541		11,541
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	159,401	0	1,526,027	0	(a) 1,685,428
27. Less expenses unpaid December 31, current year			16,659		16,659
28. Add expenses unpaid December 31, prior year			33,597		33,597
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)	159,401	0	1,542,965	0	1,702,366
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0	0

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

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) 145,350	145,350
7	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	145,350	145,350
11.	Investment expenses		(g) 0
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
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)		145,350
	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 thru 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 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.

(b) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued dividends on purchases.

(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.

(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.

(e) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.

(f) Includes $ accrual of discount less $ amortization of premium.

(g) Includes $. investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ interest on surplus notes and $ interest on capital notes.

(i) Includes $ 0 depreciation on real estate and $ 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					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

NONE

EXHIBIT OF NON-ADMITTED 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)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	15.3 Accrued retrospective premiums and contra[illegible]objec[illegible]red[illegible]minatio			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivable from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets			
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)			
	DETAILS OF WRITE-INS			
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)			
2501.				
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)			

NONE

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	2,083	2,059	1,191	1,490	1,552	19,551
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	2,083	2,059	1,191	1,490	1,552	19,551
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 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
Subscribers' Receivable	41,908					
0299997. Group subscriber subtotal	41,908	0	0	0	0	0
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	41,908	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	41,908	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0799999 Gross health care receivables						

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		5	6
	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	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		1,239,737			0	0
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables					0	0
7. Totals (Lines 1 through 6)	0	1,239,737	0	0	0	0

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Medical Claims Payable	150,357					150,357
Rx Claims Payable	109,620					109,620
Dental/Vision Claims Payable	5,218					5,218
0199999. Individually listed claims unpaid	265,195	0	0	0	0	265,195
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	265,195	0	0	0	0	265,195
0599999. Unreported claims and other claim reserves						384,500
0699999. Total amounts withheld						
0799999. Total claims unpaid						649,695
0899999 Accrued medical incentive pool and bonus amounts						

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

NONE

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

NONE

Exhibit 7 - Part 1 - Summary of Transactions with Providers

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8 - Furniture and Equipment Owned

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies and Going Concern

Basis of Accounting

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

The accompanying statutory financial statements of the Plan have been prepared in accordance with accounting practices outlined by the *National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures* manual subject to deviations permitted by the Ohio Department of Insurance ("ODI"). Material differences between the NAIC and ODI are noted in the table below.

In addition, the practices designated by the NAIC vary in certain respects from accounting principles generally accepted in the United States of America ("GAAP"). The significant differences from GAAP include the following:

a) Certain assets are designated as "non-admitted" assets;

b) Errors from prior years, if applicable, are corrected in the years financial statements as an adjustment to surplus in the aggregate write-ins for gains and losses in surplus;

c) Loss reserves are reported net of reinsurance ceded;

d) For purposes of annual and quarterly statements, the following policies are treated as reinsurance:
   i. Specific and aggregate stop loss (Medical Mutual)
   ii. Fully-insured, no-risk life insurance (Medical Mutual Life Insurance)
   iii. Quota share reinsurance agreements effective May 1, 2022 and May 1, 2023 (Medical Mutual 75%/the Plan 25%)

d) Reported premium 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 effective May 1, 2022 and May 1, 2023, 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 Premium and Enrollment and on Schedule T.

e) Visual premium and claims are included with Dental, respectively.

f) Statement of revenue and expenses, incurred claims and expenses is shown on lines 9, 10, 13, 20. The temporary ACA fees are included with general and administrative expenses (line 21). Related pass-thru revenue is shown on line 6 (see Note 22).

The following table is a reconciliation of the Plan's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

		SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	527,343	505,228
(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	527,343	505,228
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	3,721,761	3,204,418
(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	3,721,761	3,204,418

Estimates

The preparation of financial statements in conformity with the statutory basis of accounting 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 statutory financial statements and the reported amounts of revenue and expenses during the reporting period. The primary estimate made by management includes the establishment of claims reserve. Actual results could differ from those estimates.

Health Care Fees and Deferred Health Care Fees

Health care fees are recorded as revenue when earned. Deferred health care fees are recognized for amounts paid in advance by individual employers for covered benefits, prior to the effective date of the policy or for which services have not yet been provided.

Cash and Cash Equivalents

For purposes of the statements of cash flows – statutory basis, the plan considers short-term investments with an initial maturity of one year or less to be cash equivalents.

Concentration of Credit Risk

The Plan maintains cash balances at one financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation. Management monitors the soundness of this institution in an effort to minimize collection risk.

Loss Reserve

Claims are recorded on the accrual basis of accounting, including a reserve for incurred but not reported claims ("IBNR"). IBNR is estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of admitted assets, liabilities and surplus – statutory basis at present value.

Non-admitted assets

In accordance with statutory accounting principles, certain assets are designated as "non-admitted" and are excluded from the statement of admitted assets, liabilities and surplus. Such assets are charged against unassigned surplus. As of December 31, 2023, non-admitted assets totaled $0.

Going Concern

For the period ended December 31, 2023, management has determined there are no events or conditions that raise substantial doubt about the Plan's ability to continue as a going concern.

Note 2: Accounting Changes and Correction of Errors

Not applicable.

Note 3: Business Combinations and Goodwill

Not applicable.

Note 4: Discontinued Operations – Not Applicable

Not applicable.

Note 5: Investments

Not applicable.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

Investment income is comprised of interest income from the Plan's cash and money market accounts, respectively. As of December 31, 2023, interest income totaled $145,352 and is included in the statement of revenue and expenses.

Note 8: Derivative Investments

Not applicable.

Note 9: Income Taxes

The Plan is exempt from federal income taxes under Section 501 (c)(9) of the Internal Revenue Code as a Voluntary Employees' Benefit Association account ("VEBA"). In December 2019, the Internal Revenue Service finalized regulations under IRC Section 512(a)(3)(E)(i) which specified that net investment income earned by a VEBA is taxable as unrelated business income. The Plan ha analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023 and 2022, there were no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. As of December 31, 2023, the Plan's income tax years from 2019 and thereafter remain subject to examination by the Internal Revenue Service.

For the year ended December 31, 2023, the Plan reported current income tax expense related to investment income of $55,446.

Note 10: Information Concerning Parent, Subsidiaries & Affiliated

For the year ended December 31, 2023, management fees of $90,000 were paid to the Plan Sponsor in relation to management's time in administration and promotion of the Plan and are included in administrative expenses in the accompanying financial statements.

Note 11: Debt

Not applicable.

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: Liabilities, Contingencies and Assessments

Not applicable.

Note 15: Leases

Not applicable.

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable.

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

Not applicable.

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

Not applicable.

Note 19: Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20: Fair Value Measurement

In accordance with SSAP No. 100, Fair Value Measurements, the Plan is required to disclose the valuation methodology used to record assets and liabilities that are recorded at fair value on a recurring basis and financial instruments for disclosure purposes. Additionally, from time to time, the Plan may be required to record at fair value other assets on a nonrecurring basis. These nonrecurring fair value adjustments typically involve application of the lower of cost or market accounting or write-down of individual assets.

The Plan uses the following fair value hierarchy to present its fair value disclosures:

Level 1 – Quotes (unadjusted) prices for identical assets in active markets.
Level 2 – Other observable inputs, either directly or indirectly, including quoted prices for similar assets in active markets.
Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

The Plan's financial assets that are measured at fair value on a recurring basis are all Level 1 investments at December 31, 2023 and are based on quoted market prices.

Note 21: Other Items

Not applicable.

Note 22: Subsequent Events

Not applicable.

Note 23: Reinsurance

Stop Loss Reinsurance

The Plan entered into an insurance agreement for aggregate excess loss and individual excess loss with the Medical Mutual of Ohio, which covers medical and prescription benefits. Under the terms of the policy, the Plan has an aggregate maximum limit of reimbursement liability of $1,000,000, a per member deductible of $250,000 and an unlimited annual maximum per member. Eligible expenses incurred from May 1, 2023 through April 30, 2024 and paid from May 1, 2023 through April 30, 2025 are covered under the policy however, if the policy is terminated before the end of the originally scheduled policy period set forth above, no reimbursement will be made under aggregate excess loss insurance.

Quota Share Reinsurance

The following table shows the approximate amounts by which ceded reinsurance has reduced the indicated financial statement accounts for the periods ended December 31, 2023 and 2022, respectively.

	2023	2022
Reserve for unpaid claims and CAE at beginning of period, net of reinsurance recoverables	$1,532,165	$1,562,868
Add provision for claims and CAE, net of reinsurance, occuring in:		
Current year	1,438,677	5,632,874
Prior years	978,467	(401,379)
Net incurred claims and CAE during the current year	2,417,144	5,231,495
Deduct payments for claims and CAE, net of reinsurance, occuring in:		
Current year	2,045,398	4,111,208
Prior years	985,216	1,150,990
Net claims and CAE payments during the current year	3,030,614	5,262,198
Reserve for unpaid claims and CAE at end of period, net of reinsurance recoverables	$ 918,695	$1,532,165

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% of controller, either directly or indirectly, by the company or by any representative, officer, trustee or director of the company? Yes [ ] No [X]

2) Have any policies issued by the company been reinsured with a company chartered in a county other than the United States (excluding U.S. Branches of such companies) that is owed 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?

      The liability for incurred by unreported claims has been reduced by $1,153,500.

      Reinsurance accounting credit is used for the quota share contract with Medical Mutual of Ohio, the reinsurer. The Plan transfers 75% of claims incurred after 5/1/22 and 5/1/23 as it relates to each respective policy period, net of stop loss reimbursements. Ceded premium equals 75% of expected incurred claims net of stop loss. Ceded Claims are 75% of actual incurred claims net of stop loss.

   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 reinsurance 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 non payment 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 [ ] No [X]

   If yes, what is the amount of reinsurance credits ,whether an asset or reduction of liability, taken for such new agreements or amendments? N/A

A. Uncollectible Reinsurance

None.

