

QUARTERLY STATEMENT

OF THE

Cleveland Automobile Dealers Association Group Health Plan

TO THE

Insurance Department

OF THE

STATE OF

Ohio

**FOR THE QUARTER ENDED
SEPTEMBER 30, 2024**

HEALTH

2024

MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

COMPANY NAME: CLEVELAND AUTO DEALERS ASSOC GROUP HEALTH PLAN NAIC Company Code: 0000
 Contact: JOHN ROBINSON 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 | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 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 | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 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 | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 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 | |
| | | V. STATE REQUIRED FILINGS*** | | | | | | |
| 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 th 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 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



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: _____

Is HMO Federally Qualified? Yes [] No []

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

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

Main Administrative Office 9150 South Hills Blvd, Suite #150
(Street and Number)
Broadview Heights, OH, US 44147 (Area Code) (Telephone 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
(Street and Number)
Broadview Heights, OH, US 44147 (Area Code) (Telephone 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)
johnson@gcada.org (E-mail Address) (FAX Number)

OFFICERS

OTHER

DIRECTORS OR TRUSTEES

Kirt Frye Andrea Park Zadd Doug Callahan
Mike Abraham

State of Ohio 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.

Signed by: Doug Callahan Kirt Frye
41BD030CDB5F46D... FCE790E30036412...
Doug Callahan Kirt Frye
Trustee Trustee

Subscribed and sworn to before me this 15th day of NOVEMBER
[Signature]

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed 11/15/2024
3. Number of pages attached.....



NICHOLAS A. HANNA
Attorney At Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

