



# QUARTERLY STATEMENT

AS OF JUNE 30, 2011

OF THE CONDITION AND AFFAIRS OF THE

## OHIO GRAPHIC ARTS HEALTH FUND

NAIC Group Code 0001 (Current Period) , 0001 (Prior Period) NAIC Company Code 00108 Employer's ID Number 316034857

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ ☒ ]  
Dental Service Corporation [ ☐ ]  
Health Maintenance Organization [ ☐ ]

Property/Casualty [ ☐ ]  
Vision Service Corporation [ ☐ ]  
Is HMO Federally Qualified? Yes ( ☐ ) No ( ☐ )

Hospital, Medical and Dental Service or Indemnity [ ☐ ]  
Other [ ☐ ]

Incorporated/Organized August 1, 1953 Commenced Business August 1, 1953

Statutory Home Office 6730 Roosevelt Avenue, Franklin, Ohio 45005  
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 6730 Roosevelt Avenue, Franklin, Ohio 45005 800-573-0009  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 6730 Roosevelt Avenue, Franklin, Ohio 45005  
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 6730 Roosevelt Avenue, Franklin, Ohio 45005  
(Street and Number, City or Town, State and Zip Code)  
800-573-0009  
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Jim Cunningham 888-576-1971  
(Name) (Area Code) (Telephone Number) (Extension)  
(E-Mail Address) (Fax Number)

### OFFICERS

Larry Halenkamp (President)  
James Maly (Secretary)

### OTHER OFFICERS

### DIRECTORS OR TRUSTEES

Robert Keeler  
Robert Phillips  
Jim Cunningham  
Ken Rellar  
John Hassan  
Larry Halenkamp  
James Maly  
Robert Van Leer

State of Ohio } SS  
County of \_\_\_\_\_

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

Larry Halenkamp  
President

James Maly  
Secretary

Subscribed and sworn to before me this  
day of \_\_\_\_\_

- a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

Ohio Graphic Arts Health Fund  
Reconciliation of Claim Lag Report to Statutory Report

RECEIVED

AUG 08 2011

OFRS

	<u>6/30/2011</u>
Paid Claims per Lag Report	1,672,945
Decrease in Incurred but Not Reported (Liability Account)	(100,000)
FICA tax in claims expense	
Dental Claims	67,320
Pharmaceutical rebate	(33,241)
Subrogation received not deducted from lag report	
Refunds not deducted from lag report	(3,328)
Unexplained	<u>(1,484)</u>
	<u>1,602,212</u>
Adjusted Total per Statutory Report	<u>1,602,212</u>
Difference	<u>0</u>

MLB/JAL  
108  
MEWA

OGA Lag Table

Incurred Month Prior	Paid Jan-11	Paid Feb-11	Paid Mar-11	Paid Apr-11	Paid May-11	Paid Jun-11	Total
Feb-08	47						47
Mar-08			652	389	0		1,041
Apr-08			543	126	54		723
May-08			134	272			406
Jun-08			117	205			322
Jul-08						1,996	1,996
Aug-08		-159				320	161
Sep-08						0	0
Oct-08	0			13			13
Nov-08		370					370
Dec-08							0
Jan-09		0					0
Feb-09		0		11	18		29
Mar-09				40			40
Apr-09	0	0		41			41
May-09		0		39			39
Jun-09	0	0	0	2			2
Jul-09	-17			10			-7
Aug-09	0		-15	5			-10
Sep-09		198		-166	0		31
Oct-09	77	207	-3	13			294
Nov-09	23			0	0		23
Dec-09	0		0	26	-25	36,703	36,704
Jan-10	1,273	-450	291	4		1,691	2,810
Feb-10	69	36	289	15	0	0	408
Mar-10	34	-6	384	157	4		575
Apr-10	511	0	56	10	63		639
May-10	101	542	-77	19	0	0	585
Jun-10	3,749	-297	-116	854	0	20	4,210
Jul-10	853	140	79	80	9,227		10,379
Aug-10	8,796	1,541	610	990	0	20	11,957
Sep-10	1,987	18,753	270	75		1,031	22,116
Oct-10	5,142	2,097	3,207	1,299	-353	2,117	13,510
Nov-10	92,595	4,874	3,347	1,318	2,014	1,035	105,184
Dec-10	270,781	63,388	5,437	3,566	844	161	344,178
Jan-11	35,018	93,859	17,653	4,485	3,489	11,926	166,431
Feb-11		63,031	150,870	20,330	2,264	1,596	238,091
Mar-11			43,147	138,487	13,748	5,579	200,960
Apr-11				52,140	129,438	8,558	190,136
May-11					44,752	234,627	279,379
Jun-11						39,134	39,134
Jul-11							0
Aug-11							0
Sep-11							0
Oct-11							0
Nov-11							0
Dec-11							0
Total	421,040	248,125	226,876	224,852	205,537	346,514	1,672,945

