

**QUARTERLY STATEMENT**

OF THE

**Cleveland Automobile Dealers Association Group Health Plan**

TO THE

**Insurance Department**

OF THE

**STATE OF**

Ohio

FOR THE QUARTER ENDED  
MARCH 31, 2024

HEALTH

**2024**



## HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

### Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code 0001 0001 NAIC Company Code 00000 Employer's ID Number 34-1320838

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 Broadview Heights, OH, US 44147  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.gcada.org

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

#### OFFICERS

jrobinson@gcada.org John Robinson  
Trustee Doug Callahan

#### OTHER

#### DIRECTORS OR TRUSTEES

Bruce Abraham Kirt Frye Doug Callahan  
Mike Abraham

State of \_\_\_\_\_ SS: \_\_\_\_\_  
County of \_\_\_\_\_

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

*Douglas Callahan* *Kirt Frye*  
41BD030CDB5F46D... FCE790E30036412...

Subscribed and sworn to before me this

day of \_\_\_\_\_

My Commission Has  
NOTARY PUBLIC  
STATE OF OHIO  
Attestment At Law  
VITANTONIO, JR.  
LOUIS A.



a. Is this an original filing? ..... Yes  No   
 b. If no,  
 1. State the amendment number.....  
 2. Date filed ..... 05/15/2024  
 3. Number of pages attached.....

# MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

COMPANY NAME: CLEVELAND Auto Donors Group Health Plan NAIC Company Code: 00001  
 Contact: JOHN BOBINSON Telephone: 440-746-1500  
 REQUIRED FILINGS IN THE STATE OF: OHIO Filings Made During the Year 2024

**ALL STATE REQUIRED FILINGS MAY BE MADE ELECTRONICALLY – SEE NOTE B**

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

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

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

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

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

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

\*\*\*\*\*Ohio has adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:			0	0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:			0	0
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:			0	0
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 (\$ ..... 5,931,567 ), cash equivalents (\$ ..... 1,062,580 ) and short-term Investments (\$ ..... ) .....	6,994,148		6,994,148	6,294,623
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	6,994,148	0	6,994,148	6,294,623
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	81,438		81,438	41,908
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 .....	9,472,928		9,472,928	6,730,966
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) .....	16,548,514	0	16,548,514	13,067,497
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	16,548,514	0	16,548,514	13,067,497
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. .....				
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0	0	0

