



QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Greater Ohio Health and Welfare Fund

NAIC Group Code	0001	0001	NAIC Company Code	00105	Employer's ID Number	34-0965339
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States					
Licensed as business type:	☐ Life, Accident & Health ☐ Property/Casualty ☐ Hospital, Medical & Dental Service or Indemnity ☒ ☐ Dental Service Corporation ☐ Vision Service Corporation ☐ Health Maintenance Organization ☐ ☐ Other ☐ Is HMO, Federally Qualified? Yes ☐ No ☐					
Incorporated/Organized	03/01/1984		Commenced Business		03/01/1984	
Statutory Home Office	55 East Mill Street, P.O. Box 2000		Akron, OH 44309-2000			
	(Street and Number)		(City, State and Zip Code)			
Main Administrative Office	55 East Mill Street, P.O. Box 2000		Akron, OH 44309-2000		330-376-7730	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	c/o ASCA, 55 East Mill St, P.O. Box 2000		Akron, OH 44309-2000			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	c/o Klais & Company, 1867 West Market Street		Akron, OH 44313		330-376-7730	
	(Street and Number)		(City, State and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	N/A					
Statutory Statement Contact	Malcolm Costa		330-376-7730			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	(E-Mail Address)		330-986-4040		(Fax Number)	

OFFICERS

Name	Title	Name	Title
None	President	None	Vice President
None	Treasurer	None	Secretary

OTHER OFFICERS

Clearcreek Financial Group	Investment Manager	Schwab & Company	Custodian
Klais & Company	All Disbursements		

DIRECTORS OR TRUSTEES

Malcolm Costa	Lois Clark
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State of Ohio
County of Summit SS

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

Malcolm Costa 5/16/11
Malcolm Costa Trustee
Lois Clark
Lois Clark Trustee

Subscribed and sworn to before me this
16th day of May, 2011
Shirley A. Alexander

- a. Is this an original filing? Yes ☒ No ☐
- b. If no,
1. State the amendment number
2. Date filed 05/16/2011
3. Number of pages attached



STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	485,855		485,855	439,879
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	2,044,442		2,044,442	1,620,432
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 (\$ 399,985), cash equivalents (\$) and short-term investments (\$)	399,985		399,985	568,613
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				
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,930,282		2,930,282	2,628,924
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				21,190
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				
25. Aggregate write-ins for other than invested assets	4,907	4,907		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,935,189	4,907	2,930,282	2,650,114
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	2,935,189	4,907	2,930,282	2,650,114
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)				
2501. Prepays	4,907	4,907		
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)	4,907	4,907		

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	532,000		532,000	562,056
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	20,000		20,000	20,000
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	8,927		8,927	8,927
9. General expenses due or accrued	8,694		8,694	25,205
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
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 and \$ unauthorized reinsurers)				
20. Reinsurance in unauthorized 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)	569,621		569,621	616,188
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		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	2,360,661	2,033,926
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26)				
\$)	XXX	XXX		
32.2 shares preferred (value included in Line 27)				
\$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,360,661	2,033,926
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,930,282	2,650,114
DETAILS OF WRITE-INS				
2301. Interest Maintenance Reserve				
2302.				
2303.				
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		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