B. Commutation of Ceded Reinsurance

None.

C. 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 Reinsurer 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
None.

b) Impact to the Reporting Entity as a Result of the Certified Reinsurer Rating Downgraded or Revocation of Certified Reinsurer Status
Not applicable.

D. Reinsurance Credits

1) Disclose any reinsurance contracts subject to A-791 that includes a provision, which limits the reinsurer's assumption of significant risks identified as in A-791.
None.

2) Disclose any reinsurance contracts no subject to A-791, for which reinsurance accounting was applied and incudes 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.

Under the quota share reinsurance contract with Medical Mutual, the Plan is currently paying claims incurred from 5/1/22 through 4/30/23 (and paid from 5/1/22 through 4/30/24) and from 5/1/23 through 4/30/24 (and paid from 5/1/22 through 4/30/25). Within five months of the end of each contract period, an interim settlement of the net gain or net loss for the contract period will be completed. Within fourteen months of the end of each contract period, a final settlement of the net gain or net loss for the contract period will be completed. There are no interim quarterly settlements (the Plan assumes the Ohio Department of Insurance waive the quarterly settlement requirement in A-791.) The contract was renewed for the plan year 5/1/23 through 4/30/24. Fees and premiums were increased but the 75/25 split and other items remain the same.

4) Disclose if the reporting entity has reflected reinsurance accounting credit for any contracts not subject to A-791 and note yearly renewal term, which meet the risk transfer requirements of SSAP NO. 61R and identify the type of contracts and the reinsurance contracts.
None.

5) Disclose if the reporting entity ceded any risk which is not subject to Q-791 and note yearly renewable term reinsurance, under any reinsurance contract during the period covered by the financial statement.
None.

6) If affirmative disclosure is required for Paragraph 23H (5) above, explain why the contract(s) is treated differently under GAAP and SAP.
Not applicable.

Note 24: Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

Note 25: Changes to Incurred Claims and Claim Adjustment Expenses

Claims unpaid as of December 31, 2023 were approximately $649,695, net of reinsurance ceded. As of December 31, 2023, approximately $985,216 has been paid for incurred claims related to insured events of prior years. The claims reserve remaining for prior years totals approximately $3,750 as a result of re-estimation of unpaid claims.

The liability for unpaid claims adjustment expense was approximately $269,000. The quota share reinsurance contract requires payment of 3 months administrative expenses in the event the contract terminates. In addition, the Plan assumes 1.5 months of general expenses.

Note 26: Intercompany Pooling Arrangements

None

Note 27: Structured Settlements

None

Note 28: Health Care Receivables

Prescription drug rebates are credited monthly using a fixed per-capita formula and are included in the Plan's financial statements as a reduction of claims expense. For the year ended December 31, 2023, prescription drug rebates receivable totaled $0.

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

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 [X]
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? ..... Ohio

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....

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

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021

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. 02/07/2023

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). 02/07/2023

3.4 By what department or departments?
Ohio Department of Insurance .....

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? ..... Yes [X] No [ ]
4.12 renewals? ..... Yes [X] No [ ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? ..... Yes [ ] No [X]
4.22 renewals? ..... Yes [ ] No [X]

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

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

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

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

6.2 If yes, give full information:
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [X]

7.2 If yes,
7.21 State the percentage of foreign control; ..... %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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

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

.....

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

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

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

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 depository institution holding company? ..... Yes [ ] No [X]

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 [X] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Maloney & Novotny LLC
1111 Superior Ave.
Cleveland, OH 44114 .....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

.....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

.....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [X] No [ ] N/A [ ]

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?

Mike Brown, FSA, MAAA
Lewis & Ellis, Inc.
6550 Sprint Parkway, Suite 200
Overland Park, KS 66211 .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [X]

12.11 Name of real estate holding company ...

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?

N/A .....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [X] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

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

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

.....

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

.....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

.....

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers ..... $
- 20.12 To stockholders not officers ..... $
- 20.13 Trustees, supreme or grand (Fraternal Only) ..... $

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 ..... $
- 20.22 To stockholders not officers ..... $
- 20.23 Trustees, supreme or grand (Fraternal Only) ..... $

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 reported in the statement? ..... Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others ..... $
- 21.22 Borrowed from others ..... $
- 21.23 Leased from others ..... $
- 21.24 Other ..... $

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses ..... $
- 22.23 Other amounts paid ..... $

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: ..... $

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.

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 [ ]

GENERAL INTERROGATORIES

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. $

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $

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 currently 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 to 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:

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? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

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 result 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 [ ]

- 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 Guideline 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 that 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. $

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 [X] 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
FIFTH THIRD SECURITIES	5050 KINGSLEY DRIVE CINCINNATI, OH 45263

GENERAL INTERROGATORIES

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 [X]

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 [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

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

GENERAL INTERROGATORIES

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
31.2 Preferred stocks	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 [X] No [ ]

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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 a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
    d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

    Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [X]

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 [X]

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 [X]

GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly ..... Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... $ 0

40.2 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
.....	.....

41.1 Amount of payments for legal expenses, if any? ..... $ 26,400

41.2 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 LLP 200 Public Square Suite 4000 Cleveland, OH 44114	26,400
.....	.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... $ 0

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

1 Name	2 Amount Paid
.....	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only. ..... $ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... $ _____

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 ..... $ _____

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		
2.2	Premium Denominator	4,643,011	6,203,775
2.3	Premium Ratio (2.1/2.2)	0.000	0.000
2.4	Reserve Numerator		
2.5	Reserve Denominator	649,695	1,160,166
2.6	Reserve Ratio (2.4/2.5)	0.000	0.000

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 [ ]

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 ..... $

5.33 Medicare Supplement ..... $

5.34 Dental & Vision ..... $

5.35 Other Limited Benefit Plan ..... $

5.36 Other ..... $

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:

.....

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 .....

8.2 Number of providers at end of reporting year .....

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 between 15-36 months.. $.....

9.22 Business with rate guarantees over 36 months ..... $.....

GENERAL INTERROGATORIES

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..... $ .....
10.22 Amount actually paid for year bonuses..... $ .....
10.23 Maximum amount payable withholds..... $ .....
10.24 Amount actually paid for year withholds..... $ .....

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. .....
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
State of 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. ..... $ .....

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

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

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

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 ..... $ .....
15.2 Total Incurred Claims ..... $ .....
15.3 Number of Covered Lives ....

*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 gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

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 2023	2 2022	3 2021	4 2020	5 2019
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	13,067,497	16,995,224	14,558,438	4,881,433	4,959,713
2.	Total liabilities (Page 3, Line 24)	9,335,736	13,790,806	11,859,248	2,578,312	1,938,182
3.	Statutory minimum capital and surplus requirement	500,000		500,000	500,000	500,000
4.	Total capital and surplus (Page 3, Line 33)	3,721,761	3,204,418	2,699,190	2,303,121	3,021,531
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	4,643,011	6,203,775	10,465,049	17,082,695	17,405,425
6.	Total medical and hospital expenses (Line 18)	2,470,689	3,591,433	8,053,005	16,207,006	15,991,404
7.	Claims adjustment expenses (Line 20)	159,401	1,640,062	1,711,974	1,303,188	1,171,045
8.	Total administrative expenses (Line 21)	1,526,027	440,235	310,417	304,331	326,019
9.	Net underwriting gain (loss) (Line 24)	437,439	488,942	389,653	(731,830)	(83,043)
10.	Net investment gain (loss) (Line 27)	145,350	16,286	6,108	13,420	34,529
11.	Total other income (Lines 28 plus 29)	0	0	0	0	0
12.	Net income or (loss) (Line 32)	527,343	505,228	395,761	(718,410)	(48,514)
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	(1,027,731)	1,826,843	1,173,620	(262,131)	(1,121,452)
	Risk-Based Capital Analysis					
14.	Total adjusted capital	3,721,761	3,204,418	2,699,190	2,303,121	3,021,531
15.	Authorized control level risk-based capital	296,756	288,731	528,086	1,059,793	1,043,705
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	1,552	2,083	1,894	1,776	1,772
17.	Total members months (Column 6, Line 7)	19,551	24,357	23,296	21,363	23,157
	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 (Lines 18 plus Line 19)	54.3	58.6	77.0	94.9	91.9
20.	Cost containment expenses	3.4	2.6	0.6	0.0	0.0
21.	Other claims adjustment expenses	0.0	23.9	15.8	7.6	6.7
22.	Total underwriting deductions (Line 23)	90.6	92.1	96.4	104.3	100.5
23.	Total underwriting gain (loss) (Line 24)	9.4	7.9	3.7	(4.3)	(0.5)
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 17, Col. 5)	988,966	749,490	1,742,022	1,597,211	2,074,860
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	1,160,166	1,150,868	2,073,000	1,615,000	2,514,000
	Investments in Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)			0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)			0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)			0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)			0	0	0
30.	Affiliated mortgage loans on real estate			0	0	0
31.	All other affiliated			0	0	0
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.			0	0	0

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 (LOCATION)

NAIC Group Code 0001 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	3,700		2,083			1,617								
2. First Quarter	3,742		2,059			1,683								
3. Second Quarter	2,076		1,191			885								
4. Third Quarter	2,377		1,490			887								
5. Current Year	2,410		1,552			858								
6. Current Year Member Months	34,850		19,551			15,299								
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	533					533								
11. Number of Inpatient Admissions	128					128								
12. Health Premiums Written (b)	19,223,689		18,508,029			715,660								
13. Life Premiums Direct	65,741													65,741
14. Property/Casualty Premiums Written	19,223,689		18,508,029			715,660								
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Cleveland Automobile Dealers Association Group Health Plan 2. Broadview Heights, OH (LOCATION)