STATEMENT AS OF SEPTEMBER 30, 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 | 1,076,000 | | 1,076,000 | 1,000,000 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | .0 | .0 |
| 2.2 Common stocks | | | .0 | .0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | .0 | .0 |
| 3.2 Other than first liens..... | | | .0 | .0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ | | | .0 | .0 |
| encumbrances) | | | | |
| 4.2 Properties held for the production of income (less | | | | |
| \$ encumbrances) | | | .0 | .0 |
| 4.3 Properties held for sale (less \$ | | | .0 | .0 |
| encumbrances) | | | | |
| 5. Cash (\$ 4,534,309), cash equivalents | | | | |
| (\$ 1,136) and short-term | | | | |
| investments (\$) | 4,535,445 | | 4,535,445 | 5,274,296 |
| 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) | 5,611,445 | .0 | 5,611,445 | 6,274,296 |
| 13. Title plants less \$ charged off (for Title insurers | | | | |
| only) | | | .0 | .0 |
| 14. Investment income due and accrued | 11,899 | | 11,899 | 21,764 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 122,015 | | 122,015 | 9,147 |
| 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 | 16,515,322 | | 16,515,322 | 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) | 22,260,681 | .0 | 22,260,681 | 13,036,173 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell | | | | |
| Accounts | | | .0 | .0 |
| 28. Total (Lines 26 and 27) | 22,260,681 | 0 | 22,260,681 | 13,036,173 |
| 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 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 SEPTEMBER 30, 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 \$ 1,850,250 reinsurance ceded) | 670,261 | | 670,261 | 649,695 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 364,000 | | 364,000 | 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 | 394,938 | | 394,938 | 517,738 |
| 9. General expenses due or accrued | 36,548 | | 36,548 | 16,659 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 0 | | 0 | 47,554 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 17,505,790 | | 17,505,790 | 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) | 18,971,537 | 0 | 18,971,537 | 9,409,008 |
| 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 | 3,289,144 | 3,627,165 |
| 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 | 3,289,144 | 3,627,165 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 22,260,681 | 13,036,173 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 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 SEPTEMBER 30, 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 | 25,097 | 16,831 | 23,538 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 3,578,912 | 3,663,317 | 4,536,979 |
| 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 | 10,518 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 3,578,912 | 3,673,835 | 4,536,979 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 11,525,974 | 8,645,408 | 12,605,284 |
| 10. Other professional services | | 279,433 | 398,436 | 551,085 |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | 1,186,350 | 1,660,737 | 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 | 12,991,757 | 10,704,581 | 15,170,070 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 10,597,439 | 9,101,241 | 12,699,381 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 2,394,318 | 1,603,340 | 2,470,689 |
| 19. Non-health claims (net) | | 37,807 | 37,564 | 49,455 |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | 1,238,846 | 1,013,631 | 1,285,489 |
| 21. General administrative expenses | | 323,013 | 262,932 | 399,917 |
| 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 | 3,993,984 | 2,917,467 | 4,205,550 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (415,072) | 756,388 | 331,429 |
| 25. Net investment income earned | | 125,891 | 101,215 | 146,788 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 125,891 | 101,215 | 146,788 |
| 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 | (289,181) | 857,583 | 478,217 |
| 31. Federal and foreign income taxes incurred | XXX | 48,840 | | 55,470 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (338,021) | 857,583 | 422,747 |
| DETAILS OF WRITE-INS | | | | |
| 0601. ATRF pass through | XXX | | 10,518 | 0 |
| 0602. | XXX | | | |
| 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 | 10,518 | 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 SEPTEMBER 30, 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 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 3,627,165 | 3,204,418 | 3,204,418 |
| 34. Net income or (loss) from Line 32 | (338,021) | 857,583 | 422,747 |
| 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) | (338,021) | 857,583 | 422,747 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 3,289,144 | 4,062,001 | 3,627,165 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 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 SEPTEMBER 30, 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 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 12,940,672 | (3,107,292) | 743,228 |
| 2. Net investment income | 135,756 | 101,215 | 125,024 |
| 3. Miscellaneous income | 0 | 10,518 | 0 |
| 4. Total (Lines 1 to 3) | 13,076,428 | (2,995,559) | 868,252 |
| 5. Benefit and loss related payments | 12,195,915 | (4,024,796) | 103,051 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 1,446,970 | 1,393,566 | 1,805,343 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 96,394 | 0 | 7,916 |
| 10. Total (Lines 5 through 9) | 13,739,279 | (2,631,230) | 1,916,310 |
| 11. Net cash from operations (Line 4 minus Line 10) | (662,851) | (364,329) | (1,048,058) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 1,000,000 | 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) | 1,000,000 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,076,000 | 0 | 1,000,000 |
| 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) | 1,076,000 | 0 | 1,000,000 |
| 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) | (76,000) | 0 | (1,000,000) |
| Cash from Financing and Miscellaneous Sources | | | |
| 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 |
| 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) .. | (738,851) | (364,329) | (2,048,058) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 5,274,296 | 7,322,354 | 7,322,354 |
| 19.2 End of period (Line 18 plus Line 19.1) | 4,535,445 | 6,958,025 | 5,274,296 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | 2 Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|---|------------|--|------------|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|---------------------------|
| | | Individual 2 | Group 3 | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 2,250 | 0 | 2,250 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 2,441 | | 2,441 | | | | | | | | | | | |
| 3. Second Quarter | 3,088 | | 3,088 | | | | | | | | | | | |
| 4. Third Quarter | 3,005 | | 3,005 | | | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 25,097 | | 25,097 | | | | | | | | | | | |
| Total Member Ambulatory Encounters for period: | | | | | | | | | | | | | | |
| 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 | 0 | | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | | | | | |
| 12. Health Premiums Written (a) | 15,483,731 | | 15,088,597 | | | 385,134 | | | | | | | | 44,542 |
| 13. Life Premiums Direct | 44,542 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 15,483,731 | | 15,088,597 | | | 385,134 | | | | | | | | |
| 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 | 12,991,757 | | 12,712,324 | | | 279,433 | | | | | | | | |

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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

[illegible]

STATEMENT AS OF SEPTEMBER 30, 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 | | \$ | 6 |
|--|---|------------------------------------|--|------------------------------------|--|---|----|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec. 31 of Prior Year | 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 | 519,088 | 1,784,286 | 20,700 | 641,176 | 539,798 | 639,727 | | |
| 2. Comprehensive (hospital and medical) group | | | | | | | | |
| 3. Medicare Supplement | | | | | | | | |
| 4. Vision only | | 7,840 | 35 | 1,000 | 35 | 1,000 | | |
| 5. Dental only | 3,521 | 58,957 | 70 | 7,280 | 3,591 | 8,968 | | |
| 6. Federal Employees Health Benefits Plan | | | | | | | | |
| 7. Title XVIII - Medicare | | | | | | | | |
| 8. Title XIX - Medicaid | | | | | | | | |
| 9. Credit A&H | | | | | | | | |
| 10. Disability Income | | | | | | | | |
| 11. Long-term care | | | | | | | | |
| 12. Other health | | | | | | | | |
| 13. Health subtotal (Lines 1 to 12) | 522,619 | 1,851,133 | 20,805 | 649,456 | 543,424 | 649,695 | | |
| 14. Health care receivables (a) | | | | | | | | |
| 15. Other non-health | | 37,807 | | | | | | |
| 16. Medical incentive pools and bonus amounts | | | | | | | | |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 522,619 | 1,888,940 | 20,805 | 649,456 | 543,424 | 649,695 | | |