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	1,123	1,097	4,366
2. Net premium income (including \$ non-health premium income).....	XXX	1,296,337	1,210,872	4,923,770
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			
8. Total revenues (Lines 2 to 7).....	XXX	1,296,337	1,210,872	4,923,770
Hospital and Medical:				
9. Hospital/medical benefits.....		633,486	485,647	2,997,233
10. Other professional services.....		30,210	30,465	127,072
11. Outside referrals.....				
12. Emergency room and out-of-area.....		64,785	37,889	173,639
13. Prescription drugs.....		192,316	148,157	664,330
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....		920,797	702,158	3,962,274
Less:				
17. Net reinsurance recoveries.....		(66,317)	(66,681)	(105,241)
18. Total hospital and medical (Lines 16 minus 17).....		987,114	768,839	4,067,515
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$ cost containment expenses.....		37,474	35,777	150,728
21. General administrative expenses.....		29,961	35,053	158,711
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).....		1,054,549	839,669	4,376,954
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	241,788	371,203	546,816
25. Net investment income earned.....		16,222	16,064	40,494
26. Net realized capital gains (losses) less capital gains tax of \$.....			4,700	(134,519)
27. Net investment gains (losses) (Lines 25 plus 26).....		16,222	20,764	(94,025)
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	258,010	391,967	452,791
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	258,010	391,967	452,791
DETAILS OF WRITE-INS				
0601.	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 OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
CAPITAL & SURPLUS ACCOUNT:			
33. Capital and surplus prior reporting year.....	2,033,926	641,777	626,312
34. Net income or (loss) from Line 32	258,010	391,967	452,791
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	31,967	26,839	203,798
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	36,758	(265,351)	751,025
40. Change in unauthorized 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			
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 and surplus (Lines 34 to 47)	326,735	153,455	1,407,614
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,360,661	795,232	2,033,926
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 MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

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	1,296,337	1,210,872	4,923,770
2. Net investment income	16,222	16,064	46,444
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,312,559	1,226,936	4,970,214
5. Benefit and loss related payments	998,225	737,225	3,885,435
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	83,946	78,033	300,264
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Lines 5 through 9)	1,082,171	815,258	4,185,699
11. Net cash from operations (Line 4 minus Line 10)	230,388	411,678	784,515
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			361,645
12.2 Stocks	3,777	49,285	2,217,372
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		2	
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,777	49,287	2,579,017
13. Cost of investments acquired (long-term only):			
13.1 Bonds	10,770	17,124	33,879
13.2 Stocks	392,023	48,226	2,613,080
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)	402,793	65,350	2,846,959
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(399,016)	(16,063)	(267,942)
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			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders		1	
16.6 Other cash provided (applied)			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		1	
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)	(168,628)	395,616	516,573
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	568,613	52,040	52,040
19.2 End of period (Line 18 plus Line 19.1)	399,985	447,656	568,613

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	Group							
Total Members at end of:										
1. Prior Year	347	347								
2. First Quarter	386	386								
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Period:										
7. Physician	2,139	1,770			19	350				
8. Non-Physician										
9. Total	2,139	1,770			19	350				
10. Hospital Patient Days Incurred	68	68								
11. Number of Inpatient Admissions	20	20								
12. Health Premiums Written(a)	1,296,337	1,296,337								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	920,797	920,797								
18. Amount Incurred for Provision of Health Care Services	920,797	920,797								

(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)

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STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability		5	8
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical)	374,392	413,173		532,000	374,392	562,056
2. Medicare Supplement						
3. Dental only	5,603	21,789			5,603	
4. Vision only	699	9,197			699	
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	26,000	166,317			26,000	
9. Health subtotal (Lines 1 to 8)	406,694	610,476		532,000	406,694	562,056
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	406,694	610,476		532,000	406,694	562,056

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

NOTES TO FINANCIAL STATEMENTS

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: Effective January 1, 2000, the Greater Ohio Employee Health and Welfare Fund and its Trust ("GOHIO") changed its accounting methodology from generally accepted accounting principles to the statutory accounting principles of the National Association of Insurance Commissioners ("NAIC") as set forth in NAIC's *Accounting Practices and Procedures Manual* (SSAPs) or The Ohio Department of Insurance when its guidelines differ from SSAPs as the basis for its financial statements.

Premiums: Revenues from participating employers are recorded when premium billings are due. Premiums for purchased coverages are recorded monthly when the claim expense is incurred. If an installment premium is more than 90 days past due, the amount more than 90 days due plus all future installments are treated as a nonadmitted asset. At December 31, 2010 and March 31, 2011, there were no nonadmitted uncollected installment premiums.

