



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Cleveland Automobile Dealers Association Group Health Plan

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	00000	Employer's ID Number	34-1320838
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Other					
Is HMO Federally Qualified? Yes [] No []						
Incorporated/Organized	01/11/1979		Commenced Business		01/01/1979	
Statutory Home Office	9150 South Hills Blvd, Suite #150 (Street and Number)		Broadview Heights, OH, US 44147 (City or Town, State, Country and Zip Code)			
Main Administrative Office	9150 South Hills Blvd, Suite #150 (Street and Number)		Broadview Heights, OH, US 44147 (City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	9150 South Hills Blvd, Suite #150 (Street and Number or P.O. Box)		Broadview Heights, OH, US 44147 (City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Primary Location of Books and Records	9150 South Hills Blvd, Suite #150 (Street and Number)		Broadview Heights, OH, US 44147 (City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Website Address	www.gcada.org					
Statutory Statement Contact	John Robinson (Name)		440-746-1500 (Area Code) (Telephone Number)			
	jrobinson@gcada.org (E-mail Address)				(FAX Number)	
OFFICERS						
Chairman	Kirt Frye		Trustee	Doug Callahan		
Trustee	Andrea Park Zadd					
OTHER						
DIRECTORS OR TRUSTEES						
Kirt Frye		Andrea Park Zadd		Doug Callahan		

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

41BD0303CDBSF460...

Doug Callahan
Trustee

Signed by:

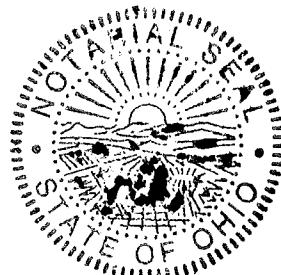
Kirt Frye

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Kirt Frye
Trustee

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

Subscribed and sworn to before me this
14th day of NOVEMBER, 2025



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, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

ASSETS

	Current Statement Data			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	1,076,000
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 2,507,734), cash equivalents (\$ 64,480) and short-term investments (\$)	3,022,756		3,022,756	3,939,765
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	4,098,756		4,098,756	5,015,765
12. Subtotals, cash and invested assets (Lines 1 to 11)				
13. Title plants less \$ charged off (for Title insurers only)	11,899		11,899	25,066
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	65,262		65,262	97,272
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	6,074,951		6,074,951	9,860,903
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable	517,300		517,300	
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	10,768,168		10,768,168	14,999,006
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	10,768,168		10,768,168	14,999,006
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	517,300		517,300	
2501. IMO Receivable	517,300		517,300	
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	517,300		517,300	

STATEMENT AS OF SEPTEMBER 30, 2025 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 \$ 1,807,600 reinsurance ceded)	736,233		736,233	1,153,078
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	327,000		327,000	372,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	681,685		681,685	492,626
9. General expenses due or accrued	16,907		16,907	96,671
10.1 Current federal and foreign income tax payable and interest thereon (Including \$ on realized gains (losses))	18,200		18,200	10,986
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	6,139,059		6,139,059	9,789,164
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and Interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	7,917,084		7,917,084	11,914,525
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	227,507	227,507
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	2,623,577	2,858,974
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 28 \$)	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	2,851,084	3,084,481
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,768,168	14,999,006
DETAILS OF WRITE-INS				
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2699. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3088. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3088)(Line 30 above)	XXX	XXX		