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

## ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds .....	741,368		741,368	635,402
2. Stocks:				
2.1 Preferred stocks .....	99,100		99,100	74,020
2.2 Common stocks .....	1,804,736		1,804,736	1,500,981
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 (\$ ..... 479,038 ) , cash equivalents (\$ ..... ) and short-term investments (\$ ..... 125,897 ) .....	604,935		604,935	778,068
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 (Line 1 to Line 11) .....	3,250,139		3,250,139	2,988,471
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	12,148		12,148	9,694
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	58,773	3,603	55,170	53,448
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 .....				
16.2 Funds held by or deposited with reinsured companies .....	103,089		103,089	103,089
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 .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) .....	3,424,149	3,603	3,420,546	3,154,702
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Totals (Line 26 and Line 27) .....	3,424,149	3,603	3,420,546	3,154,702
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1001 through Line 1103 plus Line 1198) (Line 11 above)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	500,000		500,000	600,000
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
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 .....	40,392		40,392	44,114
9. General expenses due or accrued .....	12,841		12,841	17,920
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 (Line 1 to Line 23) .....	553,233		553,233	662,034
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X		
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	2,867,313	2,492,668
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 25 \$ ..... ) .....	X X X	X X X		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	X X X	X X X		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32) .....	X X X	X X X	2,867,313	2,492,668
34. Total Liabilities, capital and surplus (Line 24 and Line 33) .....	X X X	X X X	3,420,546	3,154,702
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....				
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

## STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X	6,969	7,655	14,688
2. Net premium income (including \$ non-health premium income)	X X X	2,082,192	2,159,762	4,189,944
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$ medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Line 2 to Line 7)	X X X	2,082,192	2,159,762	4,189,944
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		1,193,524	1,157,998	2,562,634
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area		35,514	18,493	72,459
13. Prescription drugs		373,174	411,957	691,687
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		1,602,212	1,588,448	3,326,780
<b>Less:</b>				
17. Net reinsurance recoveries				
18. Total hospital and medical (Line 16 minus Line 17)		1,602,212	1,588,448	3,326,780
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses				
21. General administrative expenses		242,316	276,941	530,867
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Line 18 through Line 22)		1,844,528	1,865,389	3,857,647
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	237,664	294,373	332,297
25. Net investment income earned		39,502	30,979	62,716
26. Net realized capital gains (losses) less capital gains tax of \$		42,917	33,942	36,288
27. Net investment gains (losses) (Line 25 plus Line 26)		82,419	64,921	99,004
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 (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	320,083	359,294	431,301
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Line 30 minus Line 31)	X X X	320,083	359,294	431,301
<b>DETAILS OF WRITE-INS</b>				
0601. Increase in funds held with reinsurance companies	X X X			
0602. ....	X X X			
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X			
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)				
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				

STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND  
**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year .....	2,492,668	1,957,911	1,957,911
34. Net income (loss) from Line 32 .....	320,083	359,294	431,301
35. Change in valuation basis of aggregate policy and claims reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	55,999	(135,927)	103,517
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(1,437)	2,104	(61)
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 (Line 34 to Line 47) .....	374,645	225,471	534,757
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	2,867,313	2,183,382	2,492,668
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) .....			