Estimates: The preparation of financial statements in conformity with the statutory accounting principles of the National Association of Insurance Commissioners requires GOHIO's Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of Investments:

Bonds: At acquisition, bonds are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. Amortization of bond premium or discount is by the scientific (constant yield) interest method over the life of the issue. The Bonds are reported at amortized cost, unless it has a NAIC designation of 6, then it is carried at the lower of amortized cost or market.

Common Stocks: At acquisition, common stocks are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. Investments in common stock are valued and recorded in accordance with NAIC *Purposes and Procedures of the Securities Valuation Office (SVO)*, "Procedures for Valuing Common Stocks and Stock Warrants." In those instances where a unit price is not available from the SVO, management determines fair value based on analytical or other pricing mechanisms. All common stock owned by the Fund at December 31, 2010 and March 31, 2011 is publicly traded and there are no restrictions related to these investments. The dollar amount of nonadmitted common stocks under Ohio Department of Insurance guidelines was \$0 and \$0 December 31, 2010 and March 31, 2011, respectively.

Guaranteed Investment Contracts: At acquisition, GICs are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. GICs are reported in the financial statements at the net cash surrender value if it has an NAIC designation of 1 or 2, if it has an NAIC designation of 3 or lower, then it is treated as a nonadmitted asset.

Variable Annuities: Variable annuities consist of equity-index annuities. At acquisition, the annuities are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. The variable annuities consist of publically traded mutual funds and are valued daily and include income, gains or losses (whether or not realized) and fees.

Fixed Annuities: At acquisition, fixed annuities are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. The fixed annuities consist of publically traded mutual funds and are valued monthly and include interest, which is credited at specified rates over the initial period of the agreement, and fees. The annuities are single premium annuity contracts and provide for a minimum interest rate, ranging from 1% to 3%.

Indexed Annuities: At acquisition, indexed annuities are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. The indexed annuities consist of publically traded mutual funds and are indexed based on either the S&P 500 index or on the one year point to point index. Guarantees are backed by the claims paying ability of the issuer. For the year ended December 31, 2010 and the quarter ended March 31, 2011, indexed annuities, which are not in annuitization status, are valued at fair value net of surrender charges.

Short-Term Investments: Other than bonds, all investments with remaining maturities of one year or less are considered short-term investments. Short-term investments are accounted for in the same manner as similar long term investments. Money market fund investments are reported in accordance with the guidance of the NAIC *Purposes and Procedures of the Security Valuation Office*.

Receivables: GOHIO has receivables for interest income from debt securities, unpaid premiums, stop loss coverage claim reimbursements, etc. The receivables are recorded at the expected future net cash amounts expected to be received.

Unassigned Funds (Surplus): This represents the undistributed and unappropriated amounts of surplus at December 31, 2010 and March 31, 2011. GOHIO does not make distributions from surplus, consequently, the entire surplus is available for the payment of future benefit claims and loss adjustment expenses. The

NOTES TO FINANCIAL STATEMENTS

Surplus has been reduced by \$41,665 and by \$4,907 at December 31, 2010 and March 31, 2011 for nonadmitted assets.

Prepaid Expenses: GOHIO pays certain prepaid expenses (e.g., trustees errors and omissions insurance) that are recorded as an asset and amortized over the life of the policy. Under NAIC statutory accounting principles, these are considered nonadmitted assets. The dollar amount of prepaid expenses that were not admitted at December 31, 2010 and March 31, 2011 were \$2,662 and \$4,907, respectively.

Accrued Expenses: General and administrative expenses are accrued when the liability has been incurred and the amount can be reasonably estimated. In addition, as of the balance sheet date GOHIO accrues all known probable future liabilities.

Premiums Received in Advance: A liability is recorded for installment premiums related to a future period when the money is received prior to the date of the statutory financial statements.

Leases: GOHIO does not have any leases, consequently, it does not have any rental expense or liability for contingent lease payments.

Post Retirement Benefits: GOHIO does not pay post retirement benefits, consequently, there is no actuarial estimated future value of vested benefits.

