



**IMAGING COVER SHEET**

NAIC #: MEWA8

NAIC Group Code: 000

Company Name: OHIO GRAPHIC ARTS HEALTH FUND

Company Type:  P&C  Life  HIC  Frat  Title  MEWA  HW  MPA  
 DOMESTIC  FOREIGN

Form Type: STATEMENTS

Sub-form Type: QUARTERLY

Transaction # (if applicable): \_\_\_\_\_

Effective Date: \_\_\_\_\_

Additional Info: FIRST QUARTER, PERIOD ENDING MARCH 31, 2002  
\_\_\_\_\_  
\_\_\_\_\_

Date Scanned: \_\_\_\_\_

Scanned By (initials): \_\_\_\_\_

MEWA 8

P.B

FEIN Number 31-6034857

## ANNUAL STATEMENT

For the Year Ended December 31, 2001

OF THE CONDITION AND AFFAIRS OF THE

OHIO GRAPHIC ARTS HEALTH FUND

established under the Laws of the State of

OHIO

made to the

INSURANCE DEPARTMENT OF THE STATE OF

OHIOEstablished AUGUST 1, 1953

PURSUANT TO THE LAWS THEREOF

Commenced Business

AUGUST 1, 1953Statutory Home Office 11 TRIANGLE PARK DRVS

(Street and Number)

CINCINNATI, OHIO 45246

(City or Town, State and Zip Code)

Main Administrative Office SAME

(Street and Number)

(City or Town, State and Zip Code)

(Area Code)

(Telephone Number)

Mail Address SAME

(Street and Number or P.O. Box)

(City, or Town, State and Zip Code)

Primary Location of Books and Records SAME

(Street and Number)

(City or Town, State and Zip Code)

(Area Code)

(Telephone Number)

Annual Statement Contact Person and Phone Number (include extension)

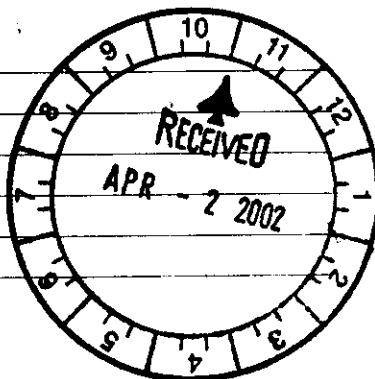
## OFFICERS

Chairperson LAWRENCE HALENKAMP

Vice-Presidents

N/AActing Secretary Anita HeringtonTreasurer N/A

## TRUSTEES

MS. DOROTHY BROWNMS. SUE STELLERMR. ROBERT WICKENSMR. RON DISTIMERMR. LAWRENCE HALENKAMPMR. ROBERT KEELERMR. KEN KELLAR

State of .....

County of .....

Chairperson, ..... Secretary, ..... Treasurer, .....

of the ..... being duly sworn, each deposes and says that they are the above described officers of the trust carrying on the business of a MEWA, and that on the thirty-first day of December last, all of the herein described assets were the absolute property of the trust, free and clear from any liens or claims thereon, except as herein stated, and that this annual 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 trust as of the thirty-first day of December last, and of its income and deductions therefrom for the year ended on that date, and have been completed in accordance with the annual statement instructions and accounting practices and procedures prescribed by the Ohio Department of Insurance, according to the best of their information, knowledge and belief, respectively.

Chairperson

Secretary

Treasurer

(a) Is this an original filing?

Yes  No 

(b) If no.

(i) state the amendment number

.....

(ii) date filed

.....

(iii) number of pages attached

.....

Subscribed and Sworn to Before Me this ..... Day

of April 1, 2002Betty Jall  
NOTARY PUBLIC (Seal)BETTY JALL  
Notary Public, State of Ohio  
My Commission Expires 12/23/06

CERTIFICATE OF COMPLIANCE  
STATISTICAL FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR  
ANNUAL STATEMENT ON OR BEFORE MARCH 31

Please fill out the form below from your Annual Statement for the year ended December 31, 2001, following the instructions as indicated.

The figures will be used on your Certificate of Compliance for publication. The figures, as submitted, will represent your Company's financial condition in all publications for 2002.

Any questions regarding the form should be directed to the Office of Financial Regulation Services of this Department. The phone number is (614) 644-2647.

SUPERINTENDENT OF INSURANCE  
STATE OF OHIO

CHECK ONE:  OHIO  FOREIGN

MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

Name of Company OHIO GRAPHIC ARTS HEALTH FUND

Located at (City and State) CINCINNATI, OHIO

FEIN # 31-6034857

(OMIT CENTS)

Assets (Pg 2, line 16) 2,122,044

Liabilities (Pg 3, line 12) 1,483,420

Surplus (Pg 3, line 15) 638,624

Income (Pg 4, lines 1 + 10 + 11) 10,668,103

Expenditures (Pg 4, lines 6 + 13) 9,856,198

Please sign, and type or print name below signature.