STATEMENT AS OF SEPTEMBER 30, 2025 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.....	...23,795	...25,097	...34,126
2. Net premium income (including \$ non-health premium income).....	...XXX.....	...3,487,066	...3,578,912	...4,754,880
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.....			
7. Aggregate write-ins for other non-health revenues .....	...XXX.....	...3,487,066	...3,578,912	...4,754,880
8. Total revenues (Lines 2 to 7) .....	...XXX.....			
Hospital and Medical:				
9. Hospital/medical benefits		13,057,588	11,525,974	16,979,709
10. Other professional services		188,555	279,433	376,059
11. Outside referrals				
12. Emergency room and out-of-area		1,554,024	1,186,350	1,845,938
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		14,800,287	12,991,757	19,201,706
Less:				
17. Net reinsurance recoveries		12,641,380	10,597,439	15,781,631
18. Total hospital and medical (Lines 16 minus 17)		2,150,887	2,394,318	3,420,075
19. Non-health claims (net)		35,112	37,807	50,072
20. Claims adjustment expenses, including \$ cost containment expenses		1,170,341	1,238,846	1,698,645
21. General administrative expenses		428,430	323,013	446,084
22. Increase in reserves for life and accident and health contracts (including \$ Increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		3,792,770	3,993,984	5,614,776
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	...XXX.....	(305,704)	(415,072)	(859,896)
25. Net investment income earned		72,307	125,891	149,530
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)		72,307	125,891	149,530
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				
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.....	(233,397)	(289,181)	(710,366)
31. Federal and foreign income taxes incurred .....	...XXX.....		48,840	59,825
32. Net income (loss) (Lines 30 minus 31) .....	...XXX.....	(233,397)	(338,021)	(770,191)
DETAILS OF WRITE-INS				
0601. AT&T pass through .....	...XXX.....			
0602. .....	...XXX.....			
0603. .....	...XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	...XXX.....			
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	...XXX.....			
0701. .....	...XXX.....			
0702. .....	...XXX.....			
0703. .....	...XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	...XXX.....			
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	...XXX.....			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)				

STATEMENT AS OF SEPTEMBER 30, 2025 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.....	3,084,481	3,627,165	3,627,165
34. Net income or (loss) from Line 32	(233,397)	(338,021)	(770,191)
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			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in			227,507
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			
48. Net change in capital & surplus (Lines 34 to 47)	(233,397)	(338,021)	(542,684)
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,851,084	3,289,144	3,084,481
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

**STATEMENT AS OF SEPTEMBER 30, 2025 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	58,030	12,940,672	6,522,445
2. Net investment income	85,474	135,758	146,228
3. Miscellaneous income			
4. Total (Lines 1 to 3)	143,504	13,076,428	6,668,673
5. Benefit and loss related payments	(1,175,108)	12,195,915	6,096,701
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,723,535	1,446,970	1,961,617
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(5,214)	96,394	96,393
10. Total (Lines 6 through 9)	543,213	13,739,279	8,154,711
11. Net cash from operations (Line 4 minus Line 10)	(399,709)	(662,851)	(1,486,038)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		1,000,000	1,000,000
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)		1,000,000	1,000,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds		1,076,000	1,076,000
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)		1,076,000	1,076,000
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		(76,000)	(76,000)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			227,507
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(517,300)		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(517,300)		227,507
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)	(917,009)	(738,851)	(1,334,531)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	3,939,765	5,274,296	5,274,296
19.2 End of period (Line 18 plus Line 19.1)	3,022,756	4,535,445	3,939,765

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

STATEMENT AS OF SEPTEMBER 30, 2025 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 XVIII Medicare	Title XX Medicare	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	3,003				3,003									
2. First Quarter	2,899				2,899									
3. Second Quarter	2,378				2,378									
4. Third Quarter	2,442				2,442									
5. Current Year														
6. Current Year Member Months	23,795				23,795									
Total Member Ambulatory Encounters for Period:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred	223				223									
11. Number of Inpatient Admissions	61				61									
12. Health Premiums Written (a)	15,195,885				14,906,524				289,361					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	15,195,885				14,906,524				289,361					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services	14,800,257				14,611,712				188,555					