Claim Expenses: Claim, losses and loss/claim adjustment expenses are recognized as expense when a covered or insured event occurs. Claim expenses include claims incurred and paid during the current period less any reinsurance claims received. The claims reported and outstanding at the end of GOHIO's year and the provision for claims incurred but not reported, is reflected in the additions to liabilities for claims expenses. Loss/claim adjustment expenses are estimated and accrued when the claim is incurred.

NOTE B – NATURE OF OPERATIONS

The following description of GOHIO provides only a summary of general information relating to its Plan and operations. Participants should refer to Plan documents or the Summary Plan Description for a complete description of Plan provisions.

General: GOHIO is a multiple employer welfare plan. GOHIO is administered by Plan Administrator, Malcolm J. Costa. Claims are paid by the Third Party Administrator ("Klais & Company") in accordance with the provisions of Plan Documents. GOHIO covers employees of participating community action agencies of which there are currently two: Akron Summit Community Action Inc. and Mahoning Youngstown Community Action Partnership.

The Greater Ohio Health and Welfare Benefit Fund's Plan is self funded. All premiums are paid to and all benefits are paid from a trust which is related to GOHIO. The trustees of the trust are responsible for determining the level of funding and the type and nature of benefits offered. The trustees also determine policy and procedures with respect to the operation of the trust and the associated Plan. The trustees are Malcolm Costa and Lois Clark. GOHIO is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The date of plan inception was March 1, 1983.

Benefits: GOHIO provides hospitalization, medical, surgical, vision, dental, weekly indemnity and prescription drug coverage for all eligible participants according to the Plan. Generally an employee becomes eligible to participate on the first day of the month following the sixtieth day of continuous employment. Generally, all premiums are paid by the employer agencies. However, employee contributions may be required by the employers. In addition, GOHIO purchases life insurance, accidental death and dismemberment from the Hartford Life Insurance Company. GOHIO's Administrator has the discretion to interpret the Plan, including those provisions relating to eligibility and benefit determination, and such interpretations are final and binding.

Administration: The Plan Administrator is Mr. Malcolm Costa, Executive Director of Akron Summit Community Action, Inc. an employer participating in GOHIO. Benefit claims are processed and benefit payments are made by a third party administrator pursuant to Plan documents. Administrative and claim processing fees were paid to Klais & Company during the year ended December 31, 2010 and the quarter ended March 31, 2011.

Premiums: GOHIO is funded by premiums from the employers and in some cases for specific benefits, by the employees. Premiums are based on rates established by the Trustees pursuant to recommendations by

NOTES TO FINANCIAL STATEMENTS

GOHIO's actuary. Premiums are determined in aggregate. However, adjustments based upon each employer claims experience may be made.

Other: The Plan may be terminated by the Board of Trustees of the Trust, and further the Trustees may modify the benefits provided to Plan participants. Termination is subject to the provisions of the Plan document, the trust document, State of Ohio MEWA regulations and the applicable provisions of the Employee Retirement Income and Security Act of 1974.

NOTE C – TAX STATUS

The Trust which is associated with GOHIO is not tax exempt and has not applied for an exemption from income taxes. At the request of the Trustees, Legal Counsel for GOHIO has opined that the trust is a grantor trust. The opinion generally states that the accounting method utilized by the trust in computing taxable income is pursuant to the applicable law of the State of Ohio and accordingly will, more likely than not be valid for Federal taxable income. Further the Legal Counsel has opined that due to the likely classification of the Trust as a grantor type trust, and the fact that the Sponsors' organizations are tax exempt, any inclusion of income in the return of the Sponsors' organizations required under the grantor trust rules of the Internal Revenue Code will have minimal adverse consequences.

NOTE D – MULTIPLE EMPLOYER WELFARE ARRANGEMENT

GOHIO is classified as a multiple employer welfare arrangement ("MEWA") under the applicable provisions of the Employees Retirement Income Security Act of 1974 ("ERISA") and applicable State laws of Ohio. The Plan is licensed to operate in Ohio pursuant to Section 1739 of the Ohio Revised Code.

