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QUARTERLY STATEMENT

AS OF MARCH 31, 2012

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

Is HMO Federally Qualified? Yes No

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)

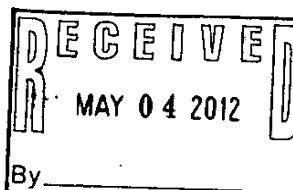
OFFICERS

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.

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STATEMENT AS OF MARCH 31, 2012 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	812,936		812,936	764,611
2. Stocks:				
2.1 Preferred stocks	26,360		26,360	25,600
2.2 Common stocks	1,874,857		1,874,857	1,785,533
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 (\$ 719,435), cash equivalents (\$) and short-term investments (\$ 130,765)	850,200		850,200	271,600
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)	3,564,353		3,564,353	2,847,344
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	10,157		10,157	12,988
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	44,767		44,767	119,395
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				372,265
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)	3,722,366		3,722,366	3,455,081
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	3,722,366		3,722,366	3,455,081
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)				

STATEMENT AS OF MARCH 31, 2012 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	500,000
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Properly/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	50,960		50,960	37,697
9. General expenses due or accrued.....	32,810		32,810	20,239
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)				
20. Reinsurance in unauthorized companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Line 1 to Line 23)	583,770		583,770	557,936
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	3,138,586	2,897,145
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	3,138,586	2,897,145
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	3,722,366	3,455,081
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		

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX	3,322	3,490	13,732
2. Net premium income (including \$ non-health premium income).....	XXX	1,048,392	1,043,518	4,102,022
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			281,801
7. Aggregate write-ins for other non-health revenues.....	XXX			
8. Total revenues (Line 2 to Line 7).....	XXX	1,048,392	1,043,518	4,383,823
Hospital and Medical:				
9. Hospital/medical benefits.....		651,099	500,485	3,687,239
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....		20,368	17,628	68,785
13. Prescription drugs.....		185,939	194,693	738,714
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Line 9 to Line 15).....		857,406	813,006	4,494,738
Less:				
17. Net reinsurance recoveries.....				869,831
18. Total hospital and medical (Line 16 minus Line 17).....		857,406	813,006	3,624,907
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$ cost containment expenses.....				
21. General administrative expenses.....		128,195	126,117	502,900
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....				
23. Total underwriting deductions (Line 18 through Line 22).....		985,601	939,123	4,127,807
24. Net underwriting gain or (loss) (Line 8 minus Line 23).....	XXX	62,791	104,395	256,016
25. Net investment income earned.....		18,303	17,687	78,998
26. Net realized capital gains (losses) less capital gains tax of \$ 27. Net investment gains (losses) (Line 25 plus Line 26).....		25,980	31,808	20,827
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....		44,283	49,495	99,825
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	107,074	153,890	355,841
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Line 30 minus Line 31).....	XXX	107,074	153,890	355,841
DETAILS OF WRITE-INS				
0601. Increase in funds held with reinsurance companies.....	XXX			281,801
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			281,801
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.....				

STATEMENT AS OF MARCH 31, 2012 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	2,897,145	2,492,668	2,492,668
34. Net income (loss) from Line 32	107,074	153,890	355,841
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	126,506	36,472	54,342
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	7,871	696	(5,706)
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)	241,451	191,058	404,477
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	3,138,596	2,683,726	2,897,145
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 MARCH 31, 2012 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	1,144,154	1,028,934	4,023,952
2. Net investment income	22,047	18,225	81,109
3. Miscellaneous income			281,801
4. Total (Line 1 through Line 3)	1,166,201	1,047,159	4,386,862
5. Benefit and loss related payments	485,141	913,006	4,097,172
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	115,624	111,396	502,900
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)	600,765	1,024,402	4,600,072
11. Net cash from operations (Line 4 minus Line 10)	565,436	22,757	(213,210)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		100,000	182,019
12.2 Stocks	132,064	189,121	710,980
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	6	12	26
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	132,070	289,133	893,025
13. Cost of investments acquired (long-term only):			
13.1 Bonds	49,237	99,319	312,285
13.2 Stocks	69,668	330,515	873,993
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	2		4
13.7 Total investments acquired (Line 13.1 through Line 13.6)	118,907	429,834	1,186,282
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)	13,163	(140,701)	(293,257)
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)			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)			
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)	578,599	(117,944)	(506,467)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	271,601	778,068	778,068
19.2 End of period (Line 18 plus Line 19.1)	650,200	660,124	271,601