Prepared by LARRY BOSCHART Date 3-22-02

## OHIO GRAPHIC ARTS HEALTH FUND

	1 December 31, 2001	2 December 31, 2000
<b>ASSETS</b>		
1. Bonds.....	104,191	101,708
2. Stocks.....		
2.1 Preferred Stocks.....		
2.2 Common Stocks.....	1,167,551	1,500,939
3. Mortgage loans on real estate.....		
4. Real estate, less \$..... encumbrances.....		
5. Collateral loans.....		
6.1 Cash on hand and on deposit.....	(61,817)	(259,464)
6.2 Short-term investments.....	560,020	210,825
7. Aggregate write-ins for invested assets.....		
7A. Subtotals, cash and invested assets (Lines 1 to 7).....	1769,945	1,554,008
8. Premium due and unpaid.....	41,483	146,283
9. Funds held by or deposited with reinsurance companies.....	153,215	114,577
10. Reinsurance recoverables on loss and loss adjustment payments.....		
10.1 Reinsurance recoverable on unpaid losses.....		
11. Federal income tax recoverable (Including \$..... net deferred tax assets).....	7399	4,916
12. Interest and other investment income due and accrued.....		
13. Receivable from parent, subsidiaries and affiliates.....		
14. Electronic data processing equipment.....		
15. Aggregate write-ins for other than invested assets.....	150,000	171,789
16. TOTALS (Lines 7A through 15)	2122,044	2009,161
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 7 FOR INVESTED ASSETS</b>		
0701.....		
0702.....		
0703.....		
0704.....		
0705.....		
0798 Summary of remaining write-ins for Line 7 from overflow page.....		
0799 Totals (Lines 0701 through 0705 plus 0798)(Page 2, Line 7)		
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 15 FOR OTHER THAN INVESTED ASSETS</b>		
1501 RECEIVABLES - PICT TRUST	150,000	73,000
1502 RECEIVABLES - EXIT ASSESSMENT	98,789	
1503.....		
1504.....		
1505.....		
1598 Summary of remaining write-ins for Line 15 from overflow page.....		
1599 Totals (Lines 1501 through 1505 plus 1598)(Page 2, Line 15)	150,000	171,789

NOTE: The lines on this page to agree with Exhibit 1, Column 4.

## OHIO GRAPHIC ARTS HEALTH FUND

LIABILITIES, SURPLUS AND SPECIAL FUNDS		1 December 31, 2001	2 December 31, 2000
1. Claims unpaid (Part 2A, Col. 4, Line 5)		1377,000	1797,145
2. Unpaid claims adjustment expenses (Part 3, Line 22b, Col. 2)		96,356	37107
3. Unearned premiums (Part 1, Line 5, Col. 8)			
4. Unearned investment income (Part 4, Line 9, Col. 4)			
5. (a) Taxes, licenses and fees due or accrued (excluding Federal income taxes)			
(b) Federal income taxes (Including \$ _____ net deferred tax liabilities)			
(c) Stop loss, excess, or reinsurance premium due and unpaid			
(d) Other expenses due or accrued		10,064	21693
6. Premium deposits made by applicants rejected or not as yet accepted as members or subscribers			
7. Borrowed money \$..... and interest thereon \$.....			
8. Amounts withheld or retained for account of others			
9. Stop loss, excess, or reinsurance received but not yet due			
10. Provision for unauthorized reinsurance			
11. Aggregate write-ins for other liabilities		1483,420	1855,945
12. Total liabilities (Lines 1 to 11)			
SURPLUS AND SPECIAL FUNDS			
13. Surplus		638,624	153,216
14. Aggregate write-ins for surplus and special funds		638,624	153,216
15. Total (Line 13 plus Line 14; Page 4, Line 21)			
16. TOTALS (Lines 12 plus 15)		2122,044	2091,161
DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR OTHER LIABILITIES			
1101			
1102			
1103			
1104			
1105			
1198	Summary of remaining write-ins for Line 11 from overflow page		
1199	Totals (Lines 1101 through 1105 plus 1198)(Page 3, Line 11)		
DETAILS OF WRITE-INS AGGREGATED AT LINE 14 FOR SURPLUS AND SPECIAL FUNDS			
1401			
1402			
1403			
1404			
1405			
1498	Summary of remaining write-ins for Line 14 from overflow page		
1499	Totals (Lines 1401 through 1405 plus 1498)(Page 3, Line 14)		