(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, 2023 and May 1, 2024 (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, 2023 and May 1, 2024, 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 # | 2024 | 2023 |
|---|--------|-------------|---------------|-----------|-----------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | {338,021} | 422,74 |
| (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 | {338,021} | 422,747 |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | 3,289,144 | 3,627,165 |
| (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 | 3,289,144 | 3,627,165 |

Statement as of September 30, 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 September 30, 2024, non-admitted assets totaled \$0.

Going Concern

For the period ended September 30, 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

The Plan holds certificates of deposit at cost. Investments in certificates of deposit (CD) are generally stated at cost. Interest revenue is recognized when earned. When management believes it is no longer probable that the Plan will collect all amounts due according to the contractual terms of the CD, the CD is written down from its cost basis to its fair value and a loss is recognized in the statement of revenue and expenses and surplus – statutory basis. Subsequent recoveries in fair value are not recognized until the CD is sold or matures. Realized investment gains and losses, determined by specific identification, are reflected as an element of net income. As of the period ended September 30, 2024, the Plan had certificate of deposits totaling \$1,076,000.

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 September 30, 2024, interest income totaled \$125,891 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 September 30, 2024 and 2023, 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 September 30, 2024, the Plan's income tax years from 2019 and thereafter remain subject to examination by the Internal Revenue Service.

For the year period September 30, 2024, the Plan reported current income tax expense related to investment income of \$48,840.

Statement as of September 30, 2024 of the GCADA Group Health Plan

Note 10: Information Concerning Parent, Subsidiaries & Affiliated

For the year ended September 30, 2024, management fees of \$67,500 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 September 30, 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, 2024 through April 30, 2025 and paid from May 1, 2024 through April 30, 2026 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 September 30, 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 September 30, 2024 and December 31, 2023, respectively.

| | <u>Q3'24</u> | <u>2023</u> |
|--|--------------------|-------------------|
| 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 | 2,128,540 | 1,438,677 |
| Prior years | <u>398,585</u> | <u>978,467</u> |
| Net incurred claims and CAE during the current year | 2,527,125 | 2,417,144 |
| Deduct payments for claims and CAE, net of reinsurance, occurring in: | | |
| Current year | 2,030,029 | 2,045,398 |
| Prior years | <u>381,530</u> | <u>985,216</u> |
| Net claims and CAE payments during the current year | 2,411,559 | 3,030,614 |
| Reserve for unpaid claims and CAE at end of period, net of reinsurance recoverables | <u>\$1,034,261</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 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 \$1,850,250.

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 5/1/23 and 5/1/24 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 A.L.L. 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]

Statement as of September 30, 2024 of the GCADA Group Health Plan

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 5/1/23 through 4/30/24 (and paid from 5/1/23 through 4/30/25) and from 5/1/24 through 4/30/25 (and paid from 5/1/24 through 4/30/26). 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 5/1/24 through 4/30/25. 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 September 30, 2024 were approximately \$670,261, net of reinsurance ceded. As of September 30, 2024, approximately \$522,619 has been paid for incurred claims related to insured events of prior years. The claims reserve remaining for prior years totals approximately \$20,805 as a result of re-estimation of unpaid claims.