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	2	Individual	3	Group	Medicare Supplement	Vision Only	Denial Only	Federal Employees Health Benefit Plan	Title XVII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																		
1. Prior Year.....	499					478	21											
2. First Quarter.....	512					492	20											
3. Second Quarter.....																		
4. Third Quarter.....																		
5. Current Year.....																		
6. Current Year Member Months.....																		
Total Member Ambulatory Encounters for Period:																		
7. Physician.....	94					94												
8. Non-Physician.....																		
9. Total.....	94					94												
10. Hospital Patient Days Incurred.....						60			60									
11. Number of Inpatient Admissions.....						15			15									
12. Health Premiums Written (a).....						1,048,392			1,048,392									
13. Life Premiums Direct.....																		
14. Property/Casualty Premiums Written.....																		
15. Health Premiums Earned.....						1,048,392			1,048,392									
16. Property/Casualty Premiums Earned.....																		
17. Amount Paid for Provision of Health Care Services.....						495,141			495,141									
18. Amount Incurred for Provision of Health Care Services.....						657,406			857,406									

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

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

Aging Analysis of Unpaid Claims

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		Claims Incurred in Prior Years (Columns 1 plus 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
Comprehensive (hospital and medical)	1,128	856,276	57,475	42,525	\$8,803	\$80,000
Medicare Supplement						
Health only						
Non-medical only						
General Employees Health Benefits Plan						
Line XVIII - Medicare						
Line XIX - Medicaid						
Her Health						
Health subtotal [Line 1 to Line 8]	1,128	856,276	57,475	42,525	\$8,803	\$80,000
Healthcare receivables (a)						
Her non-health						
Medical incentive pools and bonus amounts						
Health subtotal [Line 9 minus Line 10 plus Line 11 plus Line 12]	1,128	856,276	57,475	42,525	\$8,803	\$80,000
Interest \$						
Loans or advances to providers not yet expensed						

STATEMENT AS OF MARCH 31, 2012 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 March 31, 2012, the Fund's investments, held by Huntington Bank and managed by Bahl & Gaynor Investment Counsel, are not covered by federal insurance.

Statutory accounting guidance 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). A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. 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 short-term investments reported as cash equivalents, common stock and preferred stock are 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 constant yield method over the expected life of the bond. For the purposes of assessing impairment and making disclosures, the fair value of investments in bonds is determined by quoted market prices on the last business day of the year (Level 1).

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. Investment income receivable which is deemed uncollectible is charged off against investment income during the period in which the determination is made. Investment income receivable that is more than 90 days past due is treated as a non-admitted asset. The Fund deems all investment income receivable, none of which was more than 90 days past due, as fully collectible at March 31, 2012 and 2011.

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.

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND
NOTES TO FINANCIAL STATEMENTS

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
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

	March 31, 2012	December 31, 2011
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 500,000	\$ 500,000

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

Participants not yet fully eligible for benefits	<u>8,426,908</u>	<u>8,426,908</u>
Total Postretirement Benefit Obligations	<u>22,704,042</u>	<u>22,704,042</u>
Less: Contributions expected to be received in the future from retirees	<u>(22,704,042)</u>	<u>(22,704,042)</u>
Net Postretirement Benefit Obligation	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations	<u>\$ 500,000</u>	<u>\$ 500,000</u>

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

	March 31, 2012	December 31, 2011
Amounts Currently Payable To Or For Participants, Beneficiaries, And Dependents		
Balance at beginning of year	\$ 134,185	\$ 185,364
Claims reported and approved for payment	857,406	3,624,981
Claims paid	<u>(857,406)</u>	<u>(3,676,160)</u>
Balance at end of year	<u>134,185</u>	<u>134,185</u>
Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts		
Balance at beginning of year	365,815	414,636
Net change during the year	0	<u>(48,821)</u>
Balance at end of year	<u>365,815</u>	<u>365,815</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	29,456,140	29,456,140
Increases (decreases) in postretirement benefits	(6,752,098)	<u>(6,752,098)</u>
Less: Contributions to be received in the future from retirees	<u>(22,704,042)</u>	<u>(22,704,042)</u>
Balance at end of year	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations At End Of Year	<u>\$ 500,000</u>	<u>\$ 500,000</u>

Benefit Obligations

The projected increase in covered health benefits at December 31, 2011 was 9% for 2011 graduated to 4% for 2016 and thereafter. The projected increase in covered health care benefits at December 31, 2010 was 9% for 2010 graduated to 4% for 2016 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, 2011 by \$3,239,658. If the assumed rates decreased by one percentage point in each year it would decrease the obligation as of December 31, 2011 by \$2,700,893.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
None
14. Contingencies
None
15. Leases
None

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND
NOTES TO FINANCIAL STATEMENTS

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

20. Other Items

Printing Industries Consolidated Trust

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

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

During the year ended December 31, 2011 the refund declared by the PIC Trust amounted to \$281,801. In 2012, no refund was received.