	1 2001	2 2000
<b>UNDERWRITING AND INVESTMENT EXHIBIT</b>		
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 5, Col. 9)	10,136,523	10,207,939
2. Claims incurred (Part 2, Line 5, Col. 5)	8,615,980	9,176,571
3. Expenses incurred (Part 3, Line 21, Col. 2, 3, 4):		
(a) Claim adjustment	821,574	772,392
(b) Administrative		
(c) Soliciting		
4. Individual stop loss, excess, or reinsurance expense (Net of incurred Recoveries)	367,064	481,171
5. Aggregate stop loss, excess, or reinsurance expense (Net of incurred Recoveries)	51,580	61,578
5A. Aggregate write-ins for underwriting deductions	9856,98	11,080,852
6. Total underwriting deductions (Lines 2 through 5A)	280,325	(872,913)
7. Net underwriting gain or (loss) (Line 1 minus Line 6)	43,505	53,154
<b>INVESTMENT INCOME</b>		
8. Net investment income earned (Part 4, Line 14, Col. 8)	223,376	122,711
9. Net realized capital gains or (losses) (Part 4A, Line 10, Col. 6)	266,881	175,865
10. Net investment gain or (loss) (Line 8 plus Line 9)	264,699	1502,429
<b>OTHER INCOME</b>		
11. Aggregate write-ins for other income	811,905	805,381
12. Net gain or (loss) before federal income taxes (Lines 7 + 10 + 11)	811,905	805,381
13. Federal income taxes incurred		
14. Net gain or (loss) (to Line 16) (Line 12 minus Line 13)	153,216	458,931
<b>SURPLUS AND SPECIAL FUNDS</b>		
15. Surplus and special funds December 31, previous year (Page 4, Line 21, Col. 2)		
<b>GAINS AND (LOSSES)</b>		
16. Net gain or (loss) (from Line 14)	811,905	805,381
17. Net unrealized capital gains or (losses) (Part 4A, Line 11, Col. 6)	(352,900)	(217,335)
18. Change in non-admitted assets (Exhibit 2, Line 9, Col. 3)	26403	(893,761)
19. Aggregate write-ins for changes to surplus and special funds	485408	(305,715)
20. Change in surplus and special funds for the year (Lines 16 through 19)	638,624	153216
21. Surplus and special funds December 31, current year (Line 15 plus Line 20)		
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 5A FOR UNDERWRITING DEDUCTIONS</b>		
0501.	NONE	
0502.		
0503.		
0504.		
0505.		
0598.	Summary of remaining write-ins for Line 05A from overflow page	
0599.	Totals (Lines 0501 through 0505 plus 0598) (Page 4, Line 05A)	
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR OTHER INCOME</b>		
1101.	PICT REFUND	226,061
1102.	INCREASE IN FUNDS HELD BY PAYMENT	38,638
1103.	REIMBURSEMENT STOP LOSS IN	229,463
1104.	INCREASE IN EXIT ASSESSMENT	10-
1105.		868,680
1198.	Summary of remaining write-ins for Line 11 from overflow page	264,699
1199.	Totals (Lines 1101 through 1105 plus 1198) (Page 4, Line 11)	1502,429
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 19 FOR CHANGES TO RESERVES AND SPECIAL FUNDS</b>		
1901.		
1902.		
1903.		
1904.		
1905.		
1998.	Summary of remaining write-ins for Line 19 from overflow page	
1999.	Totals (Line 1901 through 1905 plus 1998) (Page 4, Line 19)	

ANNUAL STATEMENT FOR THE YEAR 2001 OF THE  
**OHIO GRAPHIC ARTS HEALTH FUND**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART I**

Line of Business*	1	2	3	4	5	6	7	8	Informational Only 9 Reinsurance Premiums Ceded
	Premiums Written Direct Business	Premiums Written Reinsurance Assumed	Total Premiums (Cols. 1+2)	Uncashed Premiums Written December 31 Previous Year	Uncashed Premiums December 31 Current Year (Part I A)	Reserve for Rate Credits and Retrospective Returns Based on Experience	Total Reserve for Uncashed Premiums (Cols. 5+6)	Premiums Earned (Cols. 3+4-7)	
1. Hospital									
2. Medical									
3. Dental									
4. Other									
5. Totals	10,195,772	0	10,195,772	37,107	96,356	0	96,356	10,136,523	

**PART I A—UNEARNED PREMIUMS**

Premium Mode	1 Premiums in Force December 31 Current Year	2 Amount of Premiums or Fees Unearned
1. Quarterly premiums		
2. Monthly premiums	0	
3. Advanced premiums	XXXXXXXXXXXXXXXXXXXX	
4. Totals		

\* If you are unable to break out hospital and medical premiums, please put the combined total and a notation that the amount applies to both lines of business

## OHIO GRAPHIC ARTS HEALTH FUND.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2-CLAIMS PAID AND INCURRED

1 Line of Business	2 Claims Paid	3 Claims Unpaid Current Year (Col. 4, Part 2A)	4 Claims Unpaid Previous Year	5 Claims Incurred (Cols. 2 + 3 - 4)
1. Hospital .....	.....	.....	.....	.....
2. Medical .....	.....	.....	.....	.....
3. Dental .....	.....	.....	.....	.....
4. Other .....	.....	.....	.....	.....
5. Totals	9,036,125	1377,000	1797,145	8615,980

