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# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2011  
OF THE CONDITION AND AFFAIRS OF THE

## Greater Ohio Health and Welfare Fund

NAIC Group Code 0001 (Current Period) NAIC Company Code 00105 Employer's ID Number 34-0965339 (Prior Period)

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity    
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  Is HMO, Federally Qualified? Yes  No

Incorporated/Organized 03/01/1984 Commenced Business 03/01/1984

Statutory Home Office 55 East Mill Street, P.O. Box 2000 Akron, OH 44309-2000  
(Street and Number) (City, State and Zip Code)

Main Administrative Office 55 East Mill Street, P.O. Box 2000 Akron, OH 44309-2000 330-376-7730  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address c/o ASCA, 55 East Mill St, P.O. Box 2000 Akron, OH 44309-2000  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records c/o Klais & Company, 1867 West Market Street Akron, OH 44313 330-376-7730  
(Street and Number) (City, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact Malcolm Costa 330-376-7730  
(Name) (Area Code) (Telephone Number) (Extension)  
(E-Mail Address) 330-996-4040  
(Fax Number)

### OFFICERS

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

### OTHER OFFICERS

Clearcreek Financial Group Klais & Company	Investment Manager All Disbursements	Schwab & Company	Custodian
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### DIRECTORS OR TRUSTEES

Malcolm Costa	Lois Clark
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State of Ohio  
County of Summit SS

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

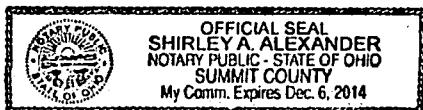
Malcolm Costa Lois J. Clark  
Malcolm Costa Lois Clark  
Trustee Trstee

a. Is this an original filing? Yes  No

b. If no,

1. State the amendment number
2. Date filed
3. Number of pages attached

11/15/2011



STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	507,033	6,201	500,832	439,879
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	1,933,304		1,933,304	1,620,432
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ 431,229 ).				
cash equivalents (\$ ..... )				
and short-term investments (\$ ..... ) .....	431,229		431,229	568,613
6. Contract loans (including \$ ..... premium notes)				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,871,566	6,201	2,865,365	2,628,924
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	4,566		4,566	21,190
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	751	751		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,876,883	6,952	2,869,931	2,650,114
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	2,876,883	6,952	2,869,931	2,650,114
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepads .....	751	751		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	639,259		639,259	562,056
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	20,000		20,000	20,000
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				8,927
9. General expenses due or accrued	5,002		5,002	25,205
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)				
20. Reinsurance in unauthorized companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	664,261		664,261	516,188
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	2,205,670	2,033,926
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26) \$ )	XXX	XXX		
32.2 shares preferred (value included in Line 27) \$ )	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,205,670	2,033,926
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,869,931	2,650,114
<b>DETAILS OF WRITE-INS</b>				
2301. Interest Maintenance Reserve				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	3,355	3,288	4,366
2. Net premium income (including \$..... non-health premium income).....	XXX	3,868,121	3,674,433	4,923,770
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$..... medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX			
7. Aggregate write-ins for other non-health revenues.....	XXX			
8. Total revenues (Lines 2 to 7).....	XXX	3,868,121	3,674,433	4,923,770
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		2,375,348	2,173,317	2,997,233
10. Other professional services.....		92,246	103,612	127,072
11. Outside referrals.....				
12. Emergency room and out-of-area.....		244,693	120,310	173,639
13. Prescription drugs.....		599,942	492,645	664,330
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....		3,312,229	2,889,884	3,962,274
<b>Less:</b>				
17. Net reinsurance recoveries.....		(144,211)	(78,885)	(105,241)
18. Total hospital and medical (Lines 16 minus 17).....		3,456,440	2,968,769	4,067,515
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$..... cost containment expenses.....		112,491	107,810	150,728
21. General administrative expenses.....		119,478	106,211	158,711
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....		3,688,409	3,182,790	4,376,954
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	179,712	491,543	546,816
25. Net investment income earned.....		35,139	23,534	40,494
26. Net realized capital gains (losses) less capital gains tax of \$.....		19,707	(139,855)	(134,519)
27. Net investment gains (losses) (Lines 25 plus 26).....		54,846	(116,321)	(94,025)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....).....				
29. Aggregate write-ins for other income or expenses.....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	234,558	375,322	452,791
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	234,558	375,322	452,791
<b>DETAILS OF WRITE-INS</b>				
0601.....		XXX		
0602.....		XXX		
0603.....		XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....		XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....		XXX		
0701.....		XXX		
0702.....		XXX		
0703.....		XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....		XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....		XXX		
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT:</b>			
33. Capital and surplus prior reporting year.....	2,033,926	626,312	626,312
34. Net income or (loss) from Line 32 .....	234,558	375,322	452,791
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(97,527)	177,666	203,798
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	34,713	750,393	751,025
40. Change in unauthorized reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	171,744	1,303,381	1,407,614
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,205,670	1,929,693	2,033,926
<b>DETAILS OF WRITE-INS</b>			
4701. .....			
4702. .....			
4703. .....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	3,859,194	3,674,433	4,923,770
2. Net investment income.....	35,139	29,484	46,444
3. Miscellaneous income.....			
4. Total (Lines 1 to 3).....	3,894,333	3,703,917	4,970,214
5. Benefit and loss related payments.....	3,360,702	2,855,004	3,885,435
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	252,172	218,753	300,264
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	3,612,874	3,073,757	4,185,699
11. Net cash from operations (Line 4 minus Line 10).....	281,459	630,160	784,515
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		361,371	361,645
12.2 Stocks.....	388,237	1,724,023	2,217,372
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	388,237	2,085,394	2,579,017
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	20,249	29,206	33,879
13.2 Stocks.....	786,831	2,310,623	2,813,080
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	807,080	2,339,829	2,846,959
14. Net increase (or decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(418,843)	(254,435)	(267,942)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....			
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(137,384)	375,725	516,573
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	568,613	52,040	52,040
19.2 End of period (Line 18 plus Line 19.1).....	431,229	427,765	568,613