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 1,379,250 reinsurance ceded)	459,750		459,750	649,695
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	296,000		296,000	269,000
4. Aggregate health policy reserves, including the liability of \$ 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 reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	884,330		884,330	444,466
9. General expenses due or accrued	17,455		17,455	16,659
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	62,509		62,509	47,554
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	10,961,083		10,961,083	7,908,362
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, \$ unauthorized reinsurers and \$ 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)	12,681,127	0	12,681,127	9,335,736
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	3,867,387	3,721,761
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	3,867,387	3,721,761
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	16,548,514	13,057,497
<b>DETAILS OF WRITE-INS</b>				
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 through 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 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX.	5,010	6,334	19,551
2. Net premium income (including \$ 15,296 non-health premium income) .....	XXX.	1,229,369	1,604,449	4,643,011
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.			
4. Fee-for-service (net of \$ medical expenses) .....	XXX.			
5. Risk revenue .....	XXX.			
6. Aggregate write-ins for other health care related revenues .....	XXX.	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX.	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX.	1,229,369	1,604,449	4,643,011
Hospital and Medical:				
9. Hospital/medical benefits .....		3,083,405	3,824,015	12,605,284
10. Other professional services .....		98,445	185,643	551,085
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		322,116	849,816	2,013,701
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....	0	3,503,966	4,859,474	15,170,070
Less:				
17. Net reinsurance recoveries .....		2,885,030	3,965,033	12,699,381
18. Total hospital and medical (Lines 16 minus 17) .....	0	638,936	894,441	2,470,689
19. Non-health claims (net) .....		13,026	12,449	49,455
20. Claims adjustment expenses, including \$ cost containment expenses .....		346,356	334,472	159,401
21. General administrative expenses .....		123,729	98,775	1,526,027
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....				0
23. Total underwriting deductions (Lines 18 through 22) .....	0	1,122,047	1,340,137	4,205,572
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX.	107,322	264,312	437,439
25. Net investment income earned .....		44,653	19,401	145,350
26. Net realized capital gains (losses) less capital gains tax of \$ .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	44,653	19,401	145,350
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	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.	151,975	283,713	582,789
31. Federal and foreign income taxes incurred .....	XXX.	16,349		55,446
32. Net income (loss) (Lines 30 minus 31) .....	XXX	135,626	283,713	527,343
DETAILS OF WRITE-INS				
0601. ATRF pass through .....	XXX.		0	0
0602. ATRF pass-through .....	XXX.		0	
0603. .....	XXX.			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX.	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. .....	XXX.			
0702. .....	XXX.			
0703. .....	XXX.			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. .....				
1402. .....				
1403. .....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. .....				
2902. .....				
2903. .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	3,731,761	3,204,418	3,204,418
34. Net income or (loss) from Line 32 .....	135,626	283,713	527,343
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	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	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	0
48. Net change in capital & surplus (Lines 34 to 47) .....	135,626	283,713	527,343
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,867,387	3,488,131	3,731,761
<b>DETAILS OF WRITE-INS</b>			
4701. Correction of 2020 reporting error: investment income, 12/31/20 assets and surplus were understated by \$308 .....		0	0
4702. Correction of 2020 reporting error: investment income, 12/31/20 cash, and surplus were understated by \$308 .....		0	0
4703. .....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	4,682,424	5,798,100	743,227
2. Net investment income .....	44,653	19,401	145,350
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	4,727,077	5,817,501	888,577
5. Benefit and loss related payments .....	3,583,869	5,030,191	103,051
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	442,289	447,295	1,805,365
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) .....	1,394	0	7,892
10. Total (Lines 5 through 9) .....	4,027,552	5,477,486	1,916,308
11. Net cash from operations (Line 4 minus Line 10) .....	699,525	340,015	(1,027,731)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	0	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	699,525	340,015	(1,027,731)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	6,294,623	7,322,354	7,322,354
19.2 End of period (Line 18 plus Line 19.1) .....	6,994,148	7,662,369	6,294,623

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

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	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 XV/III Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year	2,410	0	1,552	0	0	0	658	0	0	0	0	0	0	0
2. First Quarter	1,675	0	1,675	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	5,010	0	5,010	0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician	1,800	0	1,800	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	2,520	0	2,520	0	0	0	0	0	0	0	0	0	0	0
9. Total	4,320	0	4,320	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	58	58	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	14	14	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a)	4,744,248	0	4,611,696	0	0	0	132,552	0	0	0	0	0	0	0
13. Life Premiums Direct	15,297	0	15,297	0	0	0	0	0	0	0	0	0	0	15,297
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	4,744,248	0	4,611,696	0	0	0	132,552	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	3,503,366	0	3,406,321	0	0	0	98,445	0	0	0	0	0	0	0

(a) For health premiums written; amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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

Claims Unpaid (Reported)		Aging Analysis of Unpaid Claims						
Account		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total	
02999991 Aggregate accounts not individually listed-uncovered		0	0	0	0	0	0	0
03999992 Aggregate accounts not individually listed-covered		0	0	0	0	0	0	0
04999993 Subsidiaries		0	0	0	0	0	0	0
05999993 Unreported claims and other claim services		0	0	0	0	0	0	0
06999993 Total amounts withheld		0	0	0	0	0	0	0
07999993 Total claims unpaid		0	0	0	0	0	0	0
08999993 Accrued medical incentive pool and bonus amounts		0	0	0	0	0	0	0

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

## UNDERWRITING AND INVESTMENT EXHIBIT

Line of Business	ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE			Liability Quarter End of Current Year 4	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year			
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....	588,479	210,503	25,000	427,250	613,478	639,727
3. Medicare Supplement .....					0	0
4. Vision only .....	0	2,461	0	1,000	0	1,000
5. Dental only .....	7,828	19,540	0	6,470	7,828	8,368
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) .....	595,307	232,604	25,000	434,720	621,307	649,595
14. Health care receivables (a) .....					0	0
15. Other non-health .....	0	13,026	0	0	0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13 - 14 + 15 + 16) .....	595,307	245,630	25,000	434,720	621,307	649,595