## PART 2A-CLAIMS UNPAID

1 Line of Business	2 Reported Claims in Process of Adjustment	3 Estimated Incurred But Unreported	4 Total Claims Unpaid
1. Hospital .....	.....	.....	.....
2. Medical .....	.....	.....	.....
3. Dental .....	.....	.....	.....
4. Other .....	.....	.....	.....
5. Totals	509,879	867,121	1,377,000

## PART 2B-ANALYSIS OF CLAIMS UNPAID-PREVIOUS YEAR

1 Line of Business	Claims Paid During the Year		Claims Unpaid Dec. 31 of Current Year		6 Total Claims Incurred to December 31 of Current Year on Claims Incurred in Prior Years (Columns 2 + 4)	7 Estimated Liability on Unpaid Claims December 31 of Previous Year
	2 On Claims Incurred Prior to January 1 of Current Year	3 On Claims Incurred During the Year	4 On Claims Unpaid Incurred in Prior Years	5 On Claims Incurred During the Year		
1. Hospital .....	.....	.....	.....	.....	.....	.....
2. Medical .....	.....	.....	.....	.....	.....	.....
3. Dental .....	.....	.....	.....	.....	.....	.....
4. Other .....	.....	.....	.....	.....	.....	.....
5. Totals	1207,181	7828,944	2388,	1374,612	1209,569	1797,145

\* Part 2B Column 4 and column 5 must equal Part 2A Total of column 4

## OHIO GRAPHIC ARTS HEALTH FUND

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3-ANALYSIS OF EXPENSES

1	Incurred Expenses				
	2 Claim Adjustment	3 Administrative	4 Soliciting	5 Investment	6 Total
1. Advertising.....	.....	.....	.....	.....	.....
2. Boards, bureaus and associations .....	.....	.....	.....	.....	.....
3. Salaries.....	.....	.....	.....	.....	.....
4. Employee relations and welfare.....	.....	.....	.....	.....	.....
5. Insurance, except on real estate .....	.....	.....	.....	.....	.....
6. Travel and travel items .....	.....	.....	.....	.....	.....
7. Rent and rent items, including \$..... for occupancy of own buildings, less \$..... received under sublease.....	.....	.....	.....	.....	.....
8. Equipment.....	.....	.....	.....	.....	.....
9. Printing and stationery.....	.....	.....	.....	.....	.....
10. Postage, telephone and telegraph, exchange and express .....	.....	47,980	.....	.....	.....
11. Legal.....	.....	23,192	.....	.....	.....
12. Auditing, actuarial and consulting services .....	.....	15,791	.....	.....	.....
13. Taxes, licenses and fees:					
(a) State and local insurance taxes.....	.....	.....	.....	.....	.....
(b) Insurance department licenses and fees .....	.....	.....	.....	.....	.....
(c) Payroll taxes.....	.....	.....	.....	.....	.....
(d) Other (excluding federal income and real estate).....	.....	.....	.....	.....	.....
(e) Total taxes licenses and fees (a + b + c + d).....	.....	.....	.....	.....	.....
14. Real estate expenses .....	.....	.....	.....	.....	.....
15. Real estate taxes .....	.....	.....	.....	.....	.....
16. Service company expenses .....	.....	55,496	.....	.....	.....
17. Financial administrator expenses <i>TRUST FEES</i>	.....	13,593	.....	.....	.....
18. Board of trustees expenses .....	.....	.....	.....	.....	.....
19. Fidelity bond expenses .....	.....	10,192	.....	.....	.....
20. Aggregate write-ins for other expenses.....	.....	595,328	.....	.....	.....
21. Total expenses incurred.....	.....	.....	.....	.....	.....
22. General expenses unpaid:					
(a) General expenses unpaid December 31, previous year .....	.....	.....	.....	.....	.....
(b) General expenses unpaid December 31, current year .....	.....	.....	.....	.....	.....
23. Expenses paid (21 + 22a - 22) .....	.....	821,574	.....	.....	.....

## DETAILS OF WRITE-INS AGGREGATED AT LINE 20 FOR OTHER EXPENSES

	2	3	4	5	6
2001 ADM FEES - PICT		27,880			
2002 ADM FEES - PRINTING/IND BUS SICKS		428,520			
2003 HEALTH INFO SUCS		6,710			
2004 PPO PARTICIPATION FEES		131,964			
2005 BOND PREMIUM AMORT		754			
2098 Summary of remaining write-ins for Line 20 from overflow page .....		595,328			
2099 Totals (Lines 2001 through 2005 plus 2098) (Part 3, Line 20)					