NOTE E – CASH AND CASH EQUIVALENTS

GOHIO maintains its cash accounts with banks, which at times may exceed federally insured limits. GOHIO has not experienced any losses in such accounts. Management of the Agency believes it is not exposed to any significant credit risk on its cash. Cash and cash reserve balances on deposit with major banks are insured by the Federal Deposit Insurance Corporation up to \$250,000.

NOTE F – CONCENTRATION OF CREDIT RISK

GOHIO's entire bond and debt obligation is invested in Guaranteed Investment Contracts and mutual funds as of March 31, 2011. These investments represent 86% of GOHIO's total assets as of that date. All of this investment is treated as admitted because it does not exceed the limits included in the Ohio Revised Code.

NOTE G – LOSS/CLAIM ADJUSTMENT EXPENSE

Reserves for claim adjustment expenses attributable to settlement expenses remained at \$20,000 as of March 31, 2011. This estimate may increase or decrease as a result of an ongoing analysis of these costs.

NOTE H – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

GOHIO's estimated claims incurred but not reported (IBNR) and loss/claims adjustment expenses are for obligations at December 31, 2010 and March 31, 2011 for health claims incurred by active participants but not reported at that date are estimated by GOHIO's actuary in accordance with accepted actuarial principles using appropriate valuation methods, interest rates, mortality and morbidity rates. Such estimated amounts are reported in the accompanying statements at net present value. Original estimates are increased or decreased, as additional information known regarding individual claims.

NOTE I – OTHER DISCLOSURES

GOHIO had no transactions in the following areas, consequently it has no disclosure requirement under the SSAPs:

- Business Combinations and Goodwill
- Discontinued Operations
- Investments:
 - Debt Restructuring
 - Mortgage Loans
 - Reverse Mortgages

NOTES TO FINANCIAL STATEMENTS

- Loan-Backed Securities
- Repurchase Agreements
- Real Estate
- Joint Ventures, Partnerships and Limited Liability Companies
- Derivative Instruments
- Parent, Subsidiaries and Affiliates
- Debt
- Retirement Plans, Deferred Compensation, Post Employment Benefits and Compensated Absences and Other Post Retirement Benefits
- Contingencies
- Financial Instruments with off Balance Sheet Risk
- Sale, Transfer and Servicing of Financial Assets and Extinguishment of Debt
- Gain or Loss to the GOHIO from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
- Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
- September 11 Events
- Other Items
- Reinsurance
- Retrospectively Rated Contracts & Contracts Subject to Redetermination
- Intercompany Pooling Arrangements
- Structured Settlements
- Health Care Receivables
- Participating Policies
- Premium Deficiency Reserves
- Reserves for Life Contracts and Deposit Type Contracts
- Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics
- Premium and Annuity Considerations Deferred and Uncollected
- Separate Accounts

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 ☒
- 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 ☒
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes ☐ No ☒
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒
- 4.2 If yes, provide the name of 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 ☒ NA ☐
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008
- 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. 03/17/2010
- 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). 03/23/2010
- 6.4 By what department or departments?
- 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 ☐ NA ☐
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☒ No ☐ NA ☐
- 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 ☒
- 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 ☒
- 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 ☒
- 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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC

GENERAL INTERROGATORIES

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

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes ☐ No ☒
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ☐ No ☒
- 14.2 If yes, please complete the following:
- | | 1
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 ☒
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐
If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes ☐ No ☒

- 16.1 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
Charles Schwab & Co.	New York, New York

- 16.2 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)

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes ☐ No ☒

- 16.4 If yes, give full and complete information relating thereto:

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

- 16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
	Clearcreek Financial Group	Akron, Ohio

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes ☐ No ☒

- 17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.	1 Amount
1. Operating Percentages:	
1.1 A&H loss percent.....	76.1%
1.2 A&H cost containment percent	%
1.3 A&H expense percent excluding cost containment expenses	%
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.	\$.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