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

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

STATEMENT AS OF SEPTEMBER 30, 2025 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					6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims incurred Prior to January of Current Year	2 On Claims incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group	665,660		1,827,822			689,180
3. Medicare Supplement			6,107		40	1,021
4. Vision only			2,623	38,409	90	5,875
5. Dental only					5,297	2,713
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			669,238	1,872,338	23,650	712,583
13. Health subtotal (Lines 1 to 12)						691,933
14. Health care receivables (a)					35,110	
15. Other non-health						
16. Medical incentive pools and bonus amounts			668,483	1,907,448	23,650	712,583
17. Totals (Lines 13 - 14 + 15 + 16)						691,933

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

Statement as of September 30, 2025 of the GCADA Group Health Plan

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, 2024 and May 1, 2025 (Medical Mutual 75%/the Plan 25%)
- e) 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, 2024 and May 1, 2025, 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.
- f) Visual premium and claims are included with Dental, respectively.

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 #	2025	2024
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	(233,397)	(770,191)
(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	(233,397)	(770,191)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	2,851,084	3,084,48
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
.....					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
.....					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	2,851,084	3,084,48

Statement as of September 30, 2025 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, 2025, non-admitted assets totaled \$0.

Going Concern

For the period ended September 30, 2025, 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 September 30, 2025, the Plan holds certificates of the deposits totaling \$1,076,000, all of which mature in 2026.

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, 2025, interest income totaled \$72,307 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, 2025 and 2024, 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, 2025, the Plan's income tax years from 2021 and thereafter remain subject to examination by the Internal Revenue Service.

For the year ended September 30, 2025, the Plan reported current income tax expense related to investment income of \$25,215.

Statement as of September 30, 2025 of the GCADA Group Health Plan

Note 10: Information Concerning Parent, Subsidiaries & Affiliated

For the year ended September 30, 2025, management fees of \$74,250 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, 2025 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, 2025 through April 30, 2026 and paid from May 1, 2025 through April 30, 2027 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, 2025 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, 2025 and December 31, 2024, respectively.

	<u>Q2'2025</u>	<u>2024</u>
Reserve for unpaid claims and CAE at beginning of period, net of reinsurance recoverables	\$ 1,525,078	\$ 918,695
Add provision for claims and CAE, net of reinsurance, occurring in:		
Current year	1,314,303	2,955,646
Prior years	<u>799,583</u>	<u>567,430</u>
Net incurred claims and CAE during the current year	2,113,886	3,523,075
Deduct payments for claims and CAE, net of reinsurance, occurring in:		
Current year	1,907,448	2,257,863
Prior years	<u>668,283</u>	<u>658,830</u>
Net claims and CAE payments during the current year	2,575,731	2,916,692
Reserve for unpaid claims and CAE at end of period, net of reinsurance recoverables	<u>\$ 1,063,233</u>	<u>\$ 1,525,078</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 \$1,807,500.

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 5/1/24 and 5/1/25 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]

Statement as of September 30, 2025 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? NA

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 5/1/24 through 4/30/25 (and paid from 5/1/24 through 4/30/26) and from 5/1/25 through 4/30/26 (and paid from 5/1/25 through 4/30/27). 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, 2025 were approximately \$736,233, net of reinsurance ceded. As of September 30, 2025, approximately \$668,283 has been paid for incurred claims related to insured events of prior years. The claims reserve remaining for prior years totals approximately \$23,650 as a result of re-estimation of unpaid claims.

The liability for unpaid claims adjustment expense was approximately \$327,000. 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, 2025 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, 2025, 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, 2025 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 insure? 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

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. 12/31/2021

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. 12/31/2021

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). 02/07/2023

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 No N/A

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes 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, 2025 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>9.11 If the response to 9.1 is No, please explain:</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></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 11.2 If "No," attach 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. \$
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$
 16.3 Total payable for securities lending reported on the liability page. \$

STATEMENT AS OF SEPTEMBER 30, 2025 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, Custodians 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. This includes both primary and sub-advisors. 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
.....