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 4-INTEREST, DIVIDENDS AND REAL ESTATE INCOME

1	2	3	Received in Advance		Due and Accrued*		8 Earned During Year (Cols. 3 + 4 - 5 + 6 + 7)
			4 Current Year	5 Previous Year	6 Current Year	7 Previous Year	
1. Government Bonds	D*						
1.1 Other Bonds (unaffiliated)	D*						
1.2 Bonds of affiliates	D*						
2.1 Preferred stocks (unaffiliated)	D						
2.11 Preferred stocks of affiliates	D						
2.2 Common stocks (unaffiliated)	D						
2.21 Common stocks of affiliates	D						
3. Mortgage loans	B†						
4. Real estate	A§						
5. Collateral loans	C						
6.1 Cash on hand and on deposit	E						
6.2 Short-term investments							
7. Financial options and futures							
8. Aggregate write-ins for investment income	DA**						
9. TOTALS		41,022			7399	4916	43,505
							DEDUCTIONS
10. Total investment expenses incurred (Part 3, Line 21, Col. 5)							
11. Depreciation on real estate							
12. Aggregate write-ins for other deductions							
13. Total Deductions							
14. Net Investment Income Earned (Line 9 minus Line 13) (to Page 4, Line 8)							43,505

\* Includes \$ ..... accrual of discount less \$ ..... amortization of premium \*\* Includes \$ ..... accrual of discount less \$ ..... amortization of premium  
 † Includes \$ ..... accrual of discount less \$ ..... amortization of premium § Includes \$ ..... accrual of discount less \$ ..... amortization of premium  
 ‡ Admitted items only. State basis of exclusions for corporation's occupancy of it's own buildings

DETAILS OF WRITE-INS AGGREGATED AT LINE 8 FOR INVESTMENT INCOME							
1	2	3	4	5	6	7	8
0801							
0802							
0803							
0804							
0805							
0898 Summary of remaining write-ins for							
Line 8 from overflow page							
0899 Totals (Lines 0801 through 0805 plus 0898) (Part 4A, Line 8)							

DETAILS OF WRITE-INS AGGREGATED AT LINE 12 FOR INVESTMENT INCOME							
1	2	3	4	5	6	7	8
1201							
1202							
1203							
1204							
1205							
1298 Summary of remaining write-ins for							
Line 12 from overflow page							
1299 Totals (Lines 1201 through 1205 plus 1298) (Part 4A, Line 12)							

PART 4A-CAPITAL GAINS AND (LOSSES) ON INVESTMENTS							
1	2	3	4	5	6		
Profit on Sales or Maturity	Loss on Sales or Maturity	Increases by Adjustment in Book Value	Decreases by Adjustment in Book Value	Net Gain or (Loss) from Change in Difference Between Book and Admitted Values	(Net of Cols. 1 to 5 incl.) (1 - 2 + 3 - 4 + 5)	Total	
1. Government Bonds							
1.1 Other bonds (unaffiliated)							
1.2 Bonds of affiliates							
2.1 Preferred stocks (unaffiliated)							
2.11 Preferred stocks of affiliates							
2.2 Common stocks (unaffiliated)							
2.21 Common stocks of affiliates							
3. Mortgage loans							
4. Real Estate							
5. Collateral loans							
6.1 Cash on hand and on deposit							
6.2 Short-term investments							
7. Financial options and futures							
8. Aggregate write-ins for capital gains and (losses)							
9. TOTALS	223,376			(352,900)	(352,900)	(179,524)	
(Distribution of Line 9, Col. 6)							
10. Net realized capital gains or (losses)* (Page 4, Line 9)(Col. 1 - 2, Line 9)							
11. Net Unrealized capital gains or (losses)* (Page 4, Line 17)(Cols. 3 - 4 + 5, Line 9)							

\* Attach statement or memorandum explaining basis of division.      Excluding \$ ..... depreciation on real estate included in Part 4, Line 11

DETAILS OF WRITE-INS AGGREGATED AT LINE 8 FOR CAPITAL GAINS AND (LOSSES)							
1	2	3	4	5	6		
0801							
0802							
0803							
0804							
0805							
0898 Summary of remaining write-ins for Line 8 from overflow page							
0899 Totals (Lines 0801 through 0805 plus 0898 (Part 4A, Line 8)							