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year	347	347								
2. First Quarter	386	386								
3. Second Quarter	379	379								
4. Third Quarter	353	353								
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician	2,673	2,212				24	437			
8. Non-Physician										
9. Total	2,673	2,212				24	437			
10. Hospital Patient Days Incurred	60	60								
11. Number of Inpatient Admissions	20	20								
12. Health Premiums Written(s)	3,868,121	3,868,121								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	3,312,229	3,312,229								
18. Amount Incurred for Provision of Health Care Services	3,312,229	3,312,229								

(a) For health premiums written, amount of Medicare Title XVIII exempt from state taxes on fees \$ .....

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

Claims unpaid (Reported)	Account	Aging Analysis of Unpaid Claims						Total
		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	6	
01999999 Individually listed claims unpaid								
02999999 Aggregate accounts not individually listed-uncovered								
03999999 Aggregate accounts not individually listed-covered								
04999999 Subtotals								
05999999 Unreported claims and other claim reserves								
06999999 Total amounts withheld								
07999999 Total claims unpaid								
08999999 Accrued medical incentive pool and bonus amounts								

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund  
**UNDERWRITING AND INVESTMENT EXHIBIT**  
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims			Liability		Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	Paid Year to Date 1	Claims Incurred Prior to January 1 of Current Year 2	On Claims Incurred During the Year 3	On Claims Unpaid Dec. 31 of Prior Year 4	Claims Incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (hospital and medical) .....	437,775	2,250,047			639,259	437,775
2. Medicare Supplement .....						562,056
3. Dental only .....		5,794	79,041			5,794
4. Vision only .....		1,103	5,535			1,103
5. Federal Employees Health Benefits Plan .....						
6. Title XIX - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....		26,000	573,942			26,000
9. Health subtotal (Lines 1 to 8) .....		470,672	2,908,565		639,259	470,672
10. Healthcare receivables (a) .....						562,056
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9-10+11+12) .....		470,672	2,908,565		639,259	470,672
						562,056

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

## NOTES TO FINANCIAL STATEMENTS

### NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

**Premiums:** Revenues from participating employers are recorded when premium billings are due. Premiums for purchased coverages are recorded monthly when the claim expense is incurred. If an installment premium is more than 90 days past due, the amount more than 90 days due plus all future installments are treated as a nonadmitted asset. At December 31, 2010 and September 30, 2011, there were no nonadmitted uncollected installment premiums.