13

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. Dist. Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	R	1,296,337					1,296,337	
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CN	N							
58. Aggregate other alien	OT	XXX							
59. Subtotal		XXX	1,296,337					1,296,337	
60. Reporting entity contributions for Employee Benefit Plans		XXX							
61. Total (Direct Business)	(a)	1,296,337						1,296,337	
DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX							
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX							

(L) Licensed or Chartered – Licensed Insurance Carrier or Domiciled RRG; (R) Registered – Non-domiciled RRGs; (Q) Qualified – Qualified or Accredited Reinsurer; (E) Eligible – Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above – Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

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

SCHEDULE D – VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,099,314	1,762,093
2. Cost of bonds and stocks acquired	402,794	2,846,957
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	31,966	203,798
5. Total gain (loss) on disposals		(134,519)
6. Deduct consideration for bonds and stocks disposed of	3,777	2,579,015
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)	2,530,297	2,099,314
11. Deduct total nonadmitted amounts		39,003
12. Statement value at end of current period (Line 10 minus Line 11)	2,530,297	2,060,311

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)								
2. Class 2 (a)	439,879	10,770		35,206	485,855			439,879
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	439,879	10,770		35,206	485,855			439,879
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	439,879	10,770		35,206	485,855			439,879
(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$, NAIC 2 \$, NAIC 3 \$, NAIC 4 \$, NAIC 5 \$, NAIC 6 \$.								

SCHEDULE DA - PART 1

Short-Term Investments					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA - VERIFICATION

Short-Term Investments		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		
2. Cost of short-term investments acquired		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
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).....		
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year).....
2. Cost Paid/(Consideration Received) on additions.....
3. Unrealized Valuation increase/(decrease).....
4. Total gain (loss) on termination recognized.....
5. Considerations received/(paid) on terminations.....
6. Amortization.....
7. Adjustment to the Book/Adjusted Carrying Value of hedged item.....
8. Total foreign exchange change in Book/Adjusted Carrying Value.....
9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8).....
10. Deduct nonadmitted assets.....
11. Statement value at end of current period (Line 9 minus Line 10).....

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year.....
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote).....
- 3.1 Change in variation margin on open contracts.....
- 3.2 Add:
 - Change in adjustment to basis of hedged item
 - 3.21 Section 1, Column 17, current year to date minus.....
 - 3.22 Section 1, Column 17, prior year.....
 - Change in amount recognized
 - 3.23 Section 1, Column 16, current year to date minus.....
 - 3.24 Section 1, Column 16, prior year.....
- 3.3 Subtotal (Line 3.1 minus Line 3.2).....
- 4.1 Variation margin on terminated contracts during the year.....
- 4.2 Less:
 - 4.21 Amount used to adjust basis of hedged item.....
 - 4.22 Amount recognized.....
- 4.3 Subtotal (Line 4.1 minus Line 4.2).....
5. Dispositions gains (losses) on contracts terminated in prior year:
 - 5.1 Recognized.....
 - 5.2 Used to adjust basis of hedged items.....
6. Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2).....
7. Deduct total nonadmitted amounts.....
8. Statement value at end of current period (Line 6 minus Line 7).....

SCHEDULE DB - PART C- SECTION 1

SIN5

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE DB - PART C - SECTION 2

	Replication (Synthetic Asset) Transactions Open									
	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication(Synthetic Asset) Transactions Statement Value	XX		XXX		XXX		XXX		XXX	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XX		XXX		XXX		XXX		XXX	
7. Ending Inventory										

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14.....
2. Part B, Section 1, Column 14.....
3. Total (Line 1 plus Line 2).....
4. Part D, Column 5.....
5. Part D, Column 6.....
6. Total (Line 3 minus Line 4 minus Line 5).....

Fair Value Check

7. Part A, Section 1, Column 16.....
8. Part B, Section 1, Column 13.....
9. Total (Line 7 plus Line 8).....
10. Part D, Column 8.....
11. Part D, Column 9.....
12. Total (Line 9 minus Line 10 minus Line 11).....