NAIC Group Code 0001 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	3,700	0	2,083	0	0	1,617	0	0	0	0	0	0	0	0
2. First Quarter	3,742	0	2,059	0	0	1,683	0	0	0	0	0	0	0	0
3. Second Quarter	2,076	0	1,191	0	0	885	0	0	0	0	0	0	0	0
4. Third Quarter	2,377	0	1,490	0	0	887	0	0	0	0	0	0	0	0
5. Current Year	2,410	0	1,552	0	0	858	0	0	0	0	0	0	0	0
6. Current Year Member Months	34,850	0	19,551	0	0	15,299	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	533	0	0	0	0	533	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	126	0	0	0	0	126	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	19,223,689	0	18,508,029	0	0	715,660	0	0	0	0	0	0	0	0
13. Life Premiums Direct	65,741	0	0	0	0	0	0	0	0	0	0	0	0	65,741
14. Property/Casualty Premiums Written	19,223,689	0	18,508,029	0	0	715,660	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
29076	34-0648820	05/01/2022	Medical Mutual of Ohio	USA	806,803	42,750
29076	34-0648820	05/01/2023	Medical Mutual of Ohio	USA	5,924,163	1,110,750
2099999. Accident and Health - Non-U.S. Non-Affiliates					6,730,966	1,153,500
2199999. Total Accident and Health - Non-Affiliates					6,730,966	1,153,500
2299999. Total Accident and Health					6,730,966	1,153,500
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					6,730,966	1,153,500
9999999 Totals - Life, Annuity and Accident and Health					6,730,966	1,153,500

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11 Current Year	Outstanding Surplus Relief 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	
1199999. Total General Account Authorized							0	0	0	0	0	0	
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	
29076	34-0648820	05/01/2023	Medical Mutual Services, LLC	USA	OA/G	OMI	12,865,259		1,153,500				
29076	34-0648820	05/01/2023	Medical Mutual Services, LLC	USA	SSL/G	OMI	1,781,160						
1699999. General Account - Unauthorized Non-U.S. Affiliates - Other							14,646,419	0	1,153,500	0	0	0	
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							14,646,419	0	1,153,500	0	0	0	
1899999. Total General Account - Unauthorized Affiliates							14,646,419	0	1,153,500	0	0	0	
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	
2299999. Total General Account Unauthorized							14,646,419	0	1,153,500	0	0	0	
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	
3399999. Total General Account Certified							0	0	0	0	0	0	
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							14,646,419	0	1,153,500	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							0	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							14,646,419	0	1,153,500	0	0	0	0
9999999 - Totals							14,646,419	0	1,153,500	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

		1 2023	2 2022	3 2021	4 2020	5 2019
	A. OPERATIONS ITEMS					
1.	Premiums	14,646	15,841	11,396	1,200	1,112
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	372	526	469	0	0
5.	Total hospital and medical expenses	11,951	14,446	11,488	1,210	506
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	0	14	10	0	0
7.	Claims payable	1,154	1,921	801	0	0
8.	Reinsurance recoverable on paid losses	6,731	9,659	8,703	0	0
9.	Experience rating refunds due or unpaid			0	0	0
10.	Commissions and reinsurance expense allowances due			0	0	0
11.	Unauthorized reinsurance offset			0	0	0
12.	Offset for reinsurance with Certified Reinsurers			0	0	0
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust			0	0	0
18.	Funds deposited by and withheld from (F)			0	0	0
19.	Letters of credit (L)			0	0	0
20.	Trust agreements (T)			0	0	0
21.	Other (O)			0	0	0

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)	6,294,623		6,294,623
2.	Accident and health premiums due and unpaid (Line 15)	41,908		41,908
3.	Amounts recoverable from reinsurers (Line 16.1)	6,730,966		6,730,966
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	0		0
6.	Total assets (Line 28)	13,067,497	0	13,067,497
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	649,695		649,695
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	444,466		444,466
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		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		0
14.	All other liabilities (Balance)	8,241,575		8,241,575
15.	Total liabilities (Line 24)	9,335,736	0	9,335,736
16.	Total capital and surplus (Line 33)	3,721,761	XXX	3,721,761
17.	Total liabilities, capital and surplus (Line 34)	13,057,497	0	13,057,497
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
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	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 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	L	19,223,689					65,741		19,289,430	
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. U.S. Virgin Islands VI									0	
56. Northern Mariana Islands MP									0	
57. Canada CAN									0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	19,223,689	0	0	0	0	65,741	0	19,289,430	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX	19,223,689	0	0	0	0	65,741	0	19,289,430	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:
1. L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG 1
2. R - Registered - Non-domiciled RRGs 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
4. Q - Qualified - Qualified or accredited reinsurer 0
5. N - None of the above - Not allowed to write business in the state 0

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

Schedule T - Part 2 - Interstate Compact

NONE

Schedule Y - Part 1

N O N E

Schedule Y - Part 1A - Detail of Insurance Holding Company System

N O N E

Schedule Y - Part 1A - Explanations

N O N E

Schedule Y - Part 2

N O N E

Schedule Y - Part 3

N O N E

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	SEE EXPLANATION
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	SEE EXPLANATION
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	SEE EXPLANATION
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual 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?	SEE EXPLANATION
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
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?	NO
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?	NO
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
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
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?	SEE EXPLANATION
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

1. This health plan is a MEWA. The due date is March 31st.
2. This health plan is a MEWA. The due date is March 31st.
3. This health plan is a MEWA. The due date is March 31st.
4. This health plan is a MEWA. The due date is March 31st.
6. All funds are held in cash (checking and saving accounts).
7. N/A
8. This health plan is a MEWA. The due date is June 30th.
10. N/A
11. N/A
12. N/A
13. N/A
14. N/A
15. N/A
16.
17.
18.
19. N/A
20. N/A
21. N/A
22. N/A
23. N/A

Bar Codes:

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

OVERFLOW PAGE FOR WRITE-INS

NONE

Summary Investment Schedule

NONE

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Summary By Country

NONE

Schedule D - Part 1A - Section 1 - Quality and Maturity Distribution of All Bonds Owned by Major Type and NAIC Designation

NONE

Schedule D - Part 1A - Section 2 - Maturity Distribution of All Bonds Owned by Major Type and Subtype

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1 Total	2 Bonds	3 Money Market Mutual funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year	0			
2. Cost of cash equivalents acquired	1,049,009		1,049,009	
3. Accrual of discount	0			
4. Unrealized valuation increase/(decrease)	0			
5. Total gain (loss) on disposals	0			
6. Deduct consideration received on disposals	0			
7. Deduct amortization of premium	0			
8. Total foreign exchange change in book/adjusted carrying value	0			
9. Deduct current year's other than temporary impairment recognized	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,049,009	0	1,049,009	0
11. Deduct total nonadmitted amounts	0			
12. Statement value at end of current period (Line 10 minus Line 11)	1,049,009	0	1,049,009	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 1 - Mortgage Loans Owned

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

Schedule D - Part 1 - Long Term Bonds Owned

NONE

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

NONE

Schedule D - Part 2 - Section 2 - Common Stocks Owned

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

NONE

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1 - Short-Term Investments Owned

NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Checking - PNC #3766 ..... Ohio		1.500	29,265		1,829,983	XXX
Savings - PNC #4156 ..... Ohio		0.030	30		101,427	XXX
Savings - Dollar #1457 ..... Ohio		0.750	8,545		1,145,026	XXX
Savings - FFL #4539 ..... Ohio		2.790	31,562		1,104,367	XXX
Savings - Citizens Money Market ..... Ohio		3.930	40,584		1,064,791	XXX
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX				XXX
0199999. Totals - Open Depositories	XXX	XXX	109,986	0	5,245,614	XXX
0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX				XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	109,986	0	5,245,614	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total - Cash	XXX	XXX	109,986	0	5,245,614	XXX

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

1. January	6,109,809	4. April	5,509,303	7. July	7,215,142	10. October	5,865,302
2. February	6,679,359	5. May	6,786,658	8. August	7,477,649	11. November	5,546,649
3. March	6,628,302	6. June	6,703,278	9. September	5,924,133	12. December	5,245,614

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999. Total - U.S. Government Bonds						0	0	0
0309999999. Total - All Other Government Bonds						0	0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
0709999999. Total - U.S. Political Subdivisions Bonds						0	0	0
0909999999. Total - U.S. Special Revenues Bonds						0	0	0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0
1309999999. Total - Hybrid Securities						0	0	0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
1909999999. Subtotal - Unaffiliated Bank Loans						0	0	0
2419999999. Total - Issuer Obligations						0	0	0
2429999999. Total - Residential Mortgage-Backed Securities						0	0	0
2439999999. Total - Commercial Mortgage-Backed Securities						0	0	0
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	0
2459999999. Total - SVO Identified Funds						0	0	0
2469999999. Total - Affiliated Bank Loans						0	0	0
2479999999. Total - Unaffiliated Bank Loans						0	0	0
2509999999. Total Bonds						0	0	0
	Morgan Stanley		04/01/2023	4.000		1,049,009	0	35,364
8309999999. Subtotal - All Other Money Market Mutual Funds						1,049,009	0	35,364
8609999999 - Total Cash Equivalents						1,049,009	0	35,364

1.