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

#### *Valuation of Investments:*

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

**Common Stocks:** At acquisition, common stocks are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. Investments in common stock are valued and recorded in accordance with NAIC *Purposes and Procedures of the Securities Valuation Office (SVO)*, “Procedures for Valuing Common Stocks and Stock Warrants.” In those instances where a unit price is not available from the *SVO*, management determines fair value based on analytical or other pricing mechanisms. All common stock owned by the Fund at December 31, 2010 and September 30, 2011 is publicly traded and there are no restrictions related to these investments. The dollar amount of nonadmitted common stocks under Ohio Department of Insurance guidelines was \$0 and \$0 December 31, 2010 and September 30, 2011, respectively.

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

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

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

**Indexed Annuities:** At acquisition, indexed annuities are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. The indexed annuities consist of publicly traded mutual funds and are indexed based on either the S&P 500 index or on the one year point to point index. Guarantees are backed by the claims paying ability of the issuer. For the year ended December 31, 2010 and the quarter ended September 30, 2011, indexed annuities, which are not in annuitization status, are valued at fair value net of surrender charges.

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

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

**Unassigned Funds (Surplus):** This represents the undistributed and unappropriated amounts of surplus at December 31, 2010 and September 30, 2011. GOHIO does not make distributions from surplus, consequently, the entire surplus is available for the payment of future benefit claims and loss adjustment

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

**NOTES TO FINANCIAL STATEMENTS**

expenses. The Surplus has been reduced by \$41,665 and by \$6,952 at December 31, 2010 and September 30, 2011 for nonadmitted assets.

**Prepaid Expenses:** GOHIO pays certain prepaid expenses (e.g., trustees' errors and omissions insurance) that are recorded as an asset and amortized over the life of the policy. Under NAIC statutory accounting principles, these are considered nonadmitted assets. The dollar amount of prepaid expenses that were not admitted at December 31, 2010 and September 30, 2011 were \$2,662 and \$751, respectively.

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

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

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

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

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

**NOTE B – NATURE OF OPERATIONS**

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

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

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

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

**Administration:** The Plan Administrator is Mr. Malcolm Costa, Executive Director of Akron Summit Community Action, Inc. an employer participating in GOHIO. Benefit claims are processed and benefit payments are made by a third party administrator pursuant to Plan documents. Administrative and claim processing fees were paid to Klais & Company during the year ended December 31, 2010 and the quarter ended September 30, 2011.

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

## NOTES TO FINANCIAL STATEMENTS

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

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

### NOTE C – TAX STATUS

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

### NOTE D – MULTIPLE EMPLOYER WELFARE ARRANGEMENT

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

### NOTE E – CASH AND CASH EQUIVALENTS

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

### NOTE F – CONCENTRATION OF CREDIT RISK

GOHIO's entire bond and debt obligation is invested in Guaranteed Investment Contracts and mutual funds as of September 30, 2011. These investments represent 85% of GOHIO's total assets as of that date. All of this investment is treated as admitted because it does not exceed the limits included in the Ohio Revised Code.

### NOTE G – LOSS/CLAIM ADJUSTMENT EXPENSE

Reserves for claim adjustment expenses attributable to settlement expenses remained at \$20,000 as of September 30, 2011. This estimate may increase or decrease as a result of an ongoing analysis of these costs.

### NOTE H – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

GOHIO's estimated claims incurred but not reported (IBNR) and loss/claims adjustment expenses are for obligations at December 31, 2010 and September 30, 2011 for health claims incurred by active participants but not reported at that date are estimated by GOHIO's actuary in accordance with accepted actuarial principles using appropriate valuation methods, interest rates, mortality and morbidity rates. Such estimated amounts are reported in the accompanying statements at net present value. Original estimates are increased or decreased, as additional information known regarding individual claims.

### NOTE I – OTHER DISCLOSURES

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

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

## NOTES TO FINANCIAL STATEMENTS

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

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**GENERAL INTERROGATORIES**

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes  No

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes  No

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes  No

2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes  No

If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes  No

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes  No  NA

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made ..... 12/31/2008

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 03/17/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 03/23/2010

6.4 By what department or departments? .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes  No  NA

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes  No  NA

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes  No

7.2 If yes, give full information: .....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes  No

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes  No

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... Yes  No

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended?..... Yes  No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes  No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes  No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$ .....

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... Yes  No

11.2 If yes, give full and complete information relating thereto:

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$ .....