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	2,075,310	2,118,293	4,195,710
2. Net investment income	38,340	31,866	64,806
3. Miscellaneous income			
4. Total (Line 1 through Line 3)	2,113,650	2,150,161	4,260,516
5. Benefit and loss related payments	1,702,212	1,650,081	3,438,413
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	247,395	281,902	534,458
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Line 5 through Line 9)	1,949,607	1,931,983	3,972,871
11. Net cash from operations (Line 4 minus Line 10)	164,043	218,178	287,645
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	99,999		55,625
12.2 Stocks	271,840	242,885	377,276
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	4		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	371,843	242,885	432,901
13. Cost of investments acquired (long-term only):			
13.1 Bonds	207,259	82,452	82,452
13.2 Stocks	501,767	247,760	459,217
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			6
13.7 Total investments acquired (Line 13.1 through Line 13.6)	709,026	330,212	541,675
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(337,183)	(87,327)	(108,774)
<b>Cash from Financing and Miscellaneous Sources</b>			
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			
16.6 Other cash provided (applied)	7		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(173,133)	130,851	178,871
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	778,068	599,197	599,197
19.2 End of period (Line 18 plus Line 19.1)	604,935	730,048	778,068

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

20.0001			
20.0002			
20.0003			
20.0004			
20.0005			
20.0006			
20.0007			
20.0008			
20.0009			
20.0010			



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and 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
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	538		517	21						
2. First Quarter	529		508	21						
3. Second Quarter	527		505	22						
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	6,969		6,969							
Total Member Ambulatory Encounters for Period:										
7. Physician	62		62							
8. Non-Physician										
9. Total	62		62							
10. Hospital Patient Days Incurred	25		25							
11. Number of Inpatient Admissions	8		8							
12. Health Premiums Written (a)	2,082,192		2,082,192							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,082,192		2,082,192							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,702,212		1,702,212							
18. Amount Incurred for Provision of Health Care Services	1,802,212		1,802,212							

(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)

Aging Analysis of Unpaid Claims

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91-120 Days	5 Over 120 Days	6 Total
039999 - Aggregate accounts not individually listed-covered	317,256	61,826	11,689	6,327	30,831	427,929
049999 - Subtotals	317,256	61,826	11,689	6,327	30,831	427,929
059999 - Unreported claims and other claim reserves						72,071
079999 - Total claims unpaid						500,000

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	559,815	1,143,397	23,452	476,546	582,267	600,000
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 to Line 8)	559,815	1,143,397	23,452	476,546	582,267	600,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals	559,815	1,143,397	23,452	476,546	582,267	600,000

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

**NOTES TO FINANCIAL STATEMENTS****1. Summary of Accounting Policies****Basis of Accounting**

The financial statements are prepared using accounting principles prescribed or permitted by the Insurance Department of the State of Ohio. Under this method, the Fund does not record prepaid expenses or recognize income on unbilled exit assessments. Accounts receivable that are uncollected after 90 days are reported as "nonadmitted" assets. Bonds are recorded at amortized cost.

**Cash and Cash Equivalents**

The Company considers cash and short term investments purchased with a maturity of three months or less to be cash equivalents. Such short-term investments are stated at fair value (level 1). These accounts may exceed federally insured amounts at times.

**Investment Valuations and Income Recognition**

As of June 30, 2011, the Fund's investments, held by Huntington Bank and managed by Bahl & Gaynor Investment Counsel, are not covered by federal insurance.

The Fund adopted Statement of Statutory Accounting Principle (SSAP) No. 100, "*Fair Value Measurements*." SSAP No. 100 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 - Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 - Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity).

The Fund's investment in common and preferred stock is stated at fair value as determined by quoted market prices on the last business day of the year (Level 1). The Fund's investment in bonds is stated at amortized cost and amortized on the straight-line method over the length of the bond.

Purchases and sales of investments are recorded on a "trade-date" basis. Interest income recorded on the accrual basis. Dividends are recorded on the "ex-dividend" date.