Line Number															
1A	1A ...$	0	1B ..$	0	1C ..$	0	1D ..$	0	1E ..$	0	1F ..$	0	1G ..$	0	
1B	2A ...$	0	2B ..$	0	2C ..$	0									
1C	3A ...$	0	3B ..$	0	3C ..$	0									
1D	4A ...$	0	4B ..$	0	4C ..$	0									
1E	5A ...$	0	5B ..$	0	5C ..$	0									
1F	6 .....$	0													

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders 3 Book/Adjusted Carrying Value	4 Fair Value	All Other Special Deposits 5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. U.S. Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Alien and Other OT	XXX	XXX				
59. Subtotal	XXX	XXX				
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX				

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed By April 1)

NAIC Group Code 0001 FOR THE STATE OF NAIC Company Code 00000

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	12 Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
A. INDIVIDUAL BUSINESS														
1. Comprehensive major medical														
2.1 Short-Term Medical - 6 Months or Less														
2.2 Short-Term Medical - Over 6 Months														
2.3 Subtotal Short-Term Medical (2.1+2.2)														
3. Other Medical (Non-Comprehensive)														
4. Specified/Named Disease														
5. Limited Benefit														
6. Student														
7. Accident Only or AD&D														
8. Disability Income - Short - Term														
9. Disability Income - Long - Term														
10. Long-Term Care														
11. Medicare Supplement (Medigap)														
12. Dental														
13. State Children's Health Insurance Program														
14. Medicare														
15. Medicaid														
16. Medicare Part D - Stand-Alone														
17. Vision														
18. Other Individual Business														
19. Grand Total Individual														
B. GROUP BUSINESS														
Comprehensive Major Medical														
1.1 Single Employer - Small Employer														
1.2 Single Employer - Other Employer														
1.3 Single Employer - Subtotal														
2. Multiple Employer Assns and Trusts														
3. Other Associations and Discretionary Trusts														
4. Other Comprehensive Major Medical														
5. Comprehensive/Major Medical Subtotal														
Other Medical (Non-Comprehensive)														
5. Specified/Named Disease														
7. Limited Benefit														
8. Student														
9. Accident Only or AD&D														
10. Disability Income - Short-Term														
11. Disability Income - Long-Term														
12. Long-Term Care														
13. Medicare Supplement (Medigap)														
14. Federal Employees Health Benefits Plan														
15. Tricare														
16. Dental														
17. Medicare														
18. Medicare Part D - Stand-Alone														
19. Vision														
20. Other Group Care														
21. Grand Total Group Business														
C. OTHER BUSINESS														
1. Credit (Individual and Group)														
2. Stop Loss/Excess Loss														
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5. Grand Total Other Business														
D. TOTAL BUSINESS														
1. Total Non U.S. Policy Forms														
2. Grand Total Individual, Group and Other Business														

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR 2023 NAIC Company Code _____

	Business Subject to MLR														
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)														XXX	
1.2 Federal high risk pools														XXX	
1.3 State high risk pools														XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)														XXX	
1.5 Federal taxes and federal assessments															
1.6 State insurance, premium and other taxes (Similar local taxes of $)															
1.6a Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees															
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)														XXX	
1.9 Net Assumed less Ceded reinsurance premiums earned														XXX	
1.10 Other Adjustments due to MLR calculations - Premiums														XXX	
1.11 Risk Revenue														XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)														XXX	
2. Claims:															
2.1 Incurred claims excluding prescription drugs														XXX	
2.2 Prescription drugs														XXX	
2.3 Pharmaceutical rebates														XXX	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses														XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)														XXX	
5.1 Net Assumed less Ceded reinsurance claims incurred														XXX	
5.2 Other Adjustments due to MLR calculations - Claims														XXX	
5.3 Rebates paid										XXX	XXX			XXX	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
5.6 Fee for service and co-pay revenue														XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)														XXX	
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes															
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors															
6.4 Wellness and health promotion activities															
6.5 Health Information Technology expenses related to health improvement															
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)															
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8										XXX	XXX		XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
8.2 All other claims adjustment expenses															
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)													XXX	XXX	XXX

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR														
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits															
10.2 Agents and brokers fees and commissions															
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses															
10.4a Community Benefit Expenditures (informational only)															
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)															
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)														XXX	
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)															
16a. ICD-10 Implementation Expenses (informational only; already included in line 10.4)															
OTHER INDICATORS:															
1. Number of certificates/policies															
2. Number of Covered Lives															
3. Number of Groups	XXX			XXX											
4. Member Months															

NONE

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ ..... Claims $ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF DURING THE YEAR 2023 NAIC Company Code

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written													
1.2 Unearned premium prior year													
1.3 Unearned premium current year													
1.4 Change in unearned premium (Lines 1.2 - 1.3)													
1.5 Paid rate credits													
1.6 Reserve for rate credits current year													
1.7 Reserve for rate credits prior year													
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.9 Premium balances written off													
1.10 Group conversion charge													
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)													
1.12 Assumed premiums earned from non-affiliates													
1.13 Net Assumed less Ceded premiums earned from affiliates													
1.14 Ceded premiums earned to non-affiliates													
1.15 Other Adjustments due to MLR calculation - Premiums													
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)													
2. Direct Claims Incurred:													
2.1 Paid claims during the year													
2.2 Direct claim liability current year													
2.3 Direct claim liability prior year													
2.4 Direct claim reserves current year													
2.5 Direct claim reserves prior year													
2.6 Direct contract reserves current year													
2.7 Direct contract reserves prior year													
2.8 Paid rate credits													
2.9 Reserve for rate credits current year													
2.10 Reserve for rate credits prior year													
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11a Paid medical incentive pools and bonuses current year													
2.11b Accrued medical incentive pools and bonuses current year													
2.11c Accrued medical incentive pools and bonuses prior year													
2.12 Net health care receivables (Lines 2.12a - 2.12b)													
2.12a Health care receivables current year													
2.12b Health care receivables prior year													
2.13 Group conversion charge													
2.14 Multi-option coverage blended rate adjustment													
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)													
2.16 Assumed incurred claims from non-affiliates													
2.17 Net assumed less ceded incurred claims from affiliates													
2.18 Ceded incurred claims to non-affiliates													
2.19 Other adjustments due to MLR calculation - Claims													
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)													
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

NONE

(a) Column 13, Line 1.1 includes direct written premium of $ ..... for stand-alone dental and $ ..... for stand-alone vision policies.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2023
(To Be Filed by April 1)

Of The Cleveland Automobile Dealers Association Group Health Plan

ADDRESS (City, State and Zip Code) ,

NAIC Group Code ..... NAIC Company Code ..... Federal Employer's Identification Number (FEIN) .....

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. ..... $ .....

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01			$	%
2.02			$	%
2.03			$	%
2.04			$	%
2.05			$	%
2.06			$	%
2.07			$	%
2.08			$	%
2.09			$	%
2.10			$	%

NONE

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2		Preferred Stocks	3	4
3.01	NAIC 1	$	%	3.07	NAIC 1	$	%
3.02	NAIC 2	$	%	3.08	NAIC 2	$	%
3.03	NAIC 3	$	%	3.09	NAIC 3	$	%
3.04	NAIC 4	$	%	3.10	NAIC 4	$	%
3.05	NAIC 5	$	%	3.11	NAIC 5	$	%
3.06	NAIC 6	$	%	3.12	NAIC 6	$	%

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

4.02	Total admitted assets held in foreign investments	$	%
4.03	Foreign-currency-denominated investments	$	%
4.04	Insurance liabilities denominated in that same foreign currency	$	%

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC-1	$	%
5.02	Countries designated NAIC-2	$	%
5.03	Countries designated NAIC-3 or below	$	%

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
6.01	Country 1:	$	%
6.02	Country 2:	$	%
	Countries designated NAIC - 2:		
6.03	Country 1:	$	%
6.04	Country 2:	$	%
	Countries designated NAIC - 3 or below:		
6.05	Country 1:	$	%
6.06	Country 2:	$	%

		1	2
7.	Aggregate unhedged foreign currency exposure	$	%

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC-1	$	%
8.02	Countries designated NAIC-2	$	%
8.03	Countries designated NAIC-3 or below	$	%

NONE

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
9.01	Country 1:	$	%
9.02	Country 2:	$	%
	Countries designated NAIC - 2:		
9.03	Country 1:	$	%
9.04	Country 2:	$	%
	Countries designated NAIC - 3 or below:		
9.05	Country 1:	$	%
9.06	Country 2:	$	%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Designation	3	4
10.01			$	%
10.02			$	%
10.03			$	%
10.04			$	%
10.05			$	%
10.06			$	%
10.07			$	%
10.08			$	%
10.09			$	%
10.10			$	%

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments	$	%
11.03	Canadian-currency-denominated investments	$	%
11.04	Canadian-denominated insurance liabilities	$	%
11.05	Unhedged Canadian currency exposure	$	%

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions:

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$	%
	Largest three investments with contractual sales restrictions:		
12.03		$	%
12.04		$	%
12.05		$	%

13. Amounts and percentages of admitted assets held in the largest equity interests:

NONE

13.01 Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

	1 Issuer	2	3
13.02		$	%
13.03		$	%
13.04		$	%
13.05		$	%
13.06		$	%
13.07		$	%
13.08		$	%
13.09		$	%
13.10		$	%
13.11		$	%

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$	%
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		$	%
14.04		$	%
14.05		$	%

Ten largest fund managers:

	1 Fund Manager	2 Total Invested	3 Diversified	4 Nondiversified
14.06		$	$	$
14.07		$	$	$
14.08		$	$	$
14.09		$	$	$
14.10		$	$	$
14.11		$	$	$
14.12		$	$	$
14.13		$	$	$
14.14		$	$	$
14.15		$	$	$

NONE

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$	%
	Largest three investments in general partnership interests:		
15.03		$	%
15.04		$	%
15.05		$	%

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	%
16.03		$	%
16.04		$	%
16.05		$	%
16.06		$	%
16.07		$	%
16.08		$	%
16.09		$	%
16.10		$	%
16.11		$	%

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$	%
16.13	Mortgage loans over 90 days past due	$	%
16.14	Mortgage loans in the process of foreclosure	$	%
16.15	Mortgage loans foreclosed	$	%
16.16	Restructured mortgage loans	$	%

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

		Residential		Commercial		Agricultural	
	Loan to Value	1	2	3	4	5	6
17.01	above 95%	$	%	$	%	$	%
17.02	91 to 95%	$	%	$	%	$	%
17.03	81 to 90%	$	%	$	%	$	%
17.04	71 to 80%	$	%	$	%	$	%
17.05	below 70%	$	%	$	%	$	%

NONE

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description 1	2	3
18.02		$	%
18.03		$	%
18.04		$	%
18.05		$	%
18.06		$	%

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$	%
	Largest three investments held in mezzanine real estate loans:		
19.03		$	%
19.04		$	%
19.05		$	%

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

		At Year End		At End of Each Quarter		
		1	2	1st Quarter 3	2nd Quarter 4	3rd Quarter 5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$	%	$	$	$
20.02	Repurchase agreements	$	%	$	$	$
20.03	Reverse repurchase agreements	$	%	$	$	$
20.04	Dollar repurchase agreements	$	%	$	$	$
20.05	Dollar reverse repurchase agreements	$	%	$	$	$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		Owned		Written	
		1	2	3	4
21.01	Hedging	$	%	$	%
21.02	Income generation	$	%	$	%
21.03	Other	$	%	$	%

22. Amounts and percentages of the reporting entity's total admitted assets subject to potential exposure for collars, swaps and forwards:

NONE

		At Year End		At End of Each Quarter		
		1	2	1st Quarter 3	2nd Quarter 4	3rd Quarter 5
22.01	Hedging	$	%	$	$	$
22.02	Income generation	$	%	$	$	$
22.03	Replications	$	%	$	$	$
22.04	Other	$	%	$	$	$

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year End		At End of Each Quarter		
		1	2	1st Quarter 3	2nd Quarter 4	3rd Quarter 5
23.01	Hedging	$	%	$	$	$
23.02	Income generation	$	%	$	$	$
23.03	Replications	$	%	$	$	$
23.04	Other	$	%	$	$	$

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION
ASSESSABLE PREMIUM EXHIBIT - PART 1

FOR THE YEAR ENDED DECEMBER 31, 2023
(To Be Filed by April 1)

OF THE Cleveland Automobile Dealers Association Group Health Plan..... NAIC COMPANY CODE .....00000.....