## OHIO GRAPHIC ARTS HEALTH FUND

## EXHIBIT 1-ANALYSIS OF ASSETS

	1 Ledger Assets	2 Non-Ledger Including Excess of Market (or Amortized) Over Book Values	3 Assets Not Admitted Including Excess of Book Over Market (or Amortized Values)	4 Net Admitted Assets (Cols. 1 + 2 + 3)
1. Bonds (Schedule D)	104,911			104,911
2. Stocks (Schedule D):				
2.1 Preferred stocks	1167,551			1,167,551
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
(a) First liens				
(b) Other than first liens				
4. Real estate, less encumbrances (Schedule A)				
5. Collateral loans (Schedule C)				
6.1 Cash on hand and on deposit:				
(a) Cash in company's office	(61,817)			(61,817)
(b) Cash on deposit (Schedule E)	560,020			560,020
6.2 Short-term investments (Schedule DA)				
7. Aggregate write-ins for invested assets	1,769,945			1,769,945
7A. Subtotal, cash and invested assets	21,482			21,482
8. Premium due and unpaid	153,213			153,213
9. Funds held by or deposited with reinsurance companies				
10. Reinsurance recoverables on loss and loss adjustment payments (Schedule S, Col. 1)				
10A. Reinsurance recoverable on unpaid losses				
11. Federal income tax recoverable	7399			7,399
12. Interest and other investment income due and accrued				
13. Receivables from parent subsidiaries and affiliates				
14. Electronic data processing equipment				XXX
15. Equipment, furniture and supplies				XXX
16. Third party reimbursements receivable				XXX
17. Assessments and penalties due and unpaid				XXX
18. Prepaid expenses				XXX
19. Loans on personal security, endorsed or not				
20. Aggregate write-ins for other than invested assets	150,000			150,000
21. Totals (Lines 1 through 20)	2,122,044			2,122,044
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 7 FOR INVESTED ASSETS</b>				
0701				
0702				
0703				
0704				
0705				
0798. Summary of remaining write-ins for Line 7 from overflow page				
0799. Totals (Lines 0701 through 0705 plus 0798)(Exhibit 1, Line 7)				
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 20 FOR OTHER THAN INVESTED ASSETS</b>				
2001				
2002				
2003				
2004				
2005				
2098. Summary of remaining write-ins for Line 20 from overflow page				
2099. Totals (Lines 2001 through 2005 plus 2098)(Exhibit 1, Line 20)				

EXHIBIT 2-ANALYSIS OF NON-ADMITTED ASSETS  
Excluding Excess of Book Over Market (or Amortized) Values and Exhibit 1, Line 12, Column 3

	1 End of Previous Year	2 End of Current Year	3 Change for Year (Increase) or Decrease (Column 1 minus Column 2)
1. Uncollected premiums	23,160	-0-	23,160
2. Deposits in suspended depositories, less estimated amount recoverable			
3. Equipment, furniture and supplies			
4. Loans on personal security, endorsed or not			
5. Third Party reimbursements receivable			
6. Assessments and penalties due and unpaid	19,471	-0-	19,471
7. Prepaid expenses	869,891	-0-	869,891
8. Aggregate write-ins for assets not admitted			
9. Total change (Column 3)(Carry to Page 4, Line 18)	XXX	XXX	912,522
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 8 FOR ASSETS NOT ADMITTED</b>			
0801			
0802			
0803			
0804			
0805			
0898. Summary of remaining write-ins for Line 8 from overflow page			
0899. Totals (Lines 0801 through 0805 plus 0898)(Exhibit 2, Line 8)			

## GENERAL INTERROGATORIES

1. Does the MEWA own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes | No  |

2. Did any person while an officer, or trustee of the MEWA receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the MEWA? Yes | No  |

3. Has the MEWA an established procedure for disclosure to its board of trustees of any material interest or affiliation on the part of its officers, trustees or responsible employees that is in or is likely to be in conflict with the official duties of such person? Yes  | No |

4. (a) Was money lent during the year to any officer, or trustee of the MEWA? Yes | No  |  
 (b) If "Yes", give detailed explanation of each loan:.....

5. (a) Are there any loans outstanding at end of year to any officer, or trustee of the MEWA? Yes | No  |  
 (b) If "Yes", give detailed explanation of each loan:.....

6. Were all the stocks, bonds and other securities owned December 31 of current year, over which the MEWA has exclusive control, in the actual possession of the MEWA on that date? Yes  | No |

7. Have all private placement investments that were the subject of renegotiation or modification of their terms during the year been disclosed to the Securities Valuation office of the NAIC with full details as to the provisions renegotiated or modified? Yes | No | N/A

8. Have filings been made with the Securities Valuation office of the NAIC in connection with acquisition and disposition of securities as required by Section 8 of the Valuation Procedures and Instructions for Bonds and Stocks? Yes | No | N/A

9. (a) Were any of the stocks, bonds or other assets of the Trust owned at December 31, of the current year NOT exclusively under the control of the MEWA? Yes | No  |  
 (b) If "Yes", state the amount thereof at December 31, of the current year:  
 (i) lent to others \$.....  
 (ii) subject to reverse repurchase agreements \$.....  
 (iii) subject to dollar repurchase agreements \$.....  
 (iv) subject to reverse dollar repurchase agreement \$.....  
 (v) pledged as collateral \$.....  
 (vi) placed under option agreements \$.....  
 (vii) letter stock or other securities restricted as to sale \$.....  
 (viii) other \$.....

(c) For categories i and ii above, and for any other securities that were made available for use by another person during the year covered by this statement

(d) For each category above, if any of these assets are held by others, identify by whom held:  
 (i)..... (v).....  
 (ii)..... (vi).....  
 (iii)..... (vii).....  
 (iv)..... (viii).....