**Premiums Due and Unpaid**

Premium due and unpaid represent amounts due to the Fund. Accounts receivable that are uncollected after 90 days are to be reported as "non-admitted" assets. Changes to "non-admitted assets" are shown on the Statements of Changes in Surplus.

**Unearned Premiums**

Unearned premiums represent contributions received by the Fund for future periods of service. These contributions are recognized as premiums earned in the period earned.

**Estimates**

The preparation of financial statements in conformity with the accounting principles prescribed or permitted by the Insurance Department of the State of Ohio requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Concentrations of Credit Risk**

Concentrations of credit risk arise due to the Fund operating solely in the printing industry in the Greater Cincinnati area. Consequently, these operations and the associated credit risk may be affected, either positively or negatively, by changes in economic conditions in this geographical area.

**Estimated Liability for Claims Incurred But Not Reported**

Fund obligations for health claims incurred but not reported, by active participants are estimated at present value, based on a 5% discount rate, by the Fund's actuary in accordance with accepted actuarial principles. Health claims incurred but not reported, by retired participants at year-end are included in the postretirement benefit obligation.

**2. Accounting Changes and Corrections of Errors**

None

**3. Business Combinations and Goodwill**

None

## NOTES TO FINANCIAL STATEMENTS

4. Discontinued Operations  
None
5. Investments  
None
6. Joint Ventures, Partnerships and Limited Liability Companies  
None
7. Investment Income  
No investment income was excluded in the financial statements.
8. Derivative Instruments  
None
9. Income Tax  
The Fund has been advised that it is exempt from federal income tax under Section 501(c) (9) of United States Internal Revenue Code. Therefore, there is no income tax expense or related deferred tax recognized in the financial statements.
10. Information Concerning Parent, Subsidiaries and Affiliates  
None
11. Debt  
None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

### Postretirement Benefits

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees for service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from retirees. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the retirees. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the printing industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation was determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

### Total Benefit Obligations as Required Under SOP 92-6

	June 30, 2011	December 31, 2010
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 500,000	\$ 600,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	4,846,065	4,846,065
Other participants fully eligible for benefits	13,466,038	13,466,038
Participants not yet fully eligible for benefits	11,144,037	11,144,037
Total Postretirement Benefit Obligations	29,456,140	29,456,140
Less: Contributions expected to be received in the future from retirees	(29,456,140)	(29,456,140)
Net Postretirement Benefit Obligation	0	0
Plan's Total Benefit Obligations	\$ 500,000	\$ 600,000

**NOTES TO FINANCIAL STATEMENTS**

## Changes in Plan's Benefits Obligations as Required Under SOP 92-6

	June 30, 2011	December 31, 2010
Amounts Currently Payable To Or For Participants, Beneficiaries, And Dependents		
Balance at beginning of year	\$ 185,364	\$ 112,029
Claims reported and approved for payment	813,006	3,326,819
Claims paid	(813,006)	(3,253,484)
Balance at end of year	185,364	185,364
Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts		
Balance at beginning of year	414,636	687,971
Net change during the year	(100,000)	(273,335)
Balance at end of year	314,636	414,636
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	22,399,666	22,399,666
Increases (decreases) in postretirement benefits	7,056,474	7,056,474
Less: Contributions to be received in the future from retirees	(29,456,140)	(29,456,140)
Balance at end of year	0	0
Plan's Total Benefit Obligations At End Of Year	\$ 500,000	\$ 600,000

## Benefit Obligations

The projected increase in covered health benefits at December 31, 2010 was 10% for 2010 graduated to 4% for 2016 and thereafter. The projected increase in covered health care benefits at December 31, 2009 was 7% for 2009 graduated to 5% for 2012 thereafter. The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year it would increase the obligation as of December 31, 2010 by \$4,767,674. If the assumed rates decreased by one percentage point in each year it would decrease the obligation as of December 31, 2010 by \$3,896,602.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations  
None
14. Contingencies  
None
15. Leases  
None
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk  
None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans  
Not Applicable
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
None