DIRECT BUSINESS IN THE STATE OF:

DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS	1 Life Insurance Premiums	2 Allocated Annuity and Other Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity and Other Unallocated Fund Deposits
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses				
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account				
2.1 Contract fees for variable contracts with guarantees				
2.2 Reporting entity contributions to employee benefits plans				
2.3 Dividends or refunds applied to purchase paid-up additions and annuities				
2.4 Dividends or refunds applied to shorten endowment or premium paying period				
2.5 Premium and annuity considerations waived under disability or other contract provisions				
2.6 Aggregate write-ins for other considerations, if any				
2.99 Total (Lines 2.1 through 2.6)				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2				
3.99 Total (Lines 3.1 through 3.5)				
4. Transfers between Columns 2 and 4 (Note: allocated governmental retirement plans established under Sections 401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be transferred on Line 4.2:				
4.1 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included in Column 4, Lines 1, 2.99 and 3.99	XXX		XXX	
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all UNALLOCATED contracts issued and [illegible] governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S Internal Revenue Code as these amounts are included in Column 4, Lines 1, 2.99 and 3.99.	XXX		XXX	
4.3 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all other amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are allocated. (Note: Do NOT include amounts received to fund allocated annuity contracts owned by both non-governmental and governmental retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts are to be included on Line 4.1).	XXX		XXX	
4.4 Enter in Column 4, as a positive number, and Column 2, as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund unallocated contracts owned by a governmental retirement plan (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2	XXX		XXX	
4.99 Total (Lines 4.1 through 4.4)	XXX		XXX	
5. Total (Lines 1 + 2.99 + 3.99 + 4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE PRIOR TO ADDITIONAL ADJUSTMENTS IN PART 2. Do not include any amounts more than once in Lines 6 through 9.				
6. Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder.				
7. Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5				
8. Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included in Line 5 and if any prior years original premiums were reported as assessable premium				
9. Dividends paid or credited, but only if NOT guaranteed in advance				
ASSESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
10. Current Year Year before Part 2 additional adjustments (Line 5 - 6 - 7 - 8 - 9)				
DETAILS OF WRITE-INS				
2.601.				
2.602.				
2.603.				
2.698. Summary of remaining write-ins for Line 2.6 from overflow page				
2.699. Totals (Lines 2.601 thru 2.603 plus 2.698)(Line 2.6 above)				
3.501.				
3.502.				
3.503.				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page				
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)				

NONE

Footnote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the premium associated with standalone Disability Income ("DI" - include both short and long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a rider that is attached to a life or annuity policy should NOT be included.

1a)	Disability Income (include both short and long term)	XXX	XXX		XXX
1b)	Long-term care	XXX	XXX		XXX

Footnote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty association should contact regarding assessment inquiries (billing, payment, etc.)

Individual Name .....
Title .....
Department .....
Street address .....
City, State ZIP .....
Direct phone number ....
Email address .....

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION
ASSESSABLE PREMIUM EXHIBIT - PART 2

FOR THE YEAR ENDED DECEMBER 31, 2023
(To Be Filed by April 1)

OF THE Cleveland Automobile Dealers Association Group Health Plan NAIC COMPANY CODE 00000

DIRECT BUSINESS IN THE STATE OF:

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity & Other Unallocated Fund Deposits
11.	Line 10 of the Assessable Premium Exhibit – Part 1				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE					
12.	Premium received for multiple non-group policies of life insurance owned by one owner:				
12.1	Amounts in excess of $1 million		XXX	XXX	XXX
12.2	Amounts in excess of $5 million		XXX	XXX	XXX
13.	Excludable premiums for accident and health contracts:				
13.1	Federal Employees Health Benefit Program	XXX	XXX		XXX
13.2	Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3)	XXX	XXX		XXX
13.3	Medicare Part D stand alone plans	XXX	XXX		XXX
13.4	Medicaid Title XIX	XXX	XXX		XXX
13.5	Stop loss contracts	XXX	XXX		XXX
13.6	MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or uninsured	XXX	XXX		XXX
13.7	State Children's Health Insurance Program Title XXI	XXX	XXX		XXX
13.99	Total (Lines 13.1 through 13.7)	XXX	XXX		XXX
14.	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans	XXX		XXX	
15.	Amounts received from obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is not an affiliate of the member insurer:				
15.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
15.2	Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
15.3	Amounts in excess of $5 million per contract	XXX	XXX	XXX	
15.4	Total (Lines 15.1+ 15.2 + 15.3)	XXX	XXX	XXX	
15.5	Amounts NOT in excess of $10 million per contract (Minnesota only)	XXX	XXX	XXX	
15.6	Amounts in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
16.	Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific employee, union, or association of natural persons benefit plans:				
16.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
16.2	All amounts (include amounts reported on Line 16.1)	XXX	XXX	XXX	
16.3	Amounts in excess of $2 million per contract [illegible] NOT issued specific employee, union, or association of natural persons benefit plans (New Jersey only)	XXX	XXX	XXX	
17.	Unallocated funding obligations issued to or in connection with a government lottery, based on the resident of the owner, or a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor, which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
17.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
17.2	Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
17.3	Amounts in excess of $5 million per contract	XXX	XXX	XXX	
17.4	Total (Lines 17.1+ 17.2 + 17.3)	XXX	XXX	XXX	
17.5	Amounts up to $10 million per contract (Minnesota only)	XXX	XXX	XXX	
18.	Amounts for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
18.1	Amounts NOT in excess of $2 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (New Jersey only)	XXX	XXX	XXX	
18.2	Amounts NOT in excess of $5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (Iowa only)	XXX	XXX	XXX	
19.	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2 Line 11 above that have been received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
19.1	Amounts NOT in excess of $1 million per contract	XXX		XXX	
19.2	Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX		XXX	
19.3	Amounts in excess of $5 million per contract	XXX		XXX	
19.4	Total (Lines 19.1+ 19.2 + 19.3)	XXX		XXX	
19.5	Amounts NOT in excess of $10 million per contract (Minnesota only)	XXX	XXX	XXX	
19.6	Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
19.7	Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the U.S. Internal Revenue Code (Louisiana only)	XXX	XXX	XXX	
19.8	Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of the U.S. Internal Revenue Code (Kansas only)	XXX		XXX	XXX
20.	Unallocated funding obligations issued to or in connection with benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
20.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
20.2	All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	
21.	Aggregate write-ins for other deductions				
22.	ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
	DETAILS OF WRITE-INS				
21.01					
21.02					
21.03					
21.98	Summary of remaining write-ins for Line 21 from overflow page				
21.99	Totals (Lines 21.01 thru 21.03 plus 21.98)(Line 21 above)				

OVERFLOW PAGE FOR WRITE-INS

NONE

Long-Term Care Experience Reporting Form 1

NONE

Long-Term Care Experience Reporting Form 2

NONE

Long-Term Care Experience Reporting Form 3 - Individual - Part 1

NONE

Long-Term Care Experience Reporting Form 3 - Individual - Part 2

NONE

Long-Term Care Experience Reporting Form 3 - Individual - Part 3

NONE

Long-Term Care Experience Reporting Form 3 - Individual - Part 4

NONE

Long-Term Care Experience Reporting Form 3 - Group - Part 1

NONE

Long-Term Care Experience Reporting Form 3 - Group - Part 2

NONE

Long-Term Care Experience Reporting Form 3 - Group - Part 3

NONE

Long-Term Care Experience Reporting Form 3 - Group - Part 4

NONE

Long-Term Care Experience Reporting Form 3 - Summary - Part 1

NONE

Long-Term Care Experience Reporting Form 3 - Summary - Part 2

NONE

Long-Term Care Experience Reporting Form 3 - Summary - Part 3

NONE

Long-Term Care Experience Reporting Form 3 - Summary - Part 4

NONE

Long-Term Care Experience Reporting Form 3 Footnote

N O N E

Long-Term Care Experience Reporting Form 4

N O N E

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF
STAND-ALONE AND HYBRID PRODUCTS - DIRECT STATE REPORTING ($000 OMITTED)

REPORTING YEAR 2023

(To Be Filed By April 1)

NAIC Group Code 0001 NAIC Company Code 00000

NONE

	1 Number of New Lives Insured	2 Number of Lives In Force Year End	3 Earned Premiums	4 Incurred C	5 Incurred Benefits Claims	6 Number of Claims Remaining Open	7 Number of Claims Opened	8 Number of New Extended Benefits Claims	9 Accelerated Benefits Available	10 Extended Benefits Available
Stand-Alone LTC										
1. Current					XXX			XXX	XXX	XXX
2. Total Inception-to-Date		XXX			XXX	XXX		XXX	XXX	XXX
LTC Hybrid Policies and Riders										
3. Current (Acceleration Only)					XXX			XXX		XXX
4. Total Inception-to-Date (Acceleration Only)		XXX			XXX	XXX		XXX	XXX	XXX
5. Current (Extended Benefits Policies)										
6. Total Inception-to-Date (Extended Benefits Policies)		XXX				XXX			XXX	XXX

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF .....
NAIC Group Code ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) .....
Person Completing This Exhibit ..... Telephone Number .....
Title .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	Incurred Claims 12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	Incurred Claims 16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								

NONE

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(a)(4)(A) for this State.
   2.1 Address: .....
   2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: .....
   3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O". .....