10. (a) What was the number of employer groups as of December 31, 2001? 150  
 (b) What was the number of enrollees as of December 31, 2001? 2063

11. What official supervised the making of this statement?.....

12. Is the purchase or sale of all investments of the MEWA passed upon either by the Board of Trustees or by a subordinate committee thereof? Yes  | No |

13. Does the MEWA keep a permanent record of the proceeding of its Board of Trustees and all subordinate committees thereof? Yes  | No |

14. (a) State as of what date the latest regulatory financial examination of the MEWA was made or is being made: 6/10/2001  
 (b) By what departments?.....

15. In what states is the MEWA authorized to provide health benefits? OHIO

16. (a) Has any change been made during the year of this statement in the trust documents or by-laws of the MEWA? Yes | No  |  
 (b) If "Yes" furnish herewith a certified copy of the instrument as amended, if it has not been previously submitted.

17. (a) Was the MEWA's prior year's annual statement amended? Yes | No  |  
 (b) If "Yes", furnish the following information regarding the last amendment to the prior year's annual statement filed with the company's state of domicile:  
 (i) Amendment number  
 (ii) Date of amendment

18. Report briefly the Nature of Contingent Liabilities that may materially affect the financial position or results of operation.\*  
ESTIMATED CLAIMS INCURRED BUT NOT REPORTED.

Report the Date Incurred or Discovered, the Nature of the Contingent Liability, Contract, Arrangement or Commitment, the Amount or Amounts, if known, the Status as of the Annual Statement Date and all other information necessary for a full disclosure.

(A) Has the MEWA committed any surplus funds to reserves for contingent liabilities or arrangements mentioned above? Yes | No  |

(B) If "Yes", has the reserve been reported as a special surplus funds reserve on Page 3 of the annual statement?

\*Including but not limited to notes receivable discounted, reverse repurchase agreements, accountants' and agents' balances assigned, accommodation paper, lawsuits, additional taxes, guarantees of liabilities of other MEWA's or companies, establishment of compensating balances, long-term contracts and lease agreements and loan take-out agreements. Include also deferred expense contracts and arrangements between subsidiaries or affiliates.

Describe the gross amounts of deferred tax assets and liabilities

Gross DTA \$.....

Yes | No |

Gross DTL \$.....

NONE - 501(C)(3)  
NON-PROFIT  
ORGANIZATION

19. (a) Have any of the MEWA's primary reinsurance contracts been cancelled during the current year?

(b) If "yes", give full and complete information thereto.

NO

**SCHEDULE A**

Showing all Real Estate OWNED December 31 of Current Year, the Cost, Book and Market Value thereof, the Nature and Amount of all Liens and Encumbrances thereon, including Interest Due and Accrued, etc.

\* Including cost of acquiring title, and, if the property was acquired by foreclosure, such costs shall include the amounts expended for taxes, repairs and improvements prior to the date on which the Corporation取得了 title.

SCIENTIFIC

Showing all Long-Term MORTGAGES OWNED December 31 of Current Year, and all Mortgagors (oms) Made  
**SCHEDULE B** Increased Discharged Reduced or Otherwise Discharged or Outstanding as of December 31, Year

(A) including all the fees "purchased" or otherwise acquired during the year and all of charges during the year for maintaining [REDACTED] account of persons held  
 (B) including mortgages under which Corporation has secured title and possessory by force of law

## SCHEDULE C

**Showing all Long-Term Collateral Loans IN FORCE December 31 of Current Year**

SCHEDULE D PAGE 1

showing all losses: [Name] BOND'S settled December 31 of Current Year

- Insert initial letters of months in which interest is payable
  - Where a bond is payable in a foreign currency the par value

Insert the **NAIC Designation** for such security printed in the **NAIC Validation** of the description.

THEORY AND PRACTICE IN CULTURAL POLICIES 23

is planned in the NALC. A similar model alongside the amount reported

Where a market value is presented in the **VAL** column of Securities material it must be entered in Column 7 where amortized value or any other value is used, insert a symbol alongside the amount reported.

Class numbers entered are to conform to those as provided and published by the Securities Valuation Office. See Annual Statement instructions

**SCHEDULE D-PART 2-SECTION 1**  
Showing all PREFERRED STOCKS Owned December 31 of Current Year

See the annual statement instructions for proper reporting format for securities reported in this schedule.

## SCHEDULE D-PART 2-SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

卷之三

Insert the word "cost" for preferred stocks eligible for stabilization under Section 14.

Insert the market value rate for preferred stocks not eligible for stabilization

\*\*\*\*CUSSP numbers entered are to conform to the NACI designation for such security classification.