Potential Exposure Check

13. Part A, Section 1, Column 21.....
14. Part B, Section 1, Column 19.....
15. Part D, Column 11.....
16. Total (Line 13 plus Line 14 minus Line 15).....

SCHEDULE E-VERIFICATION

(Cash Equivalents)

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

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

[illegible]

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales under Contract"

[illegible]

SCHEDULE B - PART 2

FN2

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

[illegible]

SCHEDULE BA - PART 2

F03

SCHEDULE BA - PART 3

F03 1

STATEMENT AS OF MARCH 31, 2011 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (e)
000000-00-0	American National Insurance Fied		03/31/2011	American National Insurance Company		752			2
000000-00-0	American National Insurance Fied		03/31/2011	American National Insurance Company		98			2
000000-00-0	Jackson National Insurance Fied		03/31/2011	Jackson National Insurance Company		597			2
000000-00-0	LSM #60598X		03/31/2011	Life Insurance Company of the Southwest		812			2
000000-00-0	Reliance SIA Fied		03/31/2011	Reliance Standard Life Insurance Company		766			2
000000-00-0	Genworth Life Insurance		03/31/2011	Genworth Life Insurance Company		829			2
000000-00-0	EquiTrust Index		03/31/2011	EquiTrust Financial Services		5 076			2
839999 - Total	Bonds - Industrial Misc.					10 770			XX
839997 - Total	Bonds - Part 3					10 770			XX
839999 - Total	Preferred Stocks					10 770	XXX		XX
000000-00-0	American Century Gov't Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		183			1
000000-00-0	American Century Short Term Gov't Fund		03/31/2011	Charles Schwab & Co., Inc.		57			1
000000-00-0	Eaton Vance Floating Rate Fund		03/31/2011	Charles Schwab & Co., Inc.		245			1
000000-00-0	Eaton Vance Strategic Income Fund		03/31/2011	Charles Schwab & Co., Inc.		329			1
000000-00-0	Federated Adj. Rate Sec. Inst. Share		03/31/2011	Charles Schwab & Co., Inc.		60			1
000000-00-0	Federated Income Trust		03/31/2011	Charles Schwab & Co., Inc.		235			1
000000-00-0	Federated Short Term Income Fund		03/31/2011	Charles Schwab & Co., Inc.		126			1
000000-00-0	Federated Total Return Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		251			1
000000-00-0	Federated Ultra Short Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		81			1
000000-00-0	Federated US Sec. Securities Fund		03/31/2011	Charles Schwab & Co., Inc.		67			1
000000-00-0	First S&P 500 Cap. 800 Fund		03/31/2011	Charles Schwab & Co., Inc.		145			1
000000-00-0	First Short Term Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		144			1
000000-00-0	JP Morgan Core Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		6			1
000000-00-0	Ladeco MordCap Int'l Fixed Income Fund		03/31/2011	Charles Schwab & Co., Inc.		352			1
000000-00-0	Loans Savers Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		42			1
000000-00-0	Managers Short Duration Gov't Fund		03/31/2011	Charles Schwab & Co., Inc.		285			1
000000-00-0	Metropolitan West Total Return Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		535			1
000000-00-0	Metropolitan West High Yield Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		101			1
000000-00-0	PIK20 Developing Local Markets Fund		03/31/2011	Charles Schwab & Co., Inc.		138			1
000000-00-0	PIK20 Foreign Bond Fund (Unhedged)		03/31/2011	Charles Schwab & Co., Inc.		146			1