13. Amount of real estate and mortgages held in short-term investments:..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... Yes  No

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... Yes  No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... Yes  No   
If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**GENERAL INTERROGATORIES**

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

Yes  No

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

1 Name of Custodian(s)	2 Custodian Address
Charles Schwab & Co.....	New York, New York.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

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

Yes  No

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

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

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

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

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

Yes  No

17.2 If no, list exceptions:

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

	1 Amount
1. Operating Percentages:	
1.1 A&H loss percent.....	89.4%
1.2 A&H cost containment percent .....	%
1.3 A&H expense percent excluding cost containment expenses.....	%
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [ <input checked="" type="checkbox"/> ]
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 [ <input checked="" type="checkbox"/> ]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$.....

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## SCHEDULE S - CEDED REINSURANCE

## Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only						
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefit Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
1. Alabama	AL	N						
2. Alaska	AK	N						
3. Arizona	AZ	N						
4. Arkansas	AR	N						
5. California	CA	N						
6. Colorado	CO	N						
7. Connecticut	CT	N						
8. Delaware	DE	N						
9. Dist. Columbia	DC	N						
10. Florida	FL	N						
11. Georgia	GA	N						
12. Hawaii	HI	N						
13. Idaho	ID	N						
14. Illinois	IL	N						
15. Indiana	IN	N						
16. Iowa	IA	N						
17. Kansas	KS	N						
18. Kentucky	KY	N						
19. Louisiana	LA	N						
20. Maine	ME	N						
21. Maryland	MD	N						
22. Massachusetts	MA	N						
23. Michigan	MI	N						
24. Minnesota	MN	N						
25. Mississippi	MS	N						
26. Missouri	MO	N						
27. Montana	MT	N						
28. Nebraska	NE	N						
29. Nevada	NV	N						
30. New Hampshire	NH	N						
31. New Jersey	NJ	N						
32. New Mexico	NM	N						
33. New York	NY	N						
34. North Carolina	NC	N						
35. North Dakota	ND	N						
36. Ohio	OH	R	3,868,121					3,868,121
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	3,868,121					3,868,121
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)	(a)		3,868,121					3,868,121
DETAILS OF WRITE-INS								
5801		XXX						
5802		XXX						
5803		XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX						
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX						

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

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

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

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

**PART 1 - ORGANIZATIONAL CHART**

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare 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 EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....NO.....

**Explanation:**

1.

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

---

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**SCHEDULE A - VERIFICATION**

Real Estate	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**SCHEDULE B – VERIFICATION**

Mortgage Loans	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**SCHEDULE BA – VERIFICATION**

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

**SCHEDULE D – VERIFICATION**

Bonds and Stocks	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,099,314	1,762,093
2. Cost of bonds and stocks acquired	807,079	2,846,957
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	(97,527)	203,798
5. Total gain (loss) on disposals	19,707	(134,519)
6. Deduct consideration for bonds and stocks disposed of	388,236	2,579,015
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8-9)	2,440,337	2,099,314
11. Deduct total nonadmitted amounts	6,201	39,003
12. Statement value at end of current period (Line 10 minus Line 11)	2,434,136	2,060,311

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a)								
2. Class 2 (a)	495.977		4.710		145	485.855	495.977	500.832
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	495.977		4.710		145	485.855	495.977	500.832
<b>PREFERRED STOCK</b>								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	495.977		4.710		145	485.855	495.977	500.832
(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____								

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ \_\_\_\_\_; NAIC 2 \$ \_\_\_\_\_; NAIC 3 \$ \_\_\_\_\_; NAIC 4 \$ \_\_\_\_\_; NAIC 5 \$ \_\_\_\_\_; NAIC 6 \$ \_\_\_\_\_

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**SCHEDULE DA - PART 1**

Short-Term Investments					
	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		XXX			

**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.			
2. Cost of short-term investments acquired .....			
3. Accrual of discount .....			
4. Unrealized valuation increase (decrease) .....			
5. Total gain (loss) on disposals .....			
6. Deduct consideration received on disposals .....			
7. Deduct amortization of premium .....			
8. Total foreign exchange change in book/adjusted carrying value .....			
9. Deduct current year's other than temporary impairment recognized .....			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....			
11. Deduct total nonadmitted amounts .....			
12. Statement value at end of current period (Line 10 minus Line 11)			

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare 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 of hedged item.....
8. Total foreign exchange change in Book/Adjusted Carrying Value.....
9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8).....
10. Deduct nonadmitted assets.....
11. Statement value at end of current period (Line 9 minus Line 10).....

**SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year.....
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote).....
- 3.1 Change in variation margin on open contracts.....
- 3.2 Add:
  - Change in adjustment to basis of hedged item
  - 3.21 Section 1, Column 17, current year to date minus.....
  - 3.22 Section 1, Column 17, prior year.....
- 3.23 Change in amount recognized
- 3.24 Section 1, Column 16, current year to date minus.....
- 3.3 Subtotal (Line 3.1 minus Line 3.2).....
- 4.1 Variation margin on terminated contracts during the year.....
- 4.2 Less:
  - 4.21 Amount used to adjust basis of hedged item.....
  - 4.22 Amount recognized.....
- 4.3 Subtotal (Line 4.1 minus Line 4.2).....
5. Dispositions gains (losses) on contracts terminated in prior year:
  - 5.1 Recognized.....
  - 5.2 Used to adjust basis of hedged items.....
6. Book/Adjusted carrying value at end of current period (Lines 1+2+3-3.4-3.5.1-5.2).....
7. Deduct total nonadmitted amounts.....
8. Statement value at end of current period (Line 6 minus Line 7).....

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## SCHEDULE DB - PART C- SECTION 1

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

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**SCHEDULE DB - PART C - SECTION 2**

	Replication (Synthetic Asset) Transactions Open									
	First Quarter 1	Total Replication (Synthetic Asset) Transactions Statement Value Number of Positions	Second Quarter 2	Total Replication (Synthetic Asset) Transactions Statement Value Number of Positions	Third Quarter 3	Total Replication (Synthetic Asset) Transactions Statement Value Number of Positions	Fourth Quarter 4	Total Replication (Synthetic Asset) Transactions Statement Value Number of Positions	Year-To-Date 5	Year-To-Date 6
1. Beginning Inventory .....										
2. Add: Opened or Acquired Transactions .....										
3. Add: Increases in Replication(Synthetic Asset) Transactions Statement Value .....										
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 .....										
7. Ending Inventory .....										

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare 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).....

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 SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare 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 increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11)		

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

SCHEDULE A - PART 2

SCHEDULE I E A - PART 3

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## SCHEDULE B - PART 2

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SCHEDULE E B - PART 3

## Showing All Mortgage Loans DISPOSED Transferred or Renewed During the Current Quarter

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

SCHEDULE BA - PART 2

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## **SCHEDULE BA - PART 3**

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

**SCHEDULE D - PART 3**

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## SCHEDULE D - PART 3

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

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**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

SCHEDULE D - PART 4

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

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

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

SCHEDULE DB - PART A - SECTION 1

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

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STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**SCHEDULE DB - PART B - SECTION 1**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Future Contracts Open as of the Current Statement Date			19	20	
														15	16	17			
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative	Gain (Loss) Recognized in Current Year	Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure	
1326000 - Subtotal - Hedging Effective																			
1400000 - Subtotal - Hedging Other																			
1410500 - Subtotal - Derivatives																			
1420000 - Subtotal - Hedge Separation																			
1430000 - Subtotal - Other																			
1440000 - Total																			

Total Net Cash Deposits	Broker Name	Net Cash Deposits
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(a) Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
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**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## SCHEDULE DB - PART D

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

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

99999999 Totals  
General Interrogatory:

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

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

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

**General Interrogatory:**

1. Total activity for the year to date
2. Average balance for the year to date
3. Grand Total Schedule DL Part 1 and Part 2

Fair value \$.....  
Fair value \$.....  
Fair value \$.....

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

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances								
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			
					6	7	8	
Depository	Code	Rate of Interest		Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month
Huntington Bank Akron, Ohio						486,355	362,628	431,229
0169998 Deposits in _____ depositories that do not exceed the allowable limit in any one depository (see instructions) - Open Depositories	XXX	XXX						XXX
0169999 Totals - Open Depositories	XXX	XXX				486,355	362,628	431,229
0369999 Total Cash on Deposit	XXX	XXX				486,355	362,628	431,229
0469999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0569999 Total	XXX	XXX				486,355	362,628	431,229

**STATEMENT AS OF SEPTEMBER 30, 2011 OF THE Greater Ohio Health and Welfare Fund**

## SCHEDULE E - PART 2 - CASH EQUIVALENTS