The liability for unpaid claims adjustment expense was approximately \$364,000. 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

Statement as of September 30, 2024 of the GCADA Group Health Plan

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 September 30, 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 SEPTEMBER 30, 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 SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

GENERAL INTERROGATORIES

- 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? Yes ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes ☐ No ☒
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ☐ No ☒
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ☐ No ☒
- 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 ☒
- 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 ☒
- 14.2 If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 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 ☒
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☒
- 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 \$0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
- 16.3 Total payable for securities lending reported on the liability page. \$0

STATEMENT AS OF SEPTEMBER 30, 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 [X] 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 [X]

- 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 [X]

- 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 [X]

- 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 [X] 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:

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

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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]

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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent70.0 %
- 1.2 A&H cost containment percent 2.0 %
- 1.3 A&H expense percent excluding cost containment expenses11.0 %
- 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]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE S - CEDED REINSURANCE

| Showing All New Reinsurance Treaties - Current Year to Date | | | | | | | | | |
|---|------------|----------------|------------------------|--------------------------|---|------------------------|-------------------|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |
| 28076 | 34-0648820 | 05/01/2024 | Medical Mutual of Ohio | OH | Comprehensive Major Medical Loss/Excess | Authorized | | | |
| 28076 | 34-0648820 | 05/01/2024 | Medical Mutual of Ohio | OH | Comprehensive Major Medical Loss/Excess | Authorized | | | |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| Showing All New Reinsurance Features - Content Read to Date | | | | | | | | | |
|---|----------------|---------------------|------------------------|-------------------------------|--------------------------------|-----------------------------|------------------------|---|--|
| 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 |
| 28076 | 34-6648920 | 05/01/2024 | Medical Mutual of Ohio | OH | Loss/Excess Loss | Authorized | | | |

STATEMENT AS OF SEPTEMBER 30, 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 | Direct Business Only | | | | | | | | |
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | 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 | L OH | 15,483,731 | | | | | 44,542 | | 15,528,273 | |
| 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 | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 15,483,731 | 0 | 0 | 0 | 0 | 44,542 | 0 | 15,528,273 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | |
| 61. Totals (Direct Business) | XXX | 15,483,731 | 0 | 0 | 0 | 0 | 44,542 | 0 | 15,528,273 | 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 | 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 | | |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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 SEPTEMBER 30, 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 |
| AUGUST FILING | |
| 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 SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5+6+7+8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase/(decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest paid and financing fees | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6+7+8+9+10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase/(decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9+10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,000,000 | 1,000,000 |
| 2. Cost of bonds and stocks acquired | 1,076,000 | 1,000,000 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | 1,000,000 | |
| 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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9+10) | 1,076,000 | 1,000,000 |
| 12. Deduct total nonadmitted amounts | | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 1,076,000 | 1,000,000 |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

| During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation | | | | | | | | |
|--|---|--|--|--|---|--|---|---|
| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 250,000 | 826,000 | | | 1,000,000 | 250,000 | 1,076,000 | 1,000,000 |
| 2. NAIC 2 (a) | 0 | | | | | | 0 | 0 |
| 3. NAIC 3 (a) | 0 | | | | | | 0 | 0 |
| 4. NAIC 4 (a) | 0 | | | | | | 0 | 0 |
| 5. NAIC 5 (a) | 0 | | | | | | 0 | 0 |
| 6. NAIC 6 (a) | 0 | | | | | | 0 | 0 |
| 7. Total Bonds | 250,000 | 826,000 | 0 | 0 | 1,000,000 | 250,000 | 1,076,000 | 1,000,000 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | | | | | | 0 | |
| 9. NAIC 2 | 0 | | | | | | 0 | |
| 10. NAIC 3 | 0 | | | | | | 0 | |
| 11. NAIC 4 | 0 | | | | | | 0 | |
| 12. NAIC 5 | 0 | | | | | | 0 | |
| 13. NAIC 6 | 0 | | | | | | 0 | |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 250,000 | 826,000 | 0 | 0 | 1,000,000 | 250,000 | 1,076,000 | 1,000,000 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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 SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 28,682 | 0 |
| 2. Cost of cash equivalents acquired | 793,014 | 28,682 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 820,560 | 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) | 1,136 | 28,682 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,136 | 28,682 |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association
Group Health Plan

Medicare Part D Coverage Supplement
NONE

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association
Group Health Plan