**NOTES TO FINANCIAL STATEMENTS****20. Other Items****Printing Industries Consolidated Trust**

Effective November 1, 1990 the Fund became a member of the Printing Industries Consolidated Trust (PIC Trust), which is established to administer the specific and aggregate stop-loss coverage's for the medical and life insurance benefit plans of the local affiliates of the Printing Industries of America, Inc. (PIA, Inc.). Members make monthly payments to PIC Trust in amounts established prospectively by PIC Trust. Each Fund has specific and aggregate stop-loss coverage through PIC Trust for its medical and life insurance benefit plans in excess of specified limits. The funds received from OGAHF are held in interest-bearing accounts and are used to pay premiums to insurance carriers for life insurance and for medical claims over \$150,000, and the Fund's share of management expenses of PIC Trust. Aggregate claims in excess of 125% of anticipated claims for each year are fully insured under an insurance policy through United Health Care.

Any participating Fund's surplus account balance held by the PIC Trust is available to the PIC Trust to cover any participating Fund's deficit account balance. After all funds with a deficit balance are recovered, any fund with a surplus balance will receive a refund.

For the year ended December 31, 2009 the refund declared by the PIC Trust amounted to \$129,207. A refund was not received during 2010.

**21. Events Subsequent**

None

**22. Reinsurance****A. Ceded Reinsurance Report****Section 1-General Interrogatories**

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

**Section 2-Ceded Reinsurance Report-Part A**

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No (X)

- a. \$0  
b. \$0

- (2) Does the reporting entity have any reinsurance agreement in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

**Section 3-Ceded Reinsurance Report-Part B**

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreement other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 Above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. Not applicable.

**NOTES TO FINANCIAL STATEMENTS**

---

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

- B. Uncollectible Reinsurance

None

- C. Commutation of Ceded Reinsurance

None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not applicable

- B. Not applicable

24. Change in Incurred Claims and Claim Adjustment Expenses

None

25. Intercompany Pooling Arrangements

None

26. Structured Settlements

Not Applicable

27. Health Care Receivables

None

28. Participating Policies

None

29. Premium Deficiency Reserves

None

30. Anticipated Salvage and Subrogation

None



STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

(Electronic Filing Only)

**NOTES TO FINANCIAL STATEMENTS - ITEM 1A**

1	2	3	4
State Prescribed Practices	State of Domicile	Current	Prior
01A01 - Net Income, state basis (Page 4, Line 35, Columns 1 and 3)	OH	320,083	431,301
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3)	OH	320,083	431,301
01A05 - Surplus, state basis (Page 3, Line 37, Columns 1 and 2)	OH	2,867,313	2,492,668
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7)	OH	2,867,313	2,492,668

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

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes ( ) No (X)
- 1.2 If yes, has the report been filed with the domiciliary state? Yes ( ) No ( )
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ( ) No (X)
- 2.2 If yes, date of change: .....
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes ( ) No (X)  
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 (X)
- 4.2 If yes, provide 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 (X) N/A ( )  
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. 12/31/2009
- 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. 05/26/2010
- 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). 05/26/2010
- 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 ( ) N/A (X)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No ( ) N/A ( )
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes ( ) No (X)
- 7.2 If yes, give full information  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ( ) No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ( ) No (X)
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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 (continued)**

- 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 (X) 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 (X)
- 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 (X)
- 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 (X)
- 10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ .....

**INVESTMENT**

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

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

	<sup>1</sup> Prior Year-End Book/ Adjusted Carrying Value	<sup>2</sup> 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 Line 14.21 to Line 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above .....	\$ .....	\$ .....

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

**GENERAL INTERROGATORIES (continued)**

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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes (X) No ( )

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

<sup>1</sup> Name of Custodian(s)	<sup>2</sup> Custodian Address
Huntington Bank	P.O. Box 1558; Columbus, OH 43216

- 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:

<sup>1</sup> Name(s)	<sup>2</sup> Location(s)	<sup>3</sup> 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 (X)

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

<sup>1</sup> Old Custodian	<sup>2</sup> New Custodian	<sup>3</sup> Date of Change	<sup>4</sup> Reason

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

<sup>1</sup> Central Registration Depository	<sup>2</sup> Name(s)	<sup>3</sup> Address
106139	Bahl & Gaynor	212E 3rd St; Cinti, OH 45202