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

## 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:

#### NOTE 1

##### Summary of Significant Accounting Policies and Going Concern

###### 1. Summary of Significant Accounting Policies and Going Concern

###### A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	135,626	527,34
(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	135,626	527,34
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	3,867,387	3,721,76
(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	3,867,387	3,721,76

Statement as of March 31, 2024 of the GCADA Group Health Plan

**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 March 31, 2024, non-admitted assets totaled \$0.

**Going Concern**

For the period ended March 31, 2024, 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 March 31, 2024, interest income totaled \$44,653 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 has analyzed the tax positions taken by the Plan and has concluded that as of March 31, 2024 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 March 31, 2024, the Plan's income tax years from 2019 and thereafter remain subject to examination by the Internal Revenue Service.

For the year ended March 31, 2024, the Plan reported current income tax expense related to investment income of \$16,349.

**Note 10: Information Concerning Parent, Subsidiaries & Affiliated**

For the year ended March 31, 2024, 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.

Statement as of March 31, 2024 of the GCADA Group Health Plan

**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 March 31, 2024 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.

## Statement as of March 31, 2024 of the GCADA Group Health Plan

## Quota Share Reinsurance

The following table shows the approximate amounts by which ceded reinsurance has reduced the indicated financial statement accounts as of March 31, 2024 and December 31, 2023, respectively.

	Q1'24	2023
Reserve for unpaid claims and CAE at beginning of period, net of reinsurance recoverables	\$ 918,695	\$ 1,532,165
Add provision for claims and CAE, net of reinsurance, occurring in:		
Current year	61,434	1,438,677
Prior years	<u>617,557</u>	<u>978,467</u>
Net incurred claims and CAE during the current year	678,992	2,417,144
Deduct payments for claims and CAE, net of reinsurance, occurring in:		
Current year	245,629	2,045,398
Prior years	<u>596,307</u>	<u>985,216</u>
Net claims and CAE payments during the current year	841,937	3,030,614
Reserve for unpaid claims and CAE at end of period, net of reinsurance recoverables	<u>\$ 755,750</u>	<u>\$ 918,695</u>

## 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 country 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

Statement as of March 31, 2024 of the GCADA Group Health Plan

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 includes a provision that limits the reinsurer's assumption of risk.  
None.

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

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 March 31, 2024 were approximately \$459,720, net of reinsurance ceded. As of March 31, 2024, approximately \$596,307 has been paid for incurred claims related to insured events of prior years. The claims reserve remaining for prior years totals approximately \$25,000 as a result of re-estimation of unpaid claims.

The liability for unpaid claims adjustment expense was approximately \$296,000. 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

Statement as of March 31, 2024 of the GCADA Group Health Plan

**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 March 31, 2024, prescription drug rebates receivable totaled \$0.

**Note 29: Participating Policies**

None

**Note 30: Premium Deficiency Reserves**

None

**Note 31: Anticipated Salvage and Subrogation**

None

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

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

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

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

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

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

4.2 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

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

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

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

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

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

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

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

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

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

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

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

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

8.4 If 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

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**GENERAL INTERROGATORIES**

<p>9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....</p> <p style="margin-left: 20px;">(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;</p> <p style="margin-left: 20px;">(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</p> <p style="margin-left: 20px;">(c) Compliance with applicable governmental laws, rules and regulations;</p> <p style="margin-left: 20px;">(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and</p> <p style="margin-left: 20px;">(e) Accountability for adherence to the code.</p>	<p>Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]</p>
<p>9.11 If the response to 9.1 is No, please explain: .....</p>	
<p>9.2 Has the code of ethics for senior managers been amended? .....</p>	
<p>9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....</p>	
<p>9.3 Have any provisions of the code of ethics been waived for any of the specified officers? .....</p>	
<p>9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....</p>	

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No  X  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ .....

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.). Yes  No  X   
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$.....  
13. Amount of real estate and mortgages held in short-term investments: ..... \$.....  
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]  
14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No  X   
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No  N/A  X  
 If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... C  
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... C  
 16.3 Total payable for securities lending reported on the liability page ..... \$ ..... C

**STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan**  
**GENERAL INTERROGATORIES**

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F, Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian Address
Morgan Stanley .....	1585 Broadway New York, NY 10036 .....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
.....	.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

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

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

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

18.2 If no, list exceptions:

.....