16.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

16.2 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 issuer 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 issuer 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 SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP

HEALTH PLAN

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent 63.000 %
1.2 A&H cost containment percent 1.000 %
1.3 A&H expense percent excluding cost containment expenses 12.000 %

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

SCHEDULE S - CEDED REINSURANCE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

Direct Business Only

States, etc.	Active Status (a)	Current Year to Date - Allocated by States and Territories								
		2	3	4	5	6	7	8	9	10
		Medicare Title XVII	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									
2. Alaska	AK									
3. Arizona	AZ									
4. Arkansas	AR									
5. California	CA									
6. Colorado	CO									
7. Connecticut	CT									
8. Delaware	DE									
9. District of Columbia	DC									
10. Florida	FL									
11. Georgia	GA									
12. Hawaii	HI									
13. Idaho	ID									
14. Illinois	IL									
15. Indiana	IN									
16. Iowa	IA									
17. Kansas	KS									
18. Kentucky	KY									
19. Louisiana	LA									
20. Maine	ME									
21. Maryland	MD									
22. Massachusetts	MA									
23. Michigan	MI									
24. Minnesota	MN									
25. Mississippi	MS									
26. Missouri	MO									
27. Montana	MT									
28. Nebraska	NE									
29. Nevada	NV									
30. New Hampshire	NH									
31. New Jersey	NJ									
32. New Mexico	NM									
33. New York	NY									
34. North Carolina	NC									
35. North Dakota	ND									
36. Ohio	OH	15,195,908					41,614	15,237,522		
37. Oklahoma	OK									
38. Oregon	OR									
39. Pennsylvania	PA									
40. Rhode Island	RI									
41. South Carolina	SC									
42. South Dakota	SD									
43. Tennessee	TN									
44. Texas	TX									
45. Utah	UT									
46. Vermont	VT									
47. Virginia	VA									
48. Washington	WA									
49. West Virginia	WV									
50. Wisconsin	WI									
51. Wyoming	WY									
52. American Samoa	AS									
53. Guam	GU									
54. Puerto Rico	PR									
55. U.S. Virgin Islands	VI									
56. Northern Mariana Islands	MP									
57. Canada	CAN									
58. Aggregate Other Aliens	OT	XXX						41,614	15,237,522	
59. Subtotal		XXX	15,195,908							
60. Reporting Entity Contributions for Employee Benefit Plans		XXX						41,614	15,237,522	
61. Totals (Direct Business)		XXX	15,195,908							
DETAILS OF WRITE-INS										
58001		XXX								
58002		XXX								
58003		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX								

(a) Active Status Counts:

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

Schedule Y - Part 1

N O N E

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

N O N E

Schedule Y - Part 1A - Explanations

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 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 specific 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?	NO
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:	
1. Medicare Part D Coverage Supplement (Document Identifier 365)	



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP

HEALTH PLAN

OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 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 unamortized 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, depreciation and proportional amortization		
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		1,076,000
2. Cost of bonds and stocks acquired		1,076,000
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		1,000,000
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	1,076,000	1,076,000
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		1,076,000
12. Deduct total nonadmitted amounts	1,076,000	1,076,000
13. Statement value at end of current period (Line 11 minus Line 12)		

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP HEALTH PLAN

SCHEDULE D - PART 1B**Showing the Acquisitions, Dispositions and Non-Trading Activity by NAIC Designation**

NAIC Designation	During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation			Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter					
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	1,076,000 .....	.....	.....	.....	1,076,000 .....	.....	.....	1,076,000
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total ICO	1,076,000 .....	.....	.....	.....	1,076,000 .....	.....	.....	1,076,000
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total ABS
PREFERRED STOCK								
15. NAIC 1
16. NAIC 2
17. NAIC 3
18. NAIC 4
19. NAIC 5
20. NAIC 6
21. Total Preferred Stock	1,076,000 .....	.....	.....	.....	1,076,000 .....	.....	.....	1,076,000
22. Total ICO, ABS & Preferred Stock	1,076,000 .....	.....	.....	.....	1,076,000 .....	.....	.....	1,076,000