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

Yes ( ) No (X)

- 17.2 If no, list exceptions:

**GENERAL INTERROGATORIES (continued)**

PART 2 - HEALTH

1. Operating Percentages:
  - 1.1 A&H loss percent ..... 77.0 %
  - 1.2 A&H cost containment percent ..... %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 2.1 %
- 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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
------------------------------	------------------------------	------------------------	------------------------	----------------------------------	--------------------------------------	---

0199998 - Accident and Health - Affiliates

Accident and Health - Non-Affiliates

79413	36-2739571	01/01/2011	United Healthcare Insurance	OH	SSL/A/G	Yes
79413	36-2739571	01/01/2011	United Healthcare Insurance	OH	ASL/A/G	Yes

0299998 - Accident and Health - Non-Affiliates

0399998 - Life and Annuity - Affiliates

0499998 - Life and Annuity - Non-Affiliates

0599998 - Property/Casualty - Affiliates

0699998 - Property/Casualty - Non-Affiliates

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

			1	Direct Business Only Year to Date							
				2	3	4	5	6	7	8	9
States, Etc.			Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Column 2 Through Column 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.	District of 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	L	2,082,192						2,082,192	
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	X X X								
59.	Subtotal		X X X	2,082,192						2,082,192	
60.	Reporting entity contributions for Employee Benefit Plans		X X X								
61.	Total (Direct Business)	(a)	1	2,082,192						2,082,192	
DETAILS OF WRITE-INS											
5801.											
5802.											
5803.											
5898.	Summary of remaining write-ins for Line 58 from overflow page.										
5899.	Total (Line 5801 through Line 5803 plus Line 5898)										
	(Line 58 above)										

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

Active Status Codes (Column 1):

(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





SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES  
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

All entity members of a Holding Company Group that have acquired and/or disposed of any domestic entity (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL LISTING

1 NAIC Group Code	2 Group Name	3 NAIC Company Code	4 State of Domicile	5 FEI Number	6 Name of Company
----------------------	-----------------	------------------------	------------------------	-----------------	----------------------

NONE

## 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 EXPLANATIONS 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

EXPLANATIONS:

BAR CODE:

Document Identifier 365:



**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after ac		
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/ac		
7. Deduct current year's other than temporar		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus		
Line 5 plus Line 6 minus Line 7 plus Line 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after a		
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 mort		
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 (Line 1 plus Line 2 plus		
Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12. Total Valuation Allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after a		
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 (Line 1 plus Line 2 plus Line 3 plus Line 4 plus		
Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,210,403	1,994,161
2. Cost of bonds and stocks acquired	709,026	541,669
3. Accrual of discount	150	283
4. Unrealized valuation increase (decrease)	55,995	103,523
5. Total gain (loss) on disposals	42,917	36,288
6. Deduct consideration for bonds and stocks disposed of	371,842	432,901
7. Deduct amortization of premium	1,442	2,620
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized	3	
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus		
Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	2,645,204	2,210,403
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,645,204	2,210,403

## 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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a)	634,178	107,940		(750)	634,178	741,368		635,402
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	634,178	107,940		(750)	634,178	741,368		635,402
<b>PREFERRED STOCK</b>								
8. Class 1	99,060			1,040	99,060	99,100		74,020
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	99,060			1,040	99,060	99,100		74,020
15. Total Bonds and Preferred Stock	732,238	107,940		290	732,238	840,468		709,422

(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 Owned End of Current Quarter

	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 Totals .....	125,897	X X X	125,897	222	

**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 .....	183,496	242,704
2. Cost of short-term investments acquired .....	486,130	164,823
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	543,729	224,031
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 (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) .....	125,897	183,496
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	125,897	183,496

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**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 .....
8. Total foreign exchange change in Book/Adjusted Carrying Value .....
9. Book/Adjusted Carrying Value at End of Current Period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 plus Line 7 plus Line 8) .....
10. Deduct nonadmitted assets .....
11. Statement value at end of current period (Line 9 minus Line 10) .....

**NONE****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 .....
  - 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 current 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 (Line 1 plus Line 2 plus Line 3.3 minus Line 4.3 minus Line 5.1 minus Line 5.2) .....
7. Deduct total nonadmitted amounts .....
8. Statement value at end of current period (Line 6 minus Line 7) .....

**NONE**



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 Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	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	XXX						XXX		XXX	
7. Ending Inventory										



STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**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) .....	

**NONE**

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 incr. ....		
5. Total gain (loss) on disp. ....		
6. Deduct consideration rec. ....		
7. Deduct amortization of p. ....		
8. Total foreign exchange cl. ....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) .....		
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....		

**NONE**

SCHEDULE A - PART 2

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

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book / Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						

NONE

SCHEDULE A - PART 3

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

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expensed for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9	10	11	12	13							
								Current Year's Depreciation	Current Year's Other Than Temporary Impairment Reversal	Current Year's Change in Encumbrances	Total Change in B / A, C, V. (11 & 10)	Total Foreign Exchange Change in B / A, C, V. (11 & 13)							

NONE

SCHEDULE B - PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE during the Current Quarter

1 Loan Number	Location		4	5	6	7	8	9
	2 City	3 State						

NONE

SCHEDULE B - PART 3

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

1  Loan Number	Location		4  Loan Type	5  Date Acquired	6  Disposal Date	7  Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Change in Book Value/Recorded Investment					14  Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15  Consideration	16  Foreign Exchange Gain (Loss) on Disposal	17  Realized Gain (Loss) on Disposal	18  Total Gain (Loss) on Disposal
	2  City	3  State					8  Unrealized Valuation Increase (Decrease)	9  Current Year's (Amortization)/ Accretion	10  Current Year's Other Than Temporary Impairment Recognized	11  Capitalized Deferred Interest and Other	12  Total Change in Book Value (8+9-10+11)					

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									

NONE

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Purchaser or Nature of Deposit	6 Date Originally Acquired	7 Disposal Date	8 Book Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book Adjusted Carrying Value					15 Book Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B / A C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B / A C.V.					

NONE

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO-GRAPHIC ARTS HEALTH FUND

## SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company 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 (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
005229-CW-1	Anheuser Busch Cos Inc		04/28/2011	Davidson (D.A.) and Co		53,940	50,000.00	431	
38141G-EU-4	Goldman Sachs Group		04/28/2011	UBS Financial Services		53,950	50,000.00	844	
3809399	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					107,940	100,000.00	1,275	
Bonds - Credit Tenant Loans									
4199399	Subtotal - Bonds - Credit Tenant Loans								
8399397	Subtotal - Bonds - Part 3					107,940	100,000.00	1,275	
8399399	Subtotal - Bonds					107,940	100,000.00	1,275	
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
546551-07	Lowes Cos Inc		04/13/2011	Credit Suisse/First Boston	100,000	2,682			
452308-09	Illinois Tool Works		04/13/2011	Credit Suisse/First Boston	100,000	5,322			
002824-0-0	Abbott Laboratories		04/13/2011	Credit Suisse/First Boston	100,000	5,050			
002824-0-0	Abbott Laboratories		04/28/2011	Cap Institutional	150,000	7,825			
822556-0-5	Snicker (J.M.) Co		05/20/2011	Cap Institutional	375,000	29,184			
863557-0-1	Snicker Corp		05/20/2011	SI Group	500,000	31,767			
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					81,830			
Common Stocks - Mutual Funds									
464287-17-5	Isares Bardey US Treasury		04/13/2011	Suisse/First Boston	815,000	89,422			
9299999	Subtotal - Common Stocks - Mutual Funds					89,422			
9799997	Subtotal - Common Stocks - Part 3					171,252			
9799999	Subtotal - Common Stocks					171,252			
9899999	Subtotal - Preferred and Common Stocks					171,252			
9999999	TOTALS					279,192		1,275	

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

## STATEMENT AS OF JUNE 30, 2011 OF THE OHIO-GRAPHIC ARTS HEALTH FUND

## SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of  
by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11	12	13	14	15	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designa- tion or Market Indi- cator (a)
										Unrealized Increase/ (Decrease)	Current Year's (Amort- ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12+13)	Total Foreign Exchange Change in B./A.C.V.							
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																					
186764-10-0	Chevron Corporation		04/26/2011	Cap Institutional	200,000	21,885		9,371	18,250	(8,879)			(8,879)		18,250		12,314	12,314	144		
543561-10-7	Lowes Cos Inc		05/20/2011	Citigroup Global	1,500,000	36,834		39,634	37,794	1,840			1,840		37,794		(2,801)	(2,801)	319		
867224-10-7	Suncor Energy		05/25/2011	Morgan Stanley and Co	600,000	24,197		22,602	23,513	(911)			(911)		23,513		1,596	1,596	44		
909399 - Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
979397 - Subtotal - Common Stocks - Part 4						82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
979399 - Subtotal - Common Stocks						82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
969399 - Subtotal - Preferred and Common Stocks						82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
999399 - TOTALS						82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		

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

## SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of  
by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares or Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11	12	13	14	15	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designa- tion or Market Indi- cator (a)
										Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.							
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																					
185784-10-0	Chevron Corporation		04/28/2011	Cap Institutional	200,000	21,885		9,371	18,250	(6,879)			(8,879)		18,250		12,314	12,314	144		
54861-10-7	Lowes Cos Inc		05/20/2011	Citigroup Global	1,500,000	36,834		39,634	37,794	1,840			1,840		37,794		(2,801)	(2,801)	319		
86724-10-7	Suncor Energy		05/25/2011	Morgan Stanley and Co	600,000	24,197		22,602	23,513	(911)			(911)		23,513		1,586	1,586	44		
908999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
979997	Subtotal - Common Stocks - Part 4					82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
979999	Subtotal - Common Stocks					82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
989999	Subtotal - Preferred and Common Stocks					82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		
999999	TOTALS					82,716		71,607	79,557	(7,950)			(7,950)		79,557		11,109	11,109	507		

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



SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Items Hedged or Used for Income Generation	Schedule/Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/Adjusted Carrying Value Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (a)	

NONE

(a)	Financial or Economic Impact of the Hedge at the End of the Reporting Period
Code	

NONE

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Changes in Variation Margin				19	20
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Price	15	16	17	18	Potential Exposure	Hedge Effectiveness at Inception and at Quarter-end (a)
														Cumulative	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred		

NONE

Broker Name	Net Cash Deposits
-------------	-------------------

NONE

(a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
-----	------	--

NONE

SCHEDULE DB - Part D

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1	2	3	4	Book/Adjusted Carrying Value			Fair Value			11	12
				5	6	7	8	9	10		
Description Counterparty or Exchange Traded	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Contracts With Book/Adjusted Carrying Value > 0	Contracts With Book/Adjusted Carrying Value < 0	Exposure net of Collateral	Contracts With Fair Value > 0	Contracts With Fair Value < 0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure

NONE

# **SCHEDULE DL - PART 1** **SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6
CUSIP Identification	Description	NAIC Designation/Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Dates

# NONE

General Interrogatory:

1. Total activity for the year	Fair Value \$ .....	Book/Adjusted Carrying Value \$ .....
2. Average Balance for the year	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 \$ .....

**SCHEDULE DL - PART 2  
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6
CUSIP Identification	Description	NAIC Designation/Marker Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Dates

**NONE**

General Interrogatory:

1. Total activity for the year
2. Average Balance for the year
3. Grand Total Schedule DL Part 1 and Part 2

Fair Value \$ .....  
Fair Value \$ .....  
Fair Value \$ .....

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

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	
Open Depositories									
Cash in Bank	Huntington Bank					441,996	540,252	479,038	
0199999 - TOTAL - Open Depositories						441,996	540,252	479,038	
0399999 - TOTAL Cash on Deposit						441,996	540,252	479,038	
0599999 - TOTALS						441,996	540,252	479,038	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
------------------	-----------	--------------------	-----------------------	--------------------	--------------------------------------	--	-------------------------------------

NONE