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements 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 [  ]

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

- a. The 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 [  ]

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent ..... 81.0 %

1.2 A&H cost containment percent ..... 1.0 %

1.3 A&H expense percent excluding cost containment expenses ..... 15.0 %

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

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

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

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

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

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

**SCHEDULE S - CEDED REINSURANCE**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
								.....	.....
28976	34-054820	05/01/2023	Medical Mutual of Ohio	OH	.....	.....	.....	.....	.....
28976	34-054820	05/01/2023	Medical Mutual of Ohio	OH	.....	.....	.....	.....	.....

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan  
**SCHEDULE S - CEDDED REINSURANCE**

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - 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/ Casually Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama .....	AL								0	0
2. Alaska .....	AK								0	0
3. Arizona .....	AZ								0	0
4. Arkansas .....	AR								0	0
5. California .....	CA								0	0
6. Colorado .....	CO								0	0
7. Connecticut .....	CT								0	0
8. Delaware .....	DE								0	0
9. District of Columbia	DC								0	0
10. Florida .....	FL								0	0
11. Georgia .....	GA								0	0
12. Hawaii .....	HI								0	0
13. Idaho .....	ID								0	0
14. Illinois .....	IL								0	0
15. Indiana .....	IN								0	0
16. Iowa .....	IA								0	0
17. Kansas .....	KS								0	0
18. Kentucky .....	KY								0	0
19. Louisiana .....	LA								0	0
20. Maine .....	ME								0	0
21. Maryland .....	MD								0	0
22. Massachusetts .....	MA								0	0
23. Michigan .....	MI								0	0
24. Minnesota .....	MN								0	0
25. Mississippi .....	MS								0	0
26. Missouri .....	MO								0	0
27. Montana .....	MT								0	0
28. Nebraska .....	NE								0	0
29. Nevada .....	NV								0	0
30. New Hampshire .....	NH								0	0
31. New Jersey .....	NJ								0	0
32. New Mexico .....	NM								0	0
33. New York .....	NY								0	0
34. North Carolina .....	NC								0	0
35. North Dakota .....	ND								0	0
36. Ohio .....	OH	L	4,744,248					15,296	4,759,544	
37. Oklahoma .....	OK								0	0
38. Oregon .....	OR								0	0
39. Pennsylvania .....	PA								0	0
40. Rhode Island .....	RI								0	0
41. South Carolina .....	SC								0	0
42. South Dakota .....	SD								0	0
43. Tennessee .....	TN								0	0
44. Texas .....	TX								0	0
45. Utah .....	UT								0	0
46. Vermont .....	VT								0	0
47. Virginia .....	VA								0	0
48. Washington .....	WA								0	0
49. West Virginia .....	WV								0	0
50. Wisconsin .....	WI								0	0
51. Wyoming .....	WY								0	0
52. American Samoa .....	AS								0	0
53. Guam .....	GU								0	0
54. Puerto Rico .....	PR								0	0
55. U.S. Virgin Islands .....	VI								0	0
56. Northern Mariana Islands .....	MP								0	0
57. Canada .....	CAN								0	0
58. Aggregate Other Aliens .....	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal .....		XXX	4,744,248	0	0	0	0	15,296	4,759,544	0
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX								0
61. Totals (Direct Business)		XXX	4,744,248	0	0	0	0	15,296	0	4,759,544
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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

Schedule Y - Part 1

**NONE**

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

**NONE**

Schedule Y - Part 1A - Explanations

**NONE**

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	SEE EXPLANATION
<b>AUGUST FILING</b>	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
Explanation:	
1. N/A	
Bar Code:	

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**OVERFLOW PAGE FOR WRITE-INS**

**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 - Part 1B - Bonds and Preferred Stock by NAIC Designation

**NONE**

Schedule DA - Part 1 - Short-Term Investments

**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**

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,049,009	0
2. Cost of cash equivalents acquired .....	13,571	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) .....	1,062,580	1,049,009
11. Deduct total nonadmitted amounts .....		0
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>1,062,580</b>	<b>1,049,009</b>