The Fund can terminate its participation in PIC Trust, if it elects to do so. Upon termination, any funds held by PIC Trust on behalf of the Fund will be reimbursed. As of December 31, 2011, the Fund terminated its participation in the PIC Trust.

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?

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

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.

- (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 MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

NOTES TO FINANCIAL STATEMENTS - ITEM 1A

(Electronic Filing Only)

1 State Prescribed Practices	2 State of Domicile	3 Current	4 Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 4)	OH	107,074	355,841
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3)	OH	107,074	355,841
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	OH	3,138,596	2,897,145
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7)	OH	3,138,596	2,897,145

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH 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 (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)

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 ()

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 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?
Ohio Department of Insurance

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 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 FDIC	6 SEC
.....
.....
.....

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

GENERAL INTERROGATORIES (continued)

PART 1 - COMMON INTERROGATORIES

GENERAL

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 (X)
 (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 8A: \$

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 MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

GENERAL INTERROGATORIES (continued)

PART 1 - COMMON INTERROGATORIES

INVESTMENT

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 Consideration, F - Outsourcing of Critical Functions, 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	212 E 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 (X) No ()

17.2 If no, list exceptions:

.....

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1	A&H loss percent	..... 81.8 %
1.2	A&H cost containment percent %
1.3	A&H expense percent excluding cost containment expenses	..... 2.7 %
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 MARCH 31, 2012 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)
------------------------------	------------------------------	------------------------	------------------------	----------------------------------	--------------------------------------	---

Accident and Health - Affiliates
 70939 13-2611847 01/01/2012 GERBER LIFE INS CO OH SSL/A/G Yes
 70939 13-2611847 01/01/2012 GERBER LIFE INS CO OH ASL/A/G Yes

0199998 - Accident and Health - Affiliates

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 MARCH 31, 2012 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
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	1,048,392						1,048,392
37. Oklahoma	OK N							
38. Oregon	OR N							
39. Pennsylvania	PA N							
40. Rhode Island	RI N							
41. South Carolina	SC N							
42. South Dakota	SD N							
43. Tennessee	TN N							
44. Texas	TX N							
45. Utah	UT N							
46. Vermont	VT N							
47. Virginia	VA N							
48. Washington	WA N							
49. West Virginia	WV N							
50. Wisconsin	WI N							
51. Wyoming	WY N							
52. American Samoa	AS N							
53. Guam	GU N							
54. Puerto Rico	PR N							
55. U.S. Virgin Islands	VI N							
56. Northern Mariana Islands	MP N							
57. Canada	CN N							
58. Aggregate Other Alien	OT XXX							
59. Subtotal		XXX	1,048,392					1,048,392
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)	(a) 1	1,048,392						1,048,392

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

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

PART 1 - ORGANIZATIONAL CHART

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

2 p Name	3 NAC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity (Yes/Person) (\$)	15
-------------	-----------------------	------------------------	-------------------	----------	---	---	---------------------------	---	---	---	---	--	----

NONE

Explanation

NONE

STATEMENT AS OF MARCH 31, 2012 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 MARCH 31, 2012 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 tempor		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of cu		
Line 5 plus Line 6 minus Line 7 minus 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 exclusi		
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	2,575,744	2,210,403
2. Cost of bonds and stocks acquired	118,902	1,186,277
3. Accrual of discount	78	301
4. Unrealized valuation increase (decrease)	126,505	54,309

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	
		764,611	49,237		(912)	812,936			764,611	
		764,611	49,237		(912)	812,936			764,611	
		25,600			760	26,360			25,600	
		25,600			760	26,360			25,600	
		790,211	49,237		(152)	839,296			790,211	
		790,211	49,237		(152)	839,296			790,211	

1 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:

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH 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 Totals	130,765	XXX	130,765	22	.....