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0001 (To Be Filed by March 1) NAIC Company Code 00000

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

Schedule SIS

NONE

Schedule SIS II

NONE

Schedule SIS III

NONE

Schedule SIS IV

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2023
(To be filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ ] No [X]
   If yes, do the amounts below represent 1) total gross compensation earned for each individual by or on behalf of all companies which are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [X]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond the period of 12 months from the date of the agreement? Yes [ ] No [X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. Principal Executive Officer	2023								0
	2022								0
	2021								0
Current:									
2. Principal Financial Officer	2023								0
	2022								0
	2021								0
3. Danielle Williams	2023	77,728						4,367	82,095
Danielle Williams	2022	69,000						9,280	78,280
	2021							1,433	1,433
4. Shannon Robertson	2023	25,931						1,433	27,364
Shannon Robertson	2022	22,950						4,072	27,022
	2021								0
5.	2023								0
	2022								0
	2021								0
6.	2023								0
	2022								0
	2021								0
7.	2023								0
	2022								0
	2021								0
8.	2023								0
	2022								0
	2021								0
9.	2023								0
	2022								0
	2021								0
10.	2023								0
	2022								0
	2021								0

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

NONE

Life Supplement - Exhibit 5 - Interrogatories

NONE

Life Supplement - Exhibit 7 - Deposit-Type Contracts

NONE

Life Supplement - Schedule S - Part 1 - Section 1

NONE

Life Supplement - Schedule S - Part 3 - Section 1

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0001 BUSINESS IN THE STATE OF DURING THE YEAR 2023 NAIC Company Code 00000

NONE

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive Individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(a)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability Income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0001 BUSINESS IN THE STATE OF DURING THE YEAR 2023 NAIC Company Code 00000

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability Income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. TOTAL																

NONE

LS206.1

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $ ..... , current year $ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year $ ..... , current year $ .....

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2023

(To Be Filed by April 1)

		1	Individual					Group				
		Total Annuities	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
1.	Premiums and annuity considerations for life and accident and health contracts (a)											
2.	Considerations for supplementary contracts with life contingencies											
3.	Net investment income											
4.	Amortization of Interest Maintenance Reserve (IMR)											
5.	Separate Accounts net gain from operations excluding unrealized gains or losses											
6.	Commissions and expense allowances on reinsurance ceded											
7.	Reserve adjustments on reinsurance ceded											
8.	Miscellaneous income:											
	8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts											
	8.2 Charges and fees for deposit-type contracts											
	8.3 Aggregate write-ins for miscellaneous income											
9.	Totals (Lines 1 to 8.3)											
10.	Death benefits											
11.	Matured endowments (excluding guaranteed annual pure endowments)											
12.	Annuity benefits											
13.	Disability benefits and benefits under accident and health contracts											
14.	Coupons, guaranteed annual pure endowments and similar benefits											
15.	Surrender benefits and withdrawals for life contracts											
16.	Group conversions											
17.	Interest and adjustments on contract or deposit-type contract funds											
18.	Payments on supplementary contracts with life contingencies											
19.	Increase in aggregate reserves for life and accident and health contracts											
20.	Totals (Lines 10 to 19)											
21.	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)											
22.	Commissions and expense allowances on reinsurance assumed											
23.	General insurance expenses											
24.	Insurance taxes, licenses and fees, excluding federal income taxes											
25.	Increase in loading on deferred and uncollected premiums											
26.	Net transfers to or (from) Separate Accounts net of reinsurance											
27.	Aggregate write-ins for deductions											
28.	Totals (Lines 20 to 27)											
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)											
30.	Dividends to policyholders											
31.	Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)											
32.	Federal income taxes incurred (excluding tax on capital gains)											
33.	Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b)											
34.	Policies/certificates in force end of year											
	DETAILS OF WRITE-INS											
08.301.												
08.302.												
08.303.												
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page											
08.399.	Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)											
2701.												
2702.												
2703.												
2798.	Summary of remaining write-ins for Line 27 from overflow page											
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)											

NONE

(a) Premiums and annuity considerations for life and accident and health contracts includes $ ..... for individual variable annuities not associated with guarantees, $ ..... for individual variable annuities associated with guarantees, $ ..... for group variable annuities not associated with guarantees, and $ ..... for group variable annuities associated with guarantees.

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes $ ..... for individual variable annuities not associated with guarantees, $ ..... for individual variable annuities associated with guarantees, $ ..... for group variable annuities not associated with guarantees, and $ ..... for group variable annuities associated with guarantees.

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

OVERFLOW PAGE FOR WRITE-INS

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

For the Year Ended December 31, 2023
(To Be Filed by April 1)

	1	Individual					Group				
	Total Annuities	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)											
1. Reserve December 31, prior year											
2. Tabular net premiums or considerations											
3. Present value of disability claims incurred											
4. Tabular interest											
5. Tabular less actual reserve released											
6. Increase in reserve on account of change in valuation basis											
7. Other increases (net)											
8. Totals (Lines 1 to 7)											
9. Tabular cost											
10. Reserves released by death	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net)											
12. Annuity, supplementary contract and disability payments involving life contingencies											
13. Net transfers to or (from) Separate Accounts											
14. Total Deductions (Lines 9 to 13)											
15. Reserve December 31, current year (a)											

NONE

(a) Reserve December 31, current year includes $ ..... for individual variable annuities not associated with guarantees, $ ..... for individual variable annuities associated with guarantees, $ ..... for group variable annuities not associated with guarantees, and $ ..... for group variable annuities associated with guarantees.

SUPPLEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0001 NAIC Company Code 00000

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	
2. Health	
3. Homeowners	
4. Individual Annuity	
5. Individual Life	
6. Lender-Placed Home and Auto	
7. Long-Term Care	
8. Other Health	
9. Private Flood	
10. Private Passenger Auto	
11. Short-Term Limited Duration Health Plans	
12. Travel	

NONE

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

ANNUAL STATEMENT BLANK (Continued)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Cleveland Automobile Dealers Association Group Health Plan

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer: Cleveland Automobile Dealers Association Group Health Plan

Date: _____ FEIN: 34-1320838

NAIC Group #: 0001 NAIC Company #: 00000

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.

	MARCH	APRIL	JUNE
1. Is this the first time you've submitted this filing? (Y/N)			
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)			
3. Is this being re-filed due to changes to the data originally filed? (Y/N) **(IF "YES", ENCLOSE HARD COPY PAGES FOR THE CHANGES.)**			
4. Other? (Y/N) (If "yes", attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

John Robinson

Phone: 440-746-1500

Address:: 9150 South Hills Blvd, Suite #150 Broadview Heights OH 44147

D. Software Vendor: Sovos ETM

Version: 2023

E. Have material validation failures been addressed in the explanation file?

Yes_____ No_____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2022 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name)

_____(version number) _____

Signed

_____

Type Name and Title:

_____

Florida - Schedule G

NONE

Florida - Schedule D

NONE

HEALTH RATIOS

ASSETS	2023	2022	2021	2020	2019
A01. Average Net Invested Assets	6,735,814	3,653,034	0	0	0
A02. Investments in affiliates to total assets	0.0	0.0	0.0	0.0	0.0
A03. Investment grade to total bonds, cash equivalents and short-term investments	0.0	0.0	0.0	0.0	0.0
A04. Investment expense ratio	0.0	0.0	0.0	0.0	0.0
A05. Investment management expense ratio	0.0	0.0	0.0	0.0	0.0
A06. Gross investment yield	2.2	0.4	0.0	0.0	0.0
A07. Economic investment yield	2.2	0.4	0.0	0.0	0.0
A08. Adjusted economic investment yield	2.2	0.4	0.0	0.0	0.0
A09. Maturities in five years to total bonds, cash equivalents and short-term investments	0.0	0.0	0.0	0.0	0.0
A10. Liquidity of cash and invested assets	100.0	100.0	0.0	0.0	0.0
A11. Gross prems receivable to gross premiums written	0.9	0.2	0.0	0.0	0.0

CAPITAL AND CASH FLOW RATIOS	2023	2022	2021	2020	2019
C12. Capital Ratio	28.5	18.9	0.0	0.0	0.0
C13. Committed Cash Flow	46.4	128.8	0.0	0.0	0.0
C14. Reserve leverage	24.7	47.8	0.0	0.0	0.0
C15. Liability Leverage	250.8	430.4	0.0	0.0	0.0
C16. Total Adj. Cap, (TAC) to Company Action Level RBC	627.1	554.9	0.0	0.0	0.0

EXPOSURE RATIOS	2023	2022	2021	2020	2019
E17. Exposure to Affiliated Investments	0.0	0.0	0.0	0.0	0.0
E18. Exposure to Bond Default	0.0	0.0	0.0	0.0	0.0
E19. Exposure to Mortgage Default	0.0	0.0	0.0	0.0	0.0
E20. Exposure to Mortgage Loans and Real Estate	0.0	0.0	0.0	0.0	0.0
E21. Exposure to Reserve Inadequacy	0.0	0.0	0.0	0.0	0.0