(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, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 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	1,149	28,682
2. Cost of cash equivalents acquired	53,331	
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		27,533
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	54,480	1,149
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	54,480	1,149

STATEMENT AS OF SEPTEMBER 30, 2025 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

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset 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	.56		102,896	(460,165)	536,353	.XXX.
Savings - PNC #4156 Ohio		0.030			1,446	1,434	1,422	.XXX.
Savings - Dollar #1457 Ohio		0.750	1,236		656,455	656,871	657,275	.XXX.
Savings - FFL #4539 Ohio		4.500	11,362		1,168,780	1,172,419	1,176,469	.XXX.
Savings - Citizens Ohio		2.280	.370		596,512	596,637	596,757	.XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199998. Totals - Open Depositories	XXX	XXX	13,024		2,526,069	1,967,196	2,968,276	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						XXX
0399999. Total Cash on Deposit	XXX	XXX	13,024		2,526,069	1,967,196	2,968,276	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	13,024		2,526,069	1,967,196	2,968,276	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP HEALTH PLAN

SCHEDULE E - PART 2 - CASH EQUIVALENTS

100 Total Cash Equivalent



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS
ASSOCIATION GROUP HEALTH PLAN

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0001	Individual Coverage		Group Coverage		NAIC Company Code 00000
	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	
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 SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN**

Prior Year Validation Data

1. XZQSN000001 GENINTPT1INV, 14.21, 3 = PY 2024 ANNUAL HIST5YR, 26, 1	.....
2. XZQSN000002 GENINTPT1INV, 14.22, 3 = PY 2024 ANNUAL HIST5YR, 27, 1	.....
3. XZQSN000003 GENINTPT1INV, 14.24, 3 = PY 2024 ANNUAL HIST5YR, 29, 1	.....
4. XZQSN000005 GENINTPT1INV, 14.25, 3 = PY 2024 ANNUAL HIST5YR, 30, 1	.....
5. XZQSN000006 GENINTPT1INV, 14.26, 3 = PY 2024 ANNUAL HIST5YR, 31, 1	.....
6. XZQSN000007 GENINTPT1INV, 14.27, 3 = PY 2024 ANNUAL HIST5YR, 32, 1	.....
7. XZQSN000010 GENINTPT1INV, 14.23, 3 = PY 2024 ANNUAL HIST5YR, 28, 1	.....
8. XETMU090024 SCAVER, 01, 1 = PY 2024 ANNUAL SCAVER, 09, 2,.....	.....
9. XETMU090025 SCBAVER, 01, 1 = PY 2024 ANNUAL SCBAVER, 11, 2,.....	.....
10. XETMU090025 SCBVER, 01, 1 = PY 2024 ANNUAL SCBVER, 11, 2,.....	.....
11. XETMU090011 SCDVER, 01, 1 = PY 2024 ANNUAL SCDVER, 11, 2,.....	1,076,000
12. XETMU090082 SCDPT1B, 07, C8 + SCDPT1B, 14, C8 = PY2024 ANNUAL SCDPT1ASN1 Sum(Column 7 Lines 12.1 to 12.6),.....	.....
13. XETMU090063 SCDDAVER, 02, 2 = PY 2024 ANNUAL SCDDAVER, 02, 1,.....	.....
14. XETMU090065 SCDDAVER, 05, 2 = PY 2024 ANNUAL SCDDAVER, 05, 1,.....	.....
15. XETMU090066 SCDDAVER, 08, 2 = PY 2024 ANNUAL SCDDAVER, 08, 1,.....	.....
16. XETMU090005 SCDDAVER 01, 1 = PY 2024 Annual SCDAPT1, 77099999999, 7,.....	.....
17. XETMU090012 SCDBPTAVER, 01, 1 = PY 2024 ANNUAL SCDBPTAVER, 10, 2,.....	.....
18. XETMU090013 SCDBPTBVER, 01, 4 = PY 2024 ANNUAL SCDBPTBVER, 06, 4,.....	1,149
19. XETMU090067 SCEVER, 01, 1 = PY 2024 ANNUAL SCEVER, 10, 1,.....	.....
20. XETMU990010 REVEX1, 06, C3 = PY YTD 2024 QUARTERLY REVEX1, 06, 2,.....	.....
21. XETMU990015 REVEX1, 07, C3 = PY YTD 2024 QUARTERLY REVEX1, 07, 2,.....	.....
22. XETMU990020 REVEX1, 14, C3 = PY YTD 2024 QUARTERLY REVEX1, 14, 2,.....	.....
23. XETMU990028 REVEX1, 29, C3 = PY YTD 2024 QUARTERLY REVEX1, 29, 2,.....	1,076,000
24. XETMU000030 REVEX2, 47, C2 = PY YTD 2024 QUARTERLY REVEX2, 47, 1,.....	.....
25. XETMU990030 SCAVER, 02, 1 = SCAPT2, 0399999, 6 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
26. XETMU990035 SCAVER, 02, 2, 1 = SCAPT2, 0399999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
27. XETMU990040 SCAVER, 04, 1 = SCAPT3, 0399999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
28. XETMU990045 SCBVER, 02, 1 = SCBPT2, 3399999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
29. XETMU990050 SCBVER, 02, 2, 1 = SCBPT2, 3399999, 8 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
30. XETMU990055 SCBVER, 06, 1 = SCBPT3, 0599999, 16 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
31. XETMU990060 SCBVER, 07, 1 = SCBPT3, 0599999, 15 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
32. XETMU990065 SCBAVER, 02, 1 = SCBAPT2, 7099999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
33. XETMU990070 SCBAVER, 02, 2, 1 = SCBAPT2, 7099999, 10 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
34. XETMU990075 SCBAVER, 06, 1 = SCBAPT3, 7099999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
35. XETMU990080 SCBAVER, 07, 1 = SCBAPT3, 7099999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
36. XETMU990085 SCDVER, 02, 1 = SCDPT3, 6009999999, 8 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
37. XETMU990094 SCDVER, 05, 1 = SCDPT4, 6009999999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....
38. XETMU990095 SCDVER, 06, 1 = SCDPT4, 6009999999, 6 Current Quarter + Prior Quarter + 2nd Prior Quarter,.....	.....