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	100,518	183,496
2. Cost of short-term investments acquired	84,449	1,316,864
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration received on disposals	54,202	1,399,842
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)	130,765	100,518
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	130,765	100,518

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

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

NONE

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)
- 3.1 Change in variation margin on open contracts
- 3.2 Add:
 - Change in adjustment to basis of hedged item
 - 3.21 Section 1, Column 17, current year to date minus
 - 3.22 Section 1, Column 17, prior year
 - Change in amount recognized
 - 3.23 Section 1, Column 16, current year to
 - 3.24 Section 1, Column 16, prior year
- 3.3 Subtotal (Line 3.1 minus Line 3.2)
- 4.1 Variation margin on terminated contracts during the 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

Replication (Synthetic Asset) Transactions										Components of the Replication (Synthetic Asset) Transactions						
2	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Derivative Instrument(s) Open			11	12	13	14	15	16
								9	10	12						

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	11	12	13	14
	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	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value
Inventory .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Acquired or Disposed of Acquired Transactions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Acquired in Replication (Synthetic Asset) Transactions Statement Value	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disposed of Disposed of Transactions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Acquired in Replication (Synthetic Asset) Transactions Statement Value .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disposed of Failed Effectiveness Criteria	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Acquired in Replication (Synthetic Asset) Transactions Statement Value .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inventory .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

STATEMENT AS OF MARCH 31, 2012 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 MARCH 31, 2012 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 pi.....
8. Total foreign exchange c.....
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 MARCH 31, 2012 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 on "Sales under Contract"

Location	4		5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances			14	Total Foreign Exchange Gain (Loss) in B.A.C.V. (11.D.1.m)	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 and Encumbrances Incurred on Disposal	Taxes, Repairs and Expenses Incurred
	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Net Change in Encumbrances	Current Year's Other Than Temporary Impairment	Current Year's Change in Encumbrances									

NONE

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE B - PART 2

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

	Location		4	5	6	7	8	9
	2	3						
	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings

NONE

SCHEDULE B - PART 3

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

Location		4	5	6	7	Change in Book Value/Recorded Investment				14	15	16	17	18			
2	3					Book Value/Recorded Investment Excluding Accrued Interest Prior Year	8	9	10	11	12	13	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
City	State	Loan Type	Date Acquired	Disposal Date		Current Year's (Amortization)/ Accretion	Capitalized Deferred Interest and Other	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book Value (\$44,041)				Consideration				

NONE

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE BA - PART 2

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

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

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

NONE

SCHEDULE D - PART 3

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

2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
1 and Miscellaneous (Unaffiliated)								
Kimberly-Clark Corp		02/05/2012	Morgan Stanley		49,237		50,000.00	
2 - Bonds - Industrial and Miscellaneous (Unaffiliated)					49,237	50,000.00		
3 - Bonds - Part 3					49,237		50,000.00	
3i - Bonds					49,237		50,000.00	
2 - Industrial and Miscellaneous (Unaffiliated)								
Walt Disney		01/01/2012	Morgan Stanley		495,000		16,951	
Dover		01/16/2012	ISI Group Inc.		200,000		11,195	
Emerson		01/10/2012	ISI Group Inc.		175,000		8,479	
Philip Morris Int'l Inc		03/01/2012	ISI Group Inc.		200,000		16,826	
Oracle		03/01/2012	Sandler O'Neill and Partners LP		525,000		15,513	
3 - Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
3i - Common Stocks - Part 3					69,666		69,666	
3i - Common Stocks					69,666		69,666	
3i - Preferred and Common Stocks					69,666		69,666	
3 - Common Stocks - Part 13								
3i - Common Stocks					118,903			
S								