000000-00-0	PIK20 Foreign Bond Fund (Hedged)		03/31/2011	Charles Schwab & Co., Inc.		165			1
000000-00-0	PIK20 Pac. Invest. Mkt. Real Return Fund		03/31/2011	Charles Schwab & Co., Inc.		195			1
000000-00-0	PIK20 Short Term Cl. D.		03/31/2011	Charles Schwab & Co., Inc.		473			1
000000-00-0	PIK20 Total Return Fund		03/31/2011	Charles Schwab & Co., Inc.		70			1
000000-00-0	Ridgeworth Funds High Income		03/31/2011	Charles Schwab & Co., Inc.		14			1
000000-00-0	Ridgeworth Intermediate Bond Fund		03/31/2011	Charles Schwab & Co., Inc.		183			1
000000-00-0	Ridgeworth US Gov. Sec. Ultra Short Bd		03/31/2011	Charles Schwab & Co., Inc.		203			1
000000-00-0	Schwab Emerging Markets Equity		03/31/2011	Charles Schwab & Co., Inc.		216			1
000000-00-0	Schwab Emerging Markets Equity		03/31/2011	Charles Schwab & Co., Inc.		15			1
000000-00-0	Schwab Frontier Income Fund		03/31/2011	Charles Schwab & Co., Inc.		7			1
000000-00-0	Schwab US Large Cap		03/31/2011	Charles Schwab & Co., Inc.		21			1
000000-00-0	Schwab US Small Cap		03/31/2011	Charles Schwab & Co., Inc.		3			1
000000-00-0	SPIK Dow Jones Small Cap Value		03/31/2011	Charles Schwab & Co., Inc.		14			1
000000-00-0	ToucheStone Ultra Short Duration Fixed Inc.		03/31/2011	Charles Schwab & Co., Inc.		120			1
000000-00-0	Vanguard Total Stock Market		03/31/2011	Charles Schwab & Co., Inc.		176			1
000000-00-0	WisdomTree World ex US Growth Fund		03/31/2011	Charles Schwab & Co., Inc.		109			1
000000-00-0	PowerShares International Div. Achievers		03/31/2011	Charles Schwab & Co., Inc.		313			1
000000-00-0	Guggenheim Int'l Multi-Asset Income		03/31/2011	Charles Schwab & Co., Inc.		74			1
000000-00-0	Vanguard Growth		03/31/2011	Charles Schwab & Co., Inc.		103			1
000000-00-0	Shares S&P 500 Growth Index Fund		03/31/2011	Charles Schwab & Co., Inc.		80			1
000000-00-0	PowerShares Dynamic Lg Cap Value		03/31/2011	Charles Schwab & Co., Inc.		156			1
000000-00-0	First Trust Value Line Div. Index Fund		03/31/2011	Charles Schwab & Co., Inc.		50			1
000000-00-0	Schwab US Large-Cap Value		03/31/2011	Charles Schwab & Co., Inc.		119			1
000000-00-0	Schwab US Large-Cap Growth		03/31/2011	Charles Schwab & Co., Inc.		88			1
000000-00-0	Schwab US Broad Market		03/31/2011	Charles Schwab & Co., Inc.		207			1
000000-00-0	PowerShares FIST RMT US 1000		03/31/2011	Charles Schwab & Co., Inc.					1
000000-00-0	Forward Mortgage Securities Fund		03/31/2011	Charles Schwab & Co., Inc.					1

SCHEDULE D - PART 3

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE DB - PART A - SECTION 1

a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
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SCHEDULE DB - PART B - SECTION 1

	Broker Name	Net Cash Deposits
Total Net Cash Deposits		

(a)

SCHEDULE DB - PART D

FN8

General Interrogatory:						
1. Total activity for the year to date	Fair value	\$.....	Book/Adjusted Carrying Value	\$.....		
2. Average balance for the year to date	Fair value	\$.....	Book/Adjusted Carrying Value	\$.....		
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:						
NAIC 1 \$.....	NAIC 2 \$.....	NAIC 3 \$.....	NAIC 4 \$.....	NAIC 5 \$.....	NAIC 6 \$.....	

[illegible]

Book/Adjusted Carrying Value	\$
Book/Adjusted Carrying Value	\$
Book/Adjusted Carrying Value	\$

SCHEDULE E - PART 1 - CASHF11

SCHEDULE E - PART 2 - CASH EQUIVALENTS

F12