Validated Prior Year Data

NONE

Transmittal Form

NONE

Bar code Generation Form

NONE

NONE



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | | | | | 2. Broadview Heights, OH | | | | | | | | | |
|----------------------------|--|------|--|------------------------------------|--|-------------------|--|------------|--|--------------------------|--|--|--|--|--|--|--|--|--|
| NAIC Group Code | | 0001 | | BUSINESS IN THE STATE OF Ohio | | | | (LOCATION) | | | | | | | | | | | |
| | | | | Comprehensive (Hospital & Medical) | | NAIC Company Code | | | | | | | | | | | | | |
| | | | | 2 | | 2024 | | | | | | | | | | | | | |
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(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 SEPTEMBER 30, 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) | | | |
|---|------|---------------------------------------|-------|---------------------|-------------|-----------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|----|------------|--|--|--|
| | | Comprehensive (Hospital & Medical) | | | Grand Total | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | |
| | | 1 | 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 | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | |
| 1. Prior Year | | 2,250 | 0 | 2,250 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 2. First Quarter | | 2,441 | 0 | 2,441 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 3. Second Quarter | | 3,088 | 0 | 3,088 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 4. Third Quarter | | 3,005 | 0 | 3,005 | 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 | | | | | |
| 6. Current Year Member Months | | 25,097 | 0 | 25,097 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | |
| 7. Physician | | 1,850 | 0 | 1,850 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 8. Non-Physician | | 2,400 | 0 | 2,400 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 9. Total | | 4,250 | 0 | 4,250 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 10. Hospital Patient Days Incurred | | 65 | 0 | 65 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 11. Number of Inpatient Admissions | | 25 | 0 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 12. Health Premiums Written (b) | | 15,483,731 | 0 | 15,098,597 | 0 | 0 | 385,134 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 13. Life Premiums Direct | | 44,542 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44,542 | | | | | |
| 14. Property/Casualty Premiums Written | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 15. Health Premiums Earned | | 15,483,731 | 0 | 15,098,597 | 0 | 0 | 385,134 | 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 | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | 12,991,757 | 0 | 12,712,324 | 0 | 0 | 279,433 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |

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

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

and number of persons insured under indemnity only products

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Cleveland Automobile Dealers Association Group Health Plan

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| 1 | 2 Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|--|-------|---|---|---|---|---|---|----|----|----|----|----|
| | Individual | Group | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |
| 1. Net premium income | | | | | | | | | | | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | | | | | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | | | | | | | | | | | | | |
| 4. Risk revenue | | | | | | | | | | | | | |
| 5. Aggregate write-ins for other health care related revenues | | | | | | | | | | | | | |
| 6. Aggregate write-ins for other non-health care related revenues | | | | | | | | | | | | | |
| 7. Total revenues (Lines 1 to 6) | | | | | | | | | | | | | |
| 8. Hospital/medical benefits | | | | | | | | | | | | | |
| 9. Other professional services | | | | | | | | | | | | | |
| 10. Outside referrals | | | | | | | | | | | | | |
| 11. Emergency room and out-of-area | | | | | | | | | | | | | |
| 12. Prescription drugs | | | | | | | | | | | | | |
| 13. Aggregate write-ins for other hospital and medical | | | | | | | | | | | | | |
| 14. Incentive pool, withhold adjustments and bonus | | | | | | | | | | | | | |
| 15. Subtotal (Lines 8 to 14) | | | | | | | | | | | | | |
| 16. Net insurance recoveries | | | | | | | | | | | | | |
| 17. Total medical and hospital (Lines 15 minus 16) | | | | | | | | | | | | | |
| 18. Non-health claims (net) | | | | | | | | | | | | | |
| 19. Claims adjustment expenses including \$ cost containment expenses | | | | | | | | | | | | | |
| 20. General administrative expenses | | | | | | | | | | | | | |
| 21. Increase in reserves for accident and health contracts | | | | | | | | | | | | | |
| 22. Increase in reserves for life contracts | | | | | | | | | | | | | |
| 23. Total underwriting deductions (Lines 17 to 22) | | | | | | | | | | | | | |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | |
| 0502. | | | | | | | | | | | | | |
| 0503. | | | | | | | | | | | | | |
| 0598. | | | | | | | | | | | | | |
| 0599. | | | | | | | | | | | | | |
| 0601. | | | | | | | | | | | | | |
| 0602. | | | | | | | | | | | | | |
| 0603. | | | | | | | | | | | | | |
| 0698. | | | | | | | | | | | | | |
| 0699. | | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| 1396. | | | | | | | | | | | | | |
| 1399. | | | | | | | | | | | | | |

NONE