HOSPITAL and SERVICE RATIOS	2023	2022	2021	2020	2019
H22. Services PMPY	0.0	0.0	0.0	0.0	0.0
H23. Hospital Days Per Thousand	18,352.9	56,164.6	0.0	0.0	0.0
H24. Hospital Admissions Per Thousand	0.4	0.9	0.0	0.0	0.0
H25. Average Length of Stay	1.5	4.7	0.0	0.0	0.0

LEVERAGE AND LIQUIDITY RATIOS	2023	2022	2021	2020	2019
L26. Leverage Ratio	124.8	193.6	0.0	0.0	0.0
L27. Liquidity Ratio	67.4	53.1	0.0	0.0	0.0
L28. Invested Assets Turnover	0.0	0.0	0.0	0.0	0.0

HEALTH RATIOS

MEMBER MONTH RATIOS	2023	2022	2021	2020	2019
M29. Net Premium Income	187.9	172.7	0.0	0.0	0.0
M30. Total Hospital and Medical Benefits	100.0	100.0	0.0	0.0	0.0
M31. Claims Adjustment Expenses	6.5	45.7	0.0	0.0	0.0
M32. General Administrative Expenses	61.8	12.3	0.0	0.0	0.0

PERFORMANCE RATIOS	2023	2022	2021	2020	2019
P33. Pure loss ratio	53.2	57.9	0.0	0.0	0.0
P34. CAE ratio	3.4	26.4	0.0	0.0	0.0
P35. Loss and CAE ratio	56.6	84.3	0.0	0.0	0.0
P36. Expense ratio	90.6	92.1	0.0	0.0	0.0
P37. Calendar year combined ratio	147.2	176.4	0.0	0.0	0.0
P38. Underwriting Income ratio	9.4	7.9	0.0	0.0	0.0
P39. Net Income ratio	12.6	8.1	0.0	0.0	0.0

RETURN RATIOS	2023	2022	2021	2020	2019
R40. Return on Assets (ROA)	3.1	3.5	0.0	0.0	0.0
R41. Return on Equity (ROE)	16.5	18.7	0.0	0.0	0.0
R42. Return on Premiums (ROP)	11.4	8.1	0.0	0.0	0.0

HEALTH RATIOS		2023	2022	2021	2020	2019
	ASSET RATIOS					
A01.	**Average Net Invested Assets**					
01.01	A. Invested Assets — ASSETS, Line 12, Column 3	6,294,623	7,322,354			
01.02	B. Investment Income Due and Accrued — ASSETS, Line 14, Column 3	0	0			
01.03	C. Borrowed Money — LIAB, Line 14, Column 1					
01.04	D. Payable for Securities — LIAB, Line 17, Column 1					
01.05	E. Capital Notes					
01.06	F. Surplus Notes — LIAB, Line 29, Column 1					
01.07	G. Net Investment Income — REVEX1, Line 25, Column 2	145,350	16,286			
01.99	H. Average [(CY (A+B-C-D-E-F) + PY (A+B-C-D-E-F) - G)/ 2]	6,735,814	3,653,034	0	0	0
A02.	**Investments in Affiliates to Total Assets**					
02.01	A. Investments in affiliates — HIST5YR, Lines 26, 27 & 28, Column 1	0	0			
02.02	B. Total assets — HIST5YR, Line 01, Column 1	13,067,497	16,995,224			
02.99	C. Ratio (A / B) x 100	0.0	0.0	0.0	0.0	0.0
A03.	**Investment Grade to Total Bonds, Cash Equivalents and Short-Term Investments**					
03.01	A. Investment grade — SCDPT1ASN1, Lines 12.1, 12.2, Column 7	0	0			
03.02	B. Total bonds, cash equivalents and short-term investments — SCDPT1ASN1, Line 12.7, Column 7					
03.99	C. Ratio (A / B) x 100	0.0	0.0	0.0	0.0	0.0
A04.	**Investment Expense Ratio**					
04.01	A. Statutory investment expenses — EXNETINVT, Line 16, Column 2	0	0			
04.02	B. Interest expense — EXNETINVT, Line 13, Column 2					
04.03	C. Adjusted investment expenses (A - B)	0	0	0	0	0
04.04	D. Gross investment income earned — EXNETINVT, Line 10, Column 2	145,350	16,286			
04.99	E. Ratio (C / D) x 100	0.0	0.0	0.0	0.0	0.0
A05.	**Investment Management Expense Ratio**					
05.01	A. Adjusted investment expenses (C of Ratio A04)	0	0			
05.02	B. Borrowed money — LIAB, Line 14, Column 1					
05.03	C. Average borrowed money (CY(C) +PY(C)) / 2	0	0			
05.04	D. Average invested assets (H of Ratio A01)	6,735,814	3,653,034			
05.05	E. Adjusted average invested assets (C + D)	6,735,814	3,653,034			
05.99	F. Ratio (A / E) x 100	0.0	0.0	0.0	0.0	0.0
A06.	**Gross Investment Yield**					
06.01	A. Gross investment income earned	145,350	16,286			
06.02	B. Adjusted average invested assets (E of Ratio A05)	6,735,814	3,653,034			
06.99	C. Ratio (A / B) x 100	2.2	0.4	0.0	0.0	0.0
A07	**Economic Investment Yield**					
07.01	A. Gross investment income earned	145,350	16,286			
07.02	B. Realized capital gains, net of taxes — REVEX1, Line 26, Column 2					
07.03	C. Tax on realized capital gains — REVEX1, Line 26, inside amt 1					
07.04	D. Realized capital gains, before taxes (B + C)	0	0	0	0	0
07.05	E. Change in unrealized capital gains, before taxes — EXCAPGLOSS, Line 10, Column 4					
07.06	F. Recorded investment yield (A + D + E)	145,350	16,286	0	0	0
07.07	G. Adjusted Average invested assets (E of Ratio A05)	6,735,814	3,653,034			
07.99	H. Ratio (F / G) x 100	2.2	0.4	0.0	0.0	0.0

HEALTH RATIOS		2023	2022	2021	2020	2019
	ASSET RATIOS					
A08	**Adjusted Economic Investment Yield**					
	Additional unrealized capital gains					
08.01	A. Current year — GENINTPT1INV,Line 31.3, Column 24	0	0			
08.02	B. Prior year — GENINTPT1INV,Line 31.3, Column 24	0	0			
08.03	C. Additional change in unrealized capital gains (A - B)	0	0	0	0	0
08.04	D. Adjusted average invested assets (F of Ratio A05)	6,735,814	3,653,034			
08.05	E. Adjusted average invested assets, Schedule D at market (D + ((A + B) / 2))	6,735,814	3,653,034	0	0	0
08.06	F. Recorded investment yield (F of Ratio A07)	145,350	16,286			
08.07	G. Total investment yield (C + F)	145,350	16,286	0	0	0
08.99	H. Ratio (G / E) x 100	2.2	0.4	0.0	0.0	0.0
A09.	**Maturities in Five Years to Total Bonds, Cash Equivalents and Short-term Investments**					
09.01	A. Maturities in five years — SCDPT1ASN1, Line 12.7, Column 1 + Column 2	0	0			
09.02	B. Total bonds, cash equivalents, and short-term investments — SCDPT1ASN1, Line 12.7, Column 7					
09.99	C. Ratio (A / B) x 100	0.0	0.0	0.0	0.0	0.0
A10.	**Liquidity of Cash and Invested Assets**					
10.01	A. Cash and invested assets	6,294,623	7,322,354			
10.02	B. Private placement bonds — SCDPT1ASN1, Line 12.7, Column 12					
10.03	C. Investments in affiliates	0	0			
10.04	D. Mortgage loans — ASSETS, Lines 03.1, 03.2, Column 3.	0	0			
10.05	E. Real estate — ASSETS, Lines 04.1, 04.2 & 04.3, Column 3	0	0			
10.06	F. Other invested assets (Schedule BA) — ASSETS, Line 08, Column 3	0	0			
10.07	G. Liquid cash and invested assets (A - (B through F))	6,294,623	7,322,354	0	0	0
10.99	H. Ratio (G / A) x 100	100.0	100.0	0.0	0.0	0.0
A11.	**Premiums Receivable to Premiums Income**					
11.01	A. Premiums receivable (due plus deferred) — ASSETS, Lines 15.1, 15.2, Column 3.	41,908	14,340			
11.02	B. Premiums income — REVEX1, Line 02, Column 2	4,643,011	6,203,775			
11.99	C. Ratio (A / B) x 100	0.9	0.2	0.0	0.0	0.0
	CAPITAL AND CASH FLOW RATIOS					
C12.	**Capital Ratio**					
12.01	A. Capital and Surplus — HIST5YR, Line 04, Column 1	3,721,761	3,204,418			
12.02	B. Assets — HIST5YR, Line 01, Column 1	13,067,497	16,995,224			
12.99	C. Ratio (A / B) x 100	28.5	18.9	0.0	0.0	0.0
C13.	**Committed Cash Flow**					
13.01	A. Cash Used in Operations — CASH, Line 04, Column 1	888,577	8,163,547			
13.02	B. Total Cash from Operations — CASH, Line 10, Column 1	1,916,308	6,336,704			
13.99	C. Ratio (A / B) x 100	46.4	128.8	0.0	0.0	0.0
C14.	**Reserve Leverage**					
14.01	A. Unpaid losses — LIAB, Line 01, Column 1	649,695	1,160,166			
14.02	B. Unpaid CAE — LIAB, Line 03, Column 1	269,000	372,000			
14.03	C. Policyholders' surplus - CY	3,721,761	3,204,418			
14.99	D. Ratio ((A + B) / C) x 100	24.7	47.8	0.0	0.0	0.0
C15.	**Liability Leverage**					
15.01	A. Total liabilities — HIST5YR, Line 02, Column 1	9,335,736	13,790,806			
15.02	B. Policyholders' surplus - CY	3,721,761	3,204,418			
15.99	C. Ratio (A / B) x 100	250.8	430.4	0.0	0.0	0.0