Digitized by srujanika@gmail.com

**SCHEDULE D-PART 2-SECTION 2**

## SECTION 2 SHOWING ALL COMMON STOCKS OWNED DURING THE 11 MONTHS FROM NOV.

\*\*\*\* CUSIP numbers entered are to conform to those as provided and published by the Securities Valuation Office. See Annual Statement instructions. Insert the NAIC designation for such security printed in the NAIC Valuations of Securities manual. For all common stocks bearing the NAIC designation "U" provide the number of such issues

## OHIO GRAPHIC ARTS HEALTH FUND

ANNUAL STATEMENT FOR THE YEAR 2001 OF THE \_\_\_\_\_  
See the annual statement instructions for proper reporting format  
for securities reported in this schedule.

**SCHEDULE DA**

Showing all SHORT-TERM INVESTMENTS\* Owned December 31 of Current Year

\* Insert initial letters of months in which interest is payable

\*\*\* Where an investment is payable in foreign currency, the par value and the purchase price in that currency should be included as a part of the description.

\*\*\* CUSIP numbers entered are to conform to those as provided and published by the Securities Valuation Office. See Annual Statement instructions.

† Include all investments whose maturities (or repurchase dates under Repurchase Agreements) at time of acquisition were one year or less. Identical "Repos" and certificates of deposit in Column 1 and for "Repos" show separate date.

Inset the SAIC designation for such security printed in the NACIC Valuations of Securities manual  
for a specific date.

other than accrual of discount and amortization of premium.

§ Purchase of various issues of the same issuer of short-term investments may be totalled on one line and the word "various" inserted in the columns.

## OHIO GRAPHIC ARTS HEALTH FUND

## SCHEDULE E

Showing deposits in all Banks, Trust Companies, Savings and Loan and Building and Loan Associations in which deposits were maintained by the Trust at any time during the year and the balances, if any (according to Trust's records) on December 31 of the current year. Exclude balances represented by a negotiable instrument.

1 DEPOSITORY*	2 Amount of Interest Received During Year	3 Amount of Interest Accrued December 31 of Current Year	4 Balance
(Give Full Name and Location - State if depository is a subsidiary or affiliate) Show rate of interest and maturity date in the case of certificates of deposit or time deposits			
<b>OPEN DEPOSITORYES</b>			
NON E			
019998 Deposits in ..... depositories which do not exceed \$10,000 in any one depository (See Instructions) - open depositories			
019999 Totals - Open Depositories			
<b>SUSPENDED DEPOSITORYES</b>			
029998 Deposits in ..... depositories which do not exceed allowable limits in any one depository (See Instructions) - suspended depositories			
029999 Totals - Suspended Depositories			
039999 Grand Totals - All Depositories			

\* In each case where the depository is not incorporated and subject to governmental supervision the word "PRIVATE" in capitals and in parentheses thus - (PRIVATE), should be inserted to the left of the name of the depository.

SCHEDULE S  
Ceded Reinsurance as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer*	4 Location **	5 Reinsurance Recoverable on Paid Losses	6 Reinsurance Recoverable on Unpaid Losses	7 Premiums in Force	8 Unearned Premiums
		CPIC PCS	CHICAGO, ILL.	-0-	-0-	-0-	-0-
059999	Totals						

\* All companies should be listed in straight alphabetical order within the following groups with subtotals shown for each group: Affiliates, U.S. insurers and U.S. branches of alien insurers; pools, associations and similar underwriting facilities; and all other insurers.

\*\* Show the precise location of the reinsurance company.

---

OVERFLOW PAGE FOR WRITE-INS

---

**OHIO GRAPHIC ARTS HEALTH FUND**  
**RECONCILIATION OF INVESTMENTS**

December 31, 2001

**Market Value of Investments**

	Market Value of Investments			Bank MM		
	Bonds	Common Stock	Cash on Hand	Short term Investments	Total	
A/C 06-7151	944,985	106,623	315,372	522,990	944,985	
Bank Errors				0		
Outstanding Checks - Estim	(61,817)			(61,817)		
<b>Total</b>	<b>883,168</b>	<b>106,623</b>	<b>315,372</b>	<b>(61,817)</b>	<b>522,990</b>	<b>883,168</b>
A/C 06-7151A	403,393		374,931	28,462	403,393	
A/C 06-7151B	485,817		477,248	8,569	485,817	
<b>Grand Total</b>	<b>1,772,377</b>	<b>106,623</b>	<b>1,167,551</b>	<b>(61,817)</b>	<b>560,021</b>	<b>1,772,378</b>

Bond Amortization	As of 11/30/06	Months Remaining	Bond Premium	Monthly Amortization	Total Cost of Bond	Accumulated Amortization From 11/01	Carrying Value of Bond 12/31/2001
			Paid				
50,000	Bond Due 3/15/06	52.50	2,251.50	42.89	52,251.50	85.78	52,165.72
50,000	Bond Due 2/01/04	26.00	2,194.50	84.40	52,194.50	168.80	52,025.70

4,446.00 127.29 104,446.00 254.58 104,191.42