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE D - PART 4

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

Selling option Foreign Disposal Date	Name of Purchaser	Number of Shares or Stock Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease)	Current Year's (Amor- tization)/ Acretion)	13 Current Year's Other Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12+13)	15 Total Foreign Exchange Change in B./A.C.V.	Change in Book/Adjusted Carrying Value		16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAC Designa- tion or Market Indi- cator (a)		
											6	7	8	9	10	11					
Excellencies (Unaffiliated)																					
01/10/2012	Citigroup Global Markets Inc.	650,000	29,112	19,974	28,346	(8,372)															
01/10/2012	ISI Group Inc.	50,000	9,081	6,381	9,194	(2,813)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,745	2,608	2,707	(99)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	1,991	1,984	1,956	28															
02/03/2012	Bernstein, Sanford C., and Co.	25,000	2,620	2,247	2,578	(331)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,312	2,310	3,889	(1,759)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	3,413	3,454	3,376	78															
02/03/2012	Bernstein, Sanford C., and Co.	25,000	1,438	1,482	1,392	90															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,210	2,082	2,233	(145)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,011	1,965	1,982	(27)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,772	2,557	2,651	(94)															
02/03/2012	Bernstein, Sanford C., and Co.	100,000	3,024	2,679	2,953	(274)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	1,365	1,160	1,944	(784)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	3,806	3,446	3,738	(292)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	3,687	3,759	3,759	632															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,765	3,177	2,772	405															
02/03/2012	Bernstein, Sanford C., and Co.	25,000	4,647	4,647	4,933	4,550															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,289	2,981	2,257	724															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	1,932	1,932	3,267	(1,722)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,921	2,554	2,868	(314)															
02/03/2012	Bernstein, Sanford C., and Co.	50,000	2,794	2,773	2,718	55															
03/01/2012	Bernstein, Sanford C., and Co.	50,000	9,441	7,315	9,402	(2,087)															
03/01/2012	Bernstein, Sanford C., and Co.	100,000	21,751	12,625	21,584	(8,959)															
03/01/2012	Bernstein, Sanford C., and Co.	75,000	11,227	9,618	11,534	(2,216)															
s - Industrial and Miscellaneous (Unaffiliated)		132,064	106,087	133,980	(27,893)	(27,893)															
s - Part 4		132,064	106,087	133,980	(27,893)	(27,893)															
s		132,064	106,087	133,980	(27,893)	(27,893)															
Common Stocks		132,064	106,087	133,980	(27,893)	(27,893)															
s - Industrial and Miscellaneous (Unaffiliated)		132,064	106,087	133,980	(27,893)	(27,893)															

ie NAC market indicator "U" provide the number of such issues

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - PART A - SECTION 1

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

Description of Items Hedged or Used for Income Generation	Schedule/Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B.I.A.C.V.	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	23	

NONE

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

NONE

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

Number of Contracts	Notional Amount	Description	Description of Hedged Item(s)	Schedule/Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/Adjusted Carrying Price	Gain (Loss) Recognized in Current Year	Changes in Variation Margin			19	20	
													6	7	8	9	10	11

NONE

Broker Name	Net Cash Deposits

NONE

Financial or Economic Impact of the Hedge at the End of the Reporting Period

NONE

SCHEDULE DB - Part D

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

Description Counterparty or Exchange Traded	Master Agreement (Y or N)	Credit Support Agreement (Y or N)	Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value		Fair Value		11		12	
				5 Contracts With Book/ Adjusted Carrying Value > 0	6 Contracts With Book/ Adjusted Carrying Value < 0	7	8	9	10	11	12

NONE

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates

NONE

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation/Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Dates

NONE

STATEMENT AS OF MARCH 31, 2012 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									
Huntington Bank	Cash in Bank					611,390	660,706	719,435	
0199999 - TOTAL - Open Depositories						611,390	660,706	719,435	
0399999 - TOTAL Cash on Deposit						611,390	660,706	719,435	
0599999 - TOTALS						611,390	660,706	719,435	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE

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

	3/31/2012
Paid Claims per Lag Report	479,068
Dental Claims	31,683
Pharmaceutical rebate	(12,115)
Reinsurance received deducted from lag report but was reported as income and receivable in prior year	352,434
Medicaid claims incurred prior to 2010, paid in 2012 and excluded from lag report	6,558
Unexplained	(222)
	<u>857,406</u>
Adjusted Total per Statutory Report	<u>857,406</u>
Difference	<u>(0)</u>

OGA Lag Table

Incurred Month Prior	Paid Jan-12	Paid Feb-12	Paid Mar-12	Total
Oct-10	11		0	11
Nov-10	-254		0	-254
Dec-10		0	0	0
Jan-11	1,514	0		1,514
Feb-11		72	0	72
Mar-11	-3,159	870	125	-2,163
Apr-11	1,193	-48	113	1,259
May-11	625	2,826	492	3,943
Jun-11	2,137	3,696	-138	5,695
Jul-11	280	130	744	1,153
Aug-11	461	1,105	2,562	4,128
Sep-11	-111,456	4,867	2,966	-103,623
Oct-11	-102,964	22,642	2,325	-77,997
Nov-11	-59,339	5,829	3,081	-50,429
Dec-11	178,641	26,983	12,195	217,819
Jan-12	24,823	154,718	72,085	251,626
Feb-12		43,578	135,405	178,983
Mar-12			47,332	47,332
Total	-67,488	267,270	279,286	479,068