HEALTH RATIOS			2023	2022	2021	2020	2019
	CAPITAL AND CASH FLOW RATIOS						
C16.	**Total Adjusted Capital (TAC) to Company Action Level RBC**						
16.01	A. Total adjusted capital (TAC)	HIST5YR, Line 14, Column 1	3,721,761	3,204,418			
16.02	B. Authorized control level RBC	HIST5YR, Line 15, Column 1	296,756	288,731			
16.03	C. Company action level RBC (B x 2)		593,512	577,462			
16.99	D. Ratio (A / C) x 100		627.1	554.9	0.0	0.0	0.0
	EXPOSURE RATIOS						
E17.	**Exposure To Affiliated Investments**						
17.01	A. Affiliated Investments		0	0			
17.02	B. Capital and Surplus		3,721,761	3,204,418			
17.99	C. Ratio (A / B) x 100		0.0	0.0	0.0	0.0	0.0
E18.	**Exposure To Bond Default**						
18.01	A. Non-Investment Grade Bonds	SCDPT1ASN1, Lines 12.3,12.4,12.5, & 12.6, Col.7	0	0			
18.02	B. Capital and Surplus		3,721,761	3,204,418			
18.99	C. Ratio (A / B) x 100		0.0	0.0	0.0	0.0	0.0
E19.	**Exposure To Mortgage Default**						
19.01	A. Mortgage Loans Overdue	SCBPT1, Line 2499999, Column 8					
19.02	B. Mortgage Loans in Foreclosure	SCBPT1, Line 3299999, Column 8					
19.03	C. Real Estate Acquired by Foreclosure						
19.04	D. Capital and Surplus		3,721,761	3,204,418			
19.99	E. Ratio (A+B+C)/D x 100		0.0	0.0	0.0	0.0	0.0
E20.	**Exposure To Mortgage Loans and Real Estate**						
20.01	A. Mortgage Loans	ASSETS, Lines 03.1, 03.2, Column 3.	0	0			
20.02	B. Real Estate	ASSETS, Lines 04.1, 04.2, & 04.3, Column 3	0	0			
20.03	C. Capital and Surplus		3,721,761	3,204,418			
20.99	D. Ratio (A+B)/C x 100		0.0	0.0	0.0	0.0	0.0
E21.	**Exposure To Health Reserve Inadequacy**						
21.01	A. Capital and Surplus		3,721,761	3,204,418			
21.02	B. Health Reserves	LIAB, Line 04, Column 3	0	0			
21.99	C. Ratio (A / B) x 100		0.0	0.0	0.0	0.0	0.0
	HOSPITAL and SERVICE RATIOS						
H22.	**Services PMPY**						
22.01	A. Total Member Ambulatory Encounters for Year x 12	PREMENROL, Line 09, Column 1	0	0			
22.02	B. Current Year Member Months	PREMENROL, Line 06, Column 1	34,850	24,357			
22.99	C. Ratio (A / B) x 100		0.0	0.0	0.0	0.0	0.0
H23.	**Hospital Days Per Thousand**						
23.01	A. Hospital patient Days Incurred x 12 x 1000	PREMENROL, Line 10, Column 1	6,396,000	13,680,000			
23.02	B. Current Year Member Months		34,850	24,357			
23.99	C. Ratio (A / B) x 100		18,352.9	56,164.6	0.0	0.0	0.0
H24.	**Hospital Admissions Per Thousand**						
24.01	A. Number of Inpatient Admissions x 12 x 1000	PREMENROL, Line 11, Column 1	128	215			
24.02	B. Current Year Member Months		34,850	24,357			
24.99	C. Ratio (A / B) x 100		0.4	0.9	0.0	0.0	0.0

HEALTH RATIOS		2023	2022	2021	2020	2019
	MEMBER MONTH RATIOS					
H25.	**Average Length of Stay**					
25.01	A. Hospital Inpatient Days Incurred — PREMENROL, Line 10, Column 1	533	1,140			
25.02	B. Current Year Member Months	34,850	24,357			
25.99	C. Ratio (A / B) x 100	1.5	4.7	0.0	0.0	0.0
	LIQUIDITY AND LEVERAGE RATIOS					
L26.	**Leverage Ratio**					
26.01	A. Premiums Income — REVEX1, Line 02, Column 2	4,643,011	6,203,775			
26.02	B. Capital and Surplus	3,721,761	3,204,418			
26.99	C. Ratio (A / B) x 100	124.8	193.6	0.0	0.0	0.0
L27.	**Liquidity Ratio**					
27.01	A. Non-Affiliate Common Stocks — ASSETS, Line 02.2, Col.3 - HIST5YR, Line 28, Col. 1	0	0			
27.02	B. Non-Affiliate Invest. Quality Bonds <5 yrs to maturity	0	0			
27.03	C. Cash — ASSETS, Line 05, Column 3	6,294,623	7,322,354			
27.04	D. Non-Affiliate Short-Term Invested Assets — SCDAVER, Line 12, Column 1 - Line 12, Column 5	0	0			
27.05	E. Liabilities — HIST5YR, Line 02, Column 1	9,335,736	13,790,806			
27.06	F. Contract Loans — ASSETS, Line 06, Column 3	0	0			
27.07	G. Non-Withdrawable Funds					
27.99	H. Ratio (A+B+C-D) / (E-F-G) x 100	67.4	53.1	0.0	0.0	0.0
L28.	**Invested Assets Turnover**					
28.01	A. Invested assets disposed	0	0			
28.02	B. Cash and invested assets - PY — ASSETS, Line 12, Column 4	7,322,354	5,845,004			
28.99	C. Ratio (A / B) x 100	0.0	0.0	0.0	0.0	0.0
	MEMBER MONTH RATIOS					
M29.	**Net Premium Income**					
29.01	A. Net Premium Income — REVEX1, Line 02, Column 2	4,643,011	6,203,775			
29.02	B. Current Year Member Months	2,470,689	3,591,433			
29.99	C. Ratio (A / B) x 100	187.9	172.7	0.0	0.0	0.0
M30.	**Total Hospital and Medical Benefits**					
30.01	A. Total Hospital and Medical Benefits — REVEX1, Line 18, Column 2	2,470,689	3,591,433			
30.02	B. Current Year Member Months	2,470,689	3,591,433			
30.99	C. Ratio (A / B) x 100	100.0	100.0	0.0	0.0	0.0
M31.	**Claims Adjustment Expenses**					
31.01	A. Claims Adjustment Expenses — REVEX1, Line 20, Column 2	159,401	1,640,062			
31.02	B. Current Year Member Months	2,470,689	3,591,433			
31.99	C. Ratio (A / B) x 100	6.5	45.7	0.0	0.0	0.0
M32.	**General Administrative Expenses**					
32.01	A. General Administrative Expenses — REVEX1, Line 21, Column 2	1,526,027	440,235			
32.02	B. Current Year Member Months	2,470,689	3,591,433			
32.99	C. Ratio (A / B) x 100	61.8	12.3	0.0	0.0	0.0
	PERFORMANCE RATIOS					
P33.	**Loss Ratio**					
33.01	A. Total Hospital and Medical Incurred — REVEX1, Line 18, Column 2	2,470,689	3,591,433			
33.02	B. Premiums earned and risk revenue	4,643,011	6,203,775			
33.99	C. Ratio (A / B) x 100	53.2	57.9	0.0	0.0	0.0
P34.	**CAE Ratio**					
34.01	A. CAE incurred — REVEX1, Line 20, Column 2	159,401	1,640,062			
34.02	B. Premiums earned and risk revenue	4,643,011	6,203,775			
34.99	C. Ratio (A / B) x 100	3.4	26.4	0.0	0.0	0.0

FINRATIO.5

HEALTH RATIOS		2023	2022	2021	2020	2019
	PERFORMANCE RATIOS					
P35.	**Loss and CAE Ratio**					
35.01	A. Pure loss ratio (C of Ratio P33)	53	58			
35.02	B. CAE ratio (C of Ratio P34)	3	26			
35.99	C. Ratio (A + B)	56.6	84.3	0.0	0.0	0.0
P36.	**Expense Ratio**					
36.01	A. Underwriting expenses incurred REVEX1, Line 23, Column 2	4,205,572	5,714,833			
36.02	B. Net premiums income	4,643,011	6,203,775			
36.99	C. Ratio (A / B) x 100	90.6	92.1	0.0	0.0	0.0
P37.	**Calendar Year Combined Ratio**					
37.01	A. Loss and CAE ratio (C of Ratio P35)	57	84			
37.02	B. Expense ratio (C of Ratio P36)	91	92			
37.99	C. Ratio (A + B)	147.2	176.4	0.0	0.0	0.0
P38.	**Underwriting Income Ratio**					
38.01	A. Underwriting income REVEX1, Line 24, Column 2	437,439	488,942			
38.02	B. Net premiums income	4,643,011	6,203,775			
38.99	C. Ratio (A / B) x 100	9.4	7.9	0.0	0.0	0.0
P39.	**Net Income Ratio**					
39.01	A. Net Income or (Loss) REVEX1, Line 30, Column 2	582,789	505,228			
39.02	B. Net premiums income	4,643,011	6,203,775			
39.99	C. Ratio (A / B) x 100	12.6	8.1	0.0	0.0	0.0
	RETURN RATIOS					
R40.	**Return on Assets (ROA)**					
40.01	A. Net Gain From Operations HIST5YR, Line 12, Column 1	527,343	505,228			
40.02	B. Assets - PY	16,995,224	14,558,438			
40.99	C. Ratio (A / B) x 100	3.1	3.5	0.0	0.0	0.0
R41.	**Return on Equity (ROE)**					
41.01	A. Net Gain From Operations	527,343	505,228			
41.02	B. Capital and Surplus - PY	3,204,418	2,699,190			
41.99	C. Ratio (A / B) x 100	16.5	18.7	0.0	0.0	0.0
R42.	**Return on Premiums (ROP)**					
42.01	A. Net Gain From Operations	527,343	505,228			
42.02	B. Net Premium Written	4,643,011	6,203,775			
42.99	C. Ratio (A / B) x 100	11.4	8.1	0.0	0.0	0.0