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

Transmittal Form

N O N E

Bar code Generation Form

N O N E



STATEMENT AS OF SEPTEMBER 30, 2025 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 Ohio						DURING THE YEAR						(LOCATION) NAIC Company Code	13 00000	14
		1	2	3	4	5	6	7	8	9	10	2025				
		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XIX Medicare	Title XX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior Year		3,003			3,003											
2. First Quarter		2,899			2,899											
3. Second Quarter		2,378			2,378											
4. Third Quarter		2,442			2,442											
5. Current Year																
6. Current Year Member Months		23,735			23,735											
Total Member Ambulatory Encounters for Year:																
7. Physician																
8. Non-Physician																
9. Total																
10. Hospital Patient Days Incurred		223			223											
11. Number of Inpatient Admissions		61			61											
12. Health Premiums Written (b)		15,195,885			14,906,524											
13. Life Premiums Direct																
14. Property/Casualty Premiums Written																
15. Health Premiums Earned		15,195,885			14,906,524											
16. Property/Casualty Premiums Earned																
17. Amount Paid for Provision of Health Care Services																
18. Amount Insured for Provision of Health Care Services		14,800,267			14,611,712											
														188,555		

(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 of \$

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CLEVELAND AUTOMOBILE DEALERS ASSOCIATION GROUP
HEALTH PLAN

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

N O N E

Florida - Exhibit 3 - Health Care Receivables

N O N E

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

N O N E

Florida - Exhibit 7 - Part 2

N O N E

Florida - Schedule E - Part 3 - Special Deposits

N O N E

Florida - Schedule G

N O N E

Florida - Schedule D

N O N E