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

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

**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 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

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**NONE**

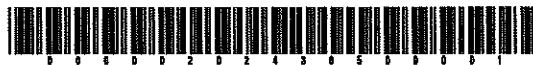
## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Checking - PNC #3766 ..... Ohio .....		1.500	6,170		1,910,258	2,200,394	2,491,023	XXX
Savings - PNC #4156 ..... Ohio .....		0.030	8		101,430	101,432	101,434	XXX
Savings - Dollar #1457 ..... Ohio .....		0.750	2,129		1,145,751	1,146,429	1,147,155	XXX
Savings - FFL #4539 ..... Ohio .....		4.590	12,437		1,068,302	1,071,598	1,116,824	XXX
Savings - Citizens #0828 ..... Ohio .....		3.930	10,338		1,108,880	1,112,845	1,075,132	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	31,082	0	5,334,621	5,632,698	5,931,568	XXX
0299998. Deposits in ... depositories that 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	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	31,082	0	5,334,621	5,632,698	5,931,568	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	31,082	0	5,334,621	5,632,698	5,931,568	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0001

NAIC Company Code 00000

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....	XXX			XXX	
2. Earned Premiums .....	XXX			XXX	XXX
3. Claims Paid .....	XXX			XXX	
4. Claims Incurred .....	XXX			XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	XXX		XXX		
6. Aggregate Policy Reserves - Change .....	XXX			XXX	XXX
7. Expenses Paid .....	XXX			XXX	
8. Expenses Incurred .....	XXX			XXX	XXX
9. Underwriting Gain or Loss .....	XXX			XXX	XXX
10. Cash Flow Result .....	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ ..... due to CMS

**NONE**

## STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

**Prior Year Validation Data**

1. XZGSN000001 GENINTPT1INV, 14.21, 3 = PY 2023 ANNUAL HIST5YR, 26, 1 .....	.....
2. XZGSN000002 GENINTPT1INV, 14.22, 3 = PY 2023 ANNUAL HIST5YR, 27, 1 .....	.....
3. XZGSN000004 GENINTPT1INV, 14.24, 3 = PY 2023 ANNUAL HIST5YR, 29, 1 .....	.....
4. XZGSN000005 GENINTPT1INV, 14.25, 3 = PY 2023 ANNUAL HIST5YR, 30, 1 .....	.....
5. XZGSN000006 GENINTPT1INV, 14.26, 3 = PY 2023 ANNUAL HIST5YR, 31, 1 .....	.....
6. XZGSN000007 GENINTPT1INV, 14.27, 3 = PY 2023 ANNUAL HIST5YR, 32, 1 .....	0
7. XZGSN000010 GENINTPT1INV, 14.23, 3 = PY 2023 ANNUAL HIST5YR, 28, 1 .....	.....
8. XETMU090024 SCAVER, 01, 1 = PY 2023 ANNUAL SCAVER, 09, 2 .....	.....
9. XETMU090026 SCBAVER, 01, 1 = PY 2023 ANNUAL SCBAVER, 11, 2 .....	.....
10. XETMU090025 SCBVER, 01, 1 = PY 2023 ANNUAL SCBVER, 11, 2 .....	.....
11. XETMU090011 SCDVER, 01, 1 = PY 2023 ANNUAL SCDVER, 11, 2 .....	.....
12. XETMU090062 SCDPT19, 07, 8 = PY 2023 ANNUAL SCDPT1ASN1 Sum(Column 7 Line 12.1 to 12.6).....	0
13. XETMU090063 SCDAVER, 02, 2 = PY 2023 ANNUAL SCDAVER, 02, 1 .....	.....
14. XETMU090065 SCDAVER, 05, 2 = PY 2023 ANNUAL SCDAVER, 05, 1 .....	.....
15. XETMU090066 SCDAVER, 06, 2 = PY 2023 ANNUAL SCDAVER, 06, 1 .....	.....
16. XETMU090005 SCDAVER 01, 1 = PY 2023 Annual SCDAPT1, 7709999999, 7 .....	.....
17. XETMU090012 SCDBPTAVER, 01, 1 = PY 2023 ANNUAL SCDBPTAVER, 10, 2 .....	.....
18. XETMU090013 SCDBPTBVER, 01, 4 = PY 2023 ANNUAL SCDBPTBVER, 06, 4 .....	.....
19. XETMU090067 SCEVER, 01, 1 = PY 2023 ANNUAL SCEVER, 10, 1 .....	1,049,009
20. XETMU990010 REVEX1, 06, C3 = PY YTD 2023 QUARTERLY REVEX1, 06, 2 .....	.....
21. XETMU990015 REVEX1, 07, C3 = PY YTD 2023 QUARTERLY REVEX1, 07, 2 .....	.....
22. XETMU990020 REVEX1, 14, C3 = PY YTD 2023 QUARTERLY REVEX1, 14, 2 .....	.....
23. XETMU990025 REVEX1, 29, C3 = PY YTD 2023 QUARTERLY REVEX1, 29, 2 .....	.....
24. XETMU000030 REVEX2, 47, C2 = PY YTD 2023 QUARTERLY REVEX2, 47, 1 .....	0
25. XETMU990030 SCAVER, 02, 1, 1 = SCAPT2, 0399999, 6 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
26. XETMU990038 SCAVER, 02, 2, 1 = SCAPT2, 0399999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
27. XETMU990040 SCAVER, 04, 1 = SCAPT3, 0399999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
28. XETMU990045 SCBVER, 02, 1, 1 = SCBPT2, 3399999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
29. XETMU990050 SCBVER, 02, 2, 1 = SCBPT2, 3399999, 8 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
30. XETMU990055 SCBVER, 06, 1 = SCBPT3, 0599999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
31. XETMU990060 SCBVER, 07, 1 = SCBPT3, 0599999, 15 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
32. XETMU990065 SCBAVER, 02, 1, 1 = SCBAPT2, 6299999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
33. XETMU990070 SCBAVER, 02, 2, 1 = SCBAPT2, 6299999, 10 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
34. XETMU990075 SCBAVER, 06, 1 = SCBAPT3, 6299999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
35. XETMU990080 SCBAVER, 07, 1 = SCBAPT3, 6299999, 16 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
36. XETMU990085 SCDVER, 02, 1 = SCDPT3, 6009999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
37. XETMU990090 SCDVER, 05, 1 = SCDPT4, 6009999999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0
38. XETMU990095 SCDVER, 06, 1 = SCDPT4, 6009999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter .....	0

## QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer	<u>Cleveland Automobile Dealers Association Group Health Plan</u>		
Date	FEIN	<u>34-1320838</u>	
NAIC Group #	NAIC Company #	<u>00000</u>	

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

A.		QTR. 1	QTR. 2	QTR. 3
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", ENCLOSURE 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: 2024

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 quarterly statement information required to be contained on diskette is identical to the information in the 2024 Quarterly 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:

---







## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Broadview Heights, OH

Cleveland Automobile Dealers Association Group Health Plan

REPORT EOB: 1 CORROBORATION

(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 \$ .....



STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

- Cleveland Automobile Dealers Association Group Health Plan

2. Broadview Heights, OH

NAIC Group Code	0001	BUSINESS IN THE STATE OF						DURING THE YEAR						(LOCATION)			
		1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health		
<b>Total Members at end of:</b>																	
1. Prior Year	2,410	0	1,552	0	0	0	868	0	0	0	0	0	0	0	0	0	0
2. First Quarter	1,675	0	1,675	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	5,310	0	5,010	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	1,500	0	1,800	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	2,520	0	2,520	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	4,320	0	4,320	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	53	0	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	14	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	4,744,248	0	4,611,696	0	0	0	132,552	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	15,293	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,296
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	4,744,248	0	4,611,696	0	0	0	132,552	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	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	0	0	0
18. Amount incurred for Provision of Health Care Services	3,562,066	0	3,405,521	0	0	0	98,445	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

Florida - Exhibit 2 - A&H Premiums Due and Unpaid

**NONE**

Florida - Exhibit 3 - Health Care Receivables

**NONE**

Florida - Exhibit 7 - Part 1 - Summary of Transactions with Providers

**NONE**

Florida - Exhibit 7 - Part 2

**NONE**

Florida - Schedule E - Part 3 - Special Deposits

**NONE**

Florida - Schedule G

**NONE**

Florida - Schedule D

**NONE**

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

STATEMENT AS OF MARCH 31, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan