



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

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

(Street and Number, City or Town, State and Zip Code)

800-573-0009

(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

(Name)

888-576-1971

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

(Fax Number)

OFFICERS

Larry Halenkamp (President)
James Maly (Secretary)

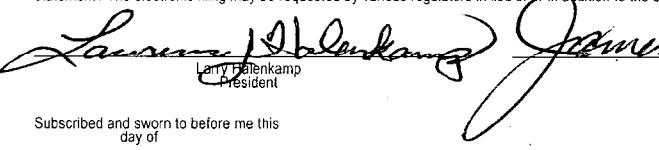
OTHER OFFICERS

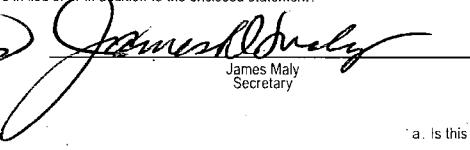
DIRECTORS OR TRUSTEES

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

State of Ohio
County of 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.


Larry Halenkamp
President

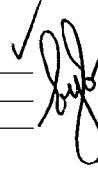

James Maly
Secretary

Subscribed and sworn to before me this
day of

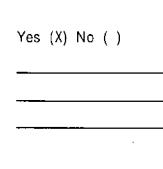
a. Is this an original filing?

Yes (X) No ()

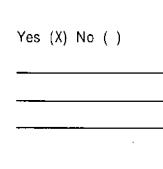
b. If no: 1. State the amendment number



2. Date filed



3. Number of pages attached



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

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| | 6/30/2011 |
|---|------------------|
| 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 | (1,484) |
| | <u>1,602,212</u> |
| Adjusted Total per Statutory Report | <u>1,602,212</u> |
| Difference | <u>0</u> |

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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. | | | | |
| 2588. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2588) (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 \$ 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 | 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 | 2,867,313 | 2,492,668 |
| 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 (Line 25 to Line 31 minus Line 32) | XXX | XXX | 2,867,313 | 2,492,668 |
| 34. Total Liabilities, capital and surplus (Line 24 and Line 33) | XXX | XXX | 3,420,546 | 3,154,702 |
| DETAILS OF WRITE-INS | | | | |
| 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 | XXX | XXX | | |
| 2502 | XXX | XXX | | |
| 2503 | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 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 (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) | XXX | XXX | | |

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 Uncovered | 2 Total | 3 Total | 4 Total |
| | XXX | 6,969 | 7,655 | 14,688 |
| 1. Member Months | | | | |
| 2. Net premium income (including \$ non-health premium income) | | 2,082,192 | 2,159,762 | 4,189,944 |
| 3. Change in unearned premium reserves and reserve for rate credits | | | | |
| 4. Fee-for-service (net of \$ medical expenses) | | | | |
| 5. Risk revenue | | | | |
| 6. Aggregate write-ins for other health care related revenues | | | | |
| 7. Aggregate write-ins for other non-health revenues | | | | |
| 8. Total revenues (Line 2 to Line 7) | XXX | 2,082,192 | 2,159,762 | 4,189,944 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | | 1,193,524 | 1,157,998 |
| 10. Other professional services | | | | |
| 11. Outside referrals | | | 35,514 | 18,493 |
| 12. Emergency room and out-of-area | | | | 72,459 |
| 13. Prescription drugs | | | 373,174 | 411,957 |
| 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 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | |
| 18. Total hospital and medical (Line 16 minus Line 17) | | | 1,602,212 | 1,588,448 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | | | |
| 21. General administrative expenses | | | 242,316 | 276,941 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | | | 530,867 |
| 23. Total underwriting deductions (Line 18 through Line 22) | | | 1,844,528 | 1,865,389 |
| 24. Net underwriting gain or (loss) (Line 8 minus Line 23) | XXX | 237,664 | 294,373 | 332,297 |
| 25. Net investment income earned | | | 39,502 | 30,979 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | 42,917 | 33,942 |
| 27. Net investment gains (losses) (Line 25 plus Line 26) | | | 82,419 | 64,921 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | | 99,004 |
| 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) | XXX | 320,083 | 359,294 | 431,301 |
| 31. Federal and foreign income taxes incurred | XXX | | | |
| 32. Net income (loss) (Line 30 minus Line 31) | XXX | 320,083 | 359,294 | 431,301 |
| DETAILS OF WRITE-INS | | | | |
| 0601. Increase in funds held with reinsurance companies | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 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 (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) | XXX | | | |
| 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 |
| | | | |
| DETAILS OF WRITE-INS | | | |
| 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 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 2,075,310 | 2,118,293 | 4,195,710 |
| 2. Net investment income | 38,340 | 31,868 | 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 | 247,395 | 281,902 | 534,458 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | | | |
| 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 |
| Cash from Investments | | | |
| 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 | 4 | | |
| 12.7 Miscellaneous proceeds | | | |
| 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) |
| 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 | | | |
| 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 | | |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 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 | Comprehensive (Hospital and Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-----------|--------------------------------------|-------|------------------------|----------------|----------------|---|-------------------------|-----------------------|-------|
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| 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 | 6,369 | | | 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 | 1,602,212 | | | 1,602,212 | | | | | | |

[a] For health premiums written: amount of Medicare Title XVIII exempt from state taxes or less \$

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

Aging Analysis of Unpaid Claims

| Account | 2 1-30 Days | 3 31-60 Days | 4 61-90 Days | 5 91-120 Days | 6 Over 120 Days | 7 Total |
|--|----------------|-----------------|-----------------|------------------|--------------------|------------|
| 0393998 - Aggregate accounts not individually listed-covered | 317,256 | 61,826 | 11,689 | 6,327 | 30,831 | 427,329 |
| 0493998 - Subtotals | 317,256 | 61,826 | 11,689 | 6,327 | 30,831 | 427,329 |
| 0593998 - Unreported claims and other claim reserves | | | | | | 72,071 |
| 0793998 - 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 | | 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) | | | | | 582,267 |
| 2. Medicare Supplement | | | | | 600,000 |
| 3. Dental only | | | | | |
| 4. Vision only | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | |
| 6. Title XIII - Medicare | | | | | |
| 7. Title XIV - Medicaid | | | | | |
| 8. Other health | | | | | |
| 9. Health subtotal (Line 1 to Line 8) | 558,815 | 1,143,397 | 23,452 | 476,548 | |
| 10. Healthcare receivables (a) | | | | | |
| 11. Other non-health | | | | | |
| 12. Medical incentive pools and bonus amounts | | | | | |
| 13. Totals | 558,815 | 1,143,397 | 23,452 | 476,548 | 582,267 |
| | | | | | 600,000 |

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

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

STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND
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 | <u>11,144,037</u> | <u>11,144,037</u> |
| Total Postretirement Benefit Obligations | 29,456,140 | 29,456,140 |
| Less: Contributions expected to be received in the future from retirees | <u>(29,456,140)</u> | <u>(29,456,140)</u> |
| Net Postretirement Benefit Obligation | 0 | 0 |
| Plan's Total Benefit Obligations | \$ 500,000 | \$ 600,000 |

STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND
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 | <u>(813,006)</u> | <u>(3,253,484)</u> |
| Balance at end of year | <u>185,364</u> | <u>185,364</u> |
| 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 | <u>(100,000)</u> | <u>(273,335)</u> |
| Balance at end of year | <u>314,636</u> | <u>414,636</u> |
| 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 | <u>(29,456,140)</u> | <u>(29,456,140)</u> |
| Balance at end of year | <u>0</u> | <u>0</u> |
| Plan's Total Benefit Obligations At End Of Year | <u><u>\$ 500,000</u></u> | <u><u>\$ 600,000</u></u> |

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

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

STATEMENT AS OF JUNE 30, 2011 OF THE OHIO GRAPHIC ARTS HEALTH FUND
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 State Prescribed Practices | 2 State of Domicile | 3 Current | 4 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:

| | 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 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.

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

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:

| 1 Name of Custodian(s) | 2 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:

| 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 (X)

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, 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:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|---------------------|------------------------------------|
| 106139 | Bahl & Gaynor | 212E 3rd St; Cinci, 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:

.....

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

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. \$

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

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

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status | Direct Business Only Year to Date | | | | | | | |
|---|--------------------|-----------------------------------|---------------------------|-------------------------|---|---|---------------------------------|--------------------------------------|-----------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/Casualty Premiums | 8 Total Column 2 Through Column 7 | 9 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 XXX | | | | | | | | |
| 59. Subtotal | XXX | 2,082,192 | | | | | | 2,082,192 | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | 1 | 2,082,192 | | | | | 2,082,192 | |
| 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 NAC Group Code | 2 Group Name | 3 NAC Company Code | 4 State of Domicile | 5 FEI Number | 6 Name of Company |
|---------------------|-----------------|-----------------------|------------------------|-----------------|----------------------|
| | | | | | |

NONE

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

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:



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

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 | 1,984,161 |
| 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 | 3 | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 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 | 2,645,204 | 2,210,403 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | |

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 |
| BONDS | | | | | | | | |
| 1. Class 1 [a]..... | | | | | | | | |
| 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 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | 1,140 | | 98,060 | 74,120 |
| 15. Total Bonds and Preferred Stock | 732,338 | 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 nonrated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|-------------------------|--------------------------------------|----------------|---------------------|--|---|
| 9199999 Totals | 125,897 | XXX | 125,897 | 222 | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 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
- 3.3 Subtotal (Line 3.1 minus Line 3.2)
- 4.1 Variation margin on terminated contracts during the period
- 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 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

| Number | Description | Replication (Synthetic Asset) Transactions | | | | | | Components of the Replication (Synthetic Asset) Transactions | | | | | | |
|--------|-------------|---|--------------------|---------------------------------|------------|-------------------|------------------|--|-------|------------|-------|---|---------------------------------|------------|
| | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | NAIC Designation or Other Description | National Amount | Book/Adjusted Carrying Value | Fair Value | Effective Date | Maturity Date | Description | CUSIP | Fair Value | CUSIP | NAIC Designation or Other Description | Book/Adjusted Carrying Value | Fair Value |

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 |
| 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 |
| 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)

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

SCHEDULE E - VERIFICATION

(Cash Equivalents)

| | 1 Year To Date | 2 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

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

SCHEDULE A - PART 2

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

| Description of Property | Location | | Date Acquired | Name of Vendor | Actual Cost at Time of Acquisition | Amount of Encumbrances | Book / Adjusted Carrying Value less Encumbrances | 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"

| Description of Property | Location | | Name of Purchaser | Actual Cost | Book / Adjusted Carrying Value less Encumbrances | Current Year's Other Than Temporary Impairment | Current Year's Transcription | Total Foreign Exchange Change in B.A.C.V. r/r 14.2.11n | Total Change in Foreign Exchange in B.A.C.V. | Book / Adjusted Carrying Value less Encumbrances on Disposal | Amounts Received During Year | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Gross Income Earned less Interest Incuried on Encumbrances | Taxes, Rents and Expenses Incuried |
|-------------------------|-----------|------------|-------------------|-------------|--|--|------------------------------|--|--|--|------------------------------|--|----------------------------------|-------------------------------|--|------------------------------------|
| | 2 City | 3 State | | | | | | | | | | | | | | |

NONE

SCHEDULE B - PART 2

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

| 1 Loan Number | Location | | 4 Loan Type | 5 Date Acquired | 6 Rate of Interest | 7 Actual Cost at Time of Acquisition | 8 Additional Investment Made After Acquisition | 9 Value of Land and Buildings |
|------------------|-----------|------------|----------------|--------------------|-----------------------|---|---|----------------------------------|
| | 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 Book Value Recorded Investment Excluding Accrued Interest Prior Year | 7 Unrealized Valuation Increase (Decrease) | Change in Book Value/Recorded Investment | | | 14 Book Value/Recorded Investment Accrued Interest on Disposal | 15 Total Foreign Exchange in Book Value | 16 Total Foreign Exchange in Book Value (8+9+10+11) | 17 Realized Gain (Loss) on Disposal | 18 Total Gain (Loss) on Disposal |
|------------------|-----------|------------|----------------|--------------------|---|---|---|---|----------------------|---|--|--|--|-------------------------------------|
| | 2 City | 3 State | | | | | 8 Current Years Other Than Temporary Impairment Recognized | 9 Capitalized Deferred Interest and Other | 10 11 12 13 | | | | | |

NONE

SCHEDULE BA - PART 2

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

| CUSIP Identification | Name or Description | Location | | Name of Vendor or General Partner | NAIC Designation | Date Originally Acquired | Type and Strategy | Actual Cost at Time of Acquisition | Additional Investment Made After Acquisition | Amount of Encumbrances | Commitment for Additional Investment | 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

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

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 | Par Value Acquired Interest and Dividends | NAIC Designation or Market Indicator (a) |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | |
| 035223-CV-1 | Anheuser Busch Cos Inc | | 04/28/2011 | Davidson [D. A.] and Co | | 53,990 | 50,000.00 | | 43 |
| 38141G-EU-4 | Coleman Sacks Group | | 04/28/2011 | UBS Financial Services | | 53,950 | 50,000.00 | | 44 |
| 383939-B | Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | 107,940 | 100,000.00 | | 1,275 |
| Bonds - Credit Tenant Loans | | | | | | | | | |
| 493939-B | Subtotal - Bonds - Credit Tenant Loans | | | | | 107,940 | 100,000.00 | | 1,275 |
| 8399397 | Subtotal - Bonds - Part 3 | | | | | 107,940 | 100,000.00 | | 1,275 |
| 8399398 | Subtotal - Bonds | | | | | 107,940 | 100,000.00 | | 1,275 |
| Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | |
| 546661-10-7 | Lowes Cos Inc | | 04/13/2011 | Credit Suisse/First Boston | | 100,000 | | 2,662 | |
| 452303-10-9 | Illinoi Top Works | | 04/13/2011 | Credit Suisse/First Boston | | 100,000 | | 5,322 | |
| 003234-10-0 | Abbott Laboratories | | 04/13/2011 | Credit Suisse/First Boston | | 100,000 | | 5,050 | |
| 032824-10-0 | Abbott Laboratories | | 04/28/2011 | Cap Institutional | | 50,000 | | 7,825 | |
| 832626-40-5 | Smucker (J. M.) Co | | 05/20/2011 | Cap Institutional | | 375,000 | | 29,184 | |
| 863657-10-1 | Stryker Corp | | 05/20/2011 | ISI Group | | 300,000 | | 31,767 | |
| 9939398 | Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | | | | 81,630 | | | |
| Common Stocks - Mutual Funds | | | | | | | | | |
| 461237-17-6 | Charles Barclay US Treasury | | 04/13/2011 | Suisse/First Boston | | 85,000 | | 89,422 | |
| 929948-B | Subtotal - Common Stocks - Mutual Funds | | | | | 89,422 | | | |
| 9799497 | Subtotal - Common Stocks - Part 3 | | | | | 171,252 | | | |
| 9799499 | Subtotal - Common Stocks | | | | | 171,252 | | | |
| 9899498 | Subtotal - Preferred and Common Stocks | | | | | 171,252 | | | |
| 9989498 | TOTALS | | | | | 29,192 | | | |

(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

| CUSIP Identifi- cation | Description | Foreign Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration Par Value | Actual Cost | Change in Book/Adjusted Carrying Value | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 NAIC Desig- nation of Market Indi- cate (a) | | | | |
|--|------------------------------------|-----------------------------|-------------------|---------------------------------|----------------------------|----------------|--|---|---|---|----|----|----|----|----|----|--|--|---|--|--|
| | | | | | | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total Change in B./A.C.V. (11+12+13) | Book/Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Maturity Date |
| Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | |
| 165754-104 - Chevron Corporation | 04/25/2011 - CenInstitutional | 200,000 | 21,685 | 9,371 | 18,250 | 18,879 | | | | | | | | | | | 18,250 | 12,314 | 144 | | |
| 548561-107 - Lowes Cos Inc | 05/23/2011 - Olligroup Global R | 1,500,000 | 36,834 | 39,634 | 37,794 | 1,80 | | | | | | | | | | | 37,794 | (2,801) | 313 | | |
| 867224-104 - Sunoco Energy | 05/25/2011 - Morgan Stanley and Co | 600,000 | 24,197 | 22,602 | 23,513 | 911 | | | | | | | | | | | 23,513 | 1,596 | 44 | | |
| 9083999 - Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | 82,716 | | 71,607 | 79,557 | (7,950) | | | | | | | | | | | 79,557 | 1,596 | 44 | | |
| 9793997 - Subtotal - Common Stocks - Part 4 | | 82,716 | | 71,607 | 79,557 | (7,950) | | | | | | | | | | | 79,557 | 1,596 | 44 | | |
| 9793999 - Subtotal - Common Stocks | | 82,716 | | 71,607 | 79,557 | (7,950) | | | | | | | | | | | 79,557 | 1,596 | 44 | | |
| 9683999 - Subtotal - Preferred and Common Stocks | | 82,716 | | 71,607 | 79,557 | (7,950) | | | | | | | | | | | 79,557 | 1,596 | 44 | | |
| 9933999 - TOTALS | | 82,716 | | 71,607 | 79,557 | (7,950) | | | | | | | | | | | 79,557 | 1,596 | 44 | | |

SCHEDULE D - PART 4

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

| CUSIP Identifi- cation | Description | Name of Purchaser | Disposal Date | Foreign | Number of Shares of Stock | Consideration | Par Value | Prior Year Book/ Adjusted Carrying Value | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's (Amor- tization)/ Accretion | 13 Current Year's Other Than Temporary Impairment | 14 Recon- ciliation | 15 Total Change in B/A.C.V. (11-12-13) | 16 Total Foreign Exchange Change in B/A.C.V. | 17 Book/Adjusted Carrying Value at Disposal Date | 18 Foreign Exchange Gain (Loss) on Disposal | 19 Realized Gain (Loss) on Disposal | 20 Total Gain (Loss) on Disposal | 21 Bond Interest/ Stock Dividends Received During Year | 22 Maturity Date | 22 NAIC Designa- tion or Market Indi- cation (a) | |
|---|-------------|-----------------------|------------------|---------|--|---------------|-----------|--|--|--|---|---------------------------|--|---|--|--|---|--|--|------------------------|---|----|
| | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | | | | | | | | | | | | | | | | | | |
| Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | | |
| 165764-1C4 Chevron Corporation | 04/28/2011 | Cat Institutional | 200,000 | 21,685 | 9,371 | 18,250 | 18,250 | (8,879) | 1,840 | 1,840 | 1,840 | 1,840 | 18,250 | 18,250 | 12,314 | 12,314 | 144 | 144 | 144 | 144 | 144 | |
| 54861-107 Citigroup Global R | 05/20/2011 | Citigroup Global R | 1,500,000 | 36,834 | 39,634 | 37,794 | 37,794 | 1,840 | 1,840 | 1,840 | 1,840 | 1,840 | 37,794 | 37,794 | (2,861) | (2,861) | 316 | 316 | 316 | 316 | 316 | |
| 867224-1D-1 Sunoco Energy | 05/25/2011 | Morgan Stanley and Co | 600,000 | 24,197 | 22,602 | 23,513 | 23,513 | (911) | (911) | (911) | (911) | (911) | 23,513 | 23,513 | 1,536 | 1,536 | 44 | 44 | 44 | 44 | 44 | |
| 908699-9 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | | 82,716 | 82,716 | 71,607 | 79,557 | 79,557 | (7,950) | (7,950) | (7,950) | (7,950) | (7,950) | 79,557 | 79,557 | 11,108 | 11,108 | 507 | 507 | 507 | 507 | 507 | |
| 9786997 Subtotal - Common Stocks - Part 4 | | | 82,716 | 82,716 | 71,607 | 79,557 | 79,557 | (7,950) | (7,950) | (7,950) | (7,950) | (7,950) | 79,557 | 79,557 | 11,109 | 11,109 | 507 | 507 | 507 | 507 | 507 | |
| 9786998 Subtotal - Common Stocks | | | 82,716 | 82,716 | 71,607 | 79,557 | 79,557 | (7,950) | (7,950) | (7,950) | (7,950) | (7,950) | 79,557 | 79,557 | 11,109 | 11,109 | 507 | 507 | 507 | 507 | 507 | |
| 9866999 Subtotal - Preferred and Common Stocks | | | 82,716 | 82,716 | 71,607 | 79,557 | 79,557 | (7,950) | (7,950) | (7,950) | (7,950) | (7,950) | 79,557 | 79,557 | 11,109 | 11,109 | 507 | 507 | 507 | 507 | 507 | |
| 9996999 TOTALS | | | 82,716 | 82,716 | 71,607 | 79,557 | 79,557 | (7,950) | (7,950) | (7,950) | (7,950) | (7,950) | 79,557 | 79,557 | 11,109 | 11,109 | 507 | 507 | 507 | 507 | 507 | |

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

NONE

(a)

| Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
|------|--|
| | |

NONE

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

| Ticker Symbol | Number of Contracts | Notional Amount | Description | Description of Hedged Item(s) | Type(s) of Risk(s) | Schedule/ Exhibit Identifier | Date of Maturity or Expiration | Exchange | Trade Date | Transaction Price | Reporting Date Price | Fair Value | Book/ Adjusted Carrying Price | Changes in Variation Margin | | | 19 | 20 |
|---------------|---------------------|-----------------|-------------|-------------------------------|--------------------|------------------------------|--------------------------------|----------|------------|-------------------|----------------------|------------|-------------------------------|-----------------------------|----|----|----|----|
| | | | | | | | | | | | | | | 14 | 15 | 16 | | |
| | | | | | | | | | | | | | | | | | | |

NONE

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

NONE

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

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

SCHEDULE DB - Part D

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

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 \$

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 |
|-------------------------------------|---------------------------------------|-----------|--------------------------|--|--|---|-------------------|------------------|---|
| Name | Location and Supplemental Information | | | | | 6 First Month | 7 Second Month | 8 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 |
|------------------|-----------|--------------------|-----------------------|--------------------|--------------------------------------|--|-------------------------------------|
| | | | | | | | |

NON