



QUARTERLY STATEMENT

AS OF JUNE 30, 2012
OF THE CONDITION AND AFFAIRS OF THE

Greater Ohio Health and Welfare Fund

NAIC Group Code	<u>0001</u>	<u>0001</u>	NAIC Company Code	<u>00105</u>	Employer's ID Number	<u>34-0965339</u>
	<small>(Current Period)</small>	<small>(Prior Period)</small>				
Organized under the Laws of	<u>Ohio</u>			State of Domicile or Port of Entry <u>Ohio</u>		
Country of Domicile	<u>United States</u>					
Licensed as business type:	Life, Accident & Health [<input type="checkbox"/>]		Property/Casualty [<input type="checkbox"/>]		Hospital, Medical & Dental Service or Indemnity [<input checked="" type="checkbox"/>]	
	Dental Service Corporation [<input type="checkbox"/>]		Vision Service Corporation [<input type="checkbox"/>]		Health Maintenance Organization [<input type="checkbox"/>]	
	Other [<input type="checkbox"/>]		Is HMO, Federally Qualified? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
Incorporated/Organized	<u>03/01/1984</u>		Commenced Business		<u>03/01/1984</u>	
Statutory Home Office	<u>55 East Mill Street, P.O. Box 2000</u>			<u>Akron, OH 44309-2000</u>		
	<small>(Street and Number)</small>			<small>(City, State and Zip Code)</small>		
Main Administrative Office	<u>55 East Mill Street, P.O. Box 2000</u>		<u>Akron, OH 44309-2000</u>		<u>330-376-7730</u>	
	<small>(Street and Number)</small>		<small>(City or Town, State and Zip Code)</small>		<small>(Area Code) (Telephone Number)</small>	
Mail Address	<u>c/o ASCA, 55 East Mill St, P.O. Box 2000</u>			<u>Akron, OH 44309-2000</u>		
	<small>(Street and Number or P.O. Box)</small>			<small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	<u>c/o Klais & Company, 1867 West Market Street</u>		<u>Akron, OH 44313</u>		<u>330-376-7730</u>	
	<small>(Street and Number)</small>		<small>(City, State and Zip Code)</small>		<small>(Area Code) (Telephone Number)</small>	
Internet Web Site Address	<u>N/A</u>					
Statutory Statement Contact	<u>Malcolm Costa</u>			<u>330-376-7730</u>		
	<small>(Name)</small>			<small>(Area Code) (Telephone Number) (Extension)</small>		
	<u>(E-Mail Address)</u>			<u>330-996-4040</u>		
				<small>(Fax Number)</small>		

OFFICERS

Name	Title	Name	Title
<u>None</u>	<u>President</u>	<u>None</u>	<u>Vice President</u>
<u>None</u>	<u>Treasurer</u>	<u>None</u>	<u>Secretary</u>

OTHER OFFICERS

<u>Clearcreek Financial Group</u>	<u>Investment Manager</u>	<u>Schwab & Company</u>	<u>Custodian</u>
<u>Klais & Company</u>	<u>All Disbursements</u>		

DIRECTORS OR TRUSTEES

<u>Malcolm Costa</u>	<u>David Waggoner</u>
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State of Ohio
County of Summit SS

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

Malcolm Costa
Malcolm Costa
Trustee

David Waggoner
David Waggoner
Trustee

Subscribed and sworn to before me this
2nd day of Aug, 2012
Shirley A. Alexander

- a. Is this an original filing? Yes [] No []
- b. If no,
1. State the amendment number _____
2. Date filed 08/15/2012
3. Number of pages attached _____



STATEMENT AS OF JUNE 30, 2012 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	427,481		427,481	503,504
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,836,527		1,836,527	2,002,607
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 97,584), cash equivalents (\$ 0) and short-term investments (\$ 0)	97,584		97,584	84,090
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,361,592	0	2,361,592	2,590,201
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	104,486		104,486	199,644
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	1,509	1,509	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,467,587	1,509	2,466,078	2,789,845
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	2,467,587	1,509	2,466,078	2,789,845
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaids	1,509	1,509	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,509	1,509	0	0

STATEMENT AS OF JUNE 30, 2012 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)	84,372		84,372	47,333
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	27,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	27,894		27,894	25,438
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	116,926	0	116,926	60,438
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	0	0
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	2,326,149	2,323,412
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26)				
\$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27)				
\$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,348,149	2,323,412
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,465,075	2,769,845
DETAILS OF WRITE-INS				
2301. Interest Maintenance Reserve			0	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Uncovered	Prior Year To	
	To Date	Total		Date	Total
	1	2		3	4
1. Member Months	XXX	0		2 256	4 396
2. Net premium income (including \$ non-health premium income)	XXX	589		2 601 709	4 856 324
3. Change in unearned premium reserves and reserve for rate credits	XXX			0	0
4. Fee-for-service (net of \$ medical expenses)	XXX			0	0
5. Risk revenue	XXX			0	0
6. Aggregate write-ins for other health care related revenues	XXX			0	0
7. Aggregate write-ins for other non-health revenues	XXX			0	0
8. Total revenues (Lines 2 to 7)	XXX	589		2 601 709	4 856 324
Hospital and Medical:					
9. Hospital/medical benefits		1 517 363		1 517 363	3 008 270
10. Other professional services		61 790		61 790	112 430
11. Outside referrals		0		0	0
12. Emergency room and out-of-area		169 731		169 731	327 402
13. Prescription drugs		365 297		365 297	835 700
14. Aggregate write-ins for other hospital and medical		0		0	0
15. Incentive pool, withhold adjustments and bonus amounts		0		0	0
16. Subtotal (Lines 9 to 15)		2 114 181		2 114 181	4 283 802
Less:					
17. Net reinsurance recoveries		25 248		(120 670)	9 977
18. Total hospital and medical (Lines 16 minus 17)		(25 248)		2 234 851	4 273 825
19. Non-health claims (net)		0		0	0
20. Claims adjustment expenses, including \$ cost containment expenses		0		75 933	155 871
21. General administrative expenses		107 266		67 591	201 824
22. Increase in reserves for life and accident and health contracts (including increase in reserves for life only)		0		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	82 018	XXX	2 377 835	4 631 520
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(81 429)		223 874	224 804
25. Net investment income earned		13 361		26 667	49 034
26. Net realized capital gains (losses) less capital gains tax of \$		70 595		(498)	27 994
27. Net investment gains (losses) (Lines 25 plus 26)		83 956		26 169	77 028
28. Net gain or (loss) from agents' or premium balances charged off (amount recovered)		0		0	0
29. Aggregate write-ins for other income or expenses \$ (amount charged off \$)		0		0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 29)	XXX	2 527	XXX	250 043	301 832
31. Federal and foreign income taxes incurred	XXX		XXX	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	2 527	XXX	250 043	301 832
DETAILS OF WRITE-INS					
0601. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	XXX	0	0
0602. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	XXX	0	0
0603. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	XXX	0	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	XXX	0	0
0701. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	XXX	0	0
0702. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	XXX	0	0
0703. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	XXX	0	0
0799. Total (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	XXX	0	0
1401. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	0
1402. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	0
1403. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	0
1499. Total (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0	0
2901. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0	0
2902. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0	0
2903. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0	0
2999. Total (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0	0

STATEMENT AS OF JUNE 30, 2012 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
CAPITAL & SURPLUS ACCOUNT:			
33. Capital and surplus prior reporting year	2,323,412	2,033,926	2,033,926
34. Net income or (loss) from Line 32	2,527	250,043	301,832
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	14,429	43,152	(143,721)
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets	8,781	39,274	31,375
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	25,737	332,469	289,486
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,349,149	2,366,395	2,323,412
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations	589	2,601,709	4,847,397
1. Premiums collected net of reinsurance	13,361	26,667	49,034
2. Net investment income	0	0	0
3. Miscellaneous income	13,950	2,628,376	4,896,431
4. Total (Lines 1 to 3)	13,950	2,628,376	4,896,431
5. Benefit and loss related payments	217,730	2,180,907	4,590,673
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	120,143	160,970	357,467
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of 5 tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	337,873	2,341,877	4,948,140
11. Net cash from operations (Line 4 minus Line 10)	(323,923)	286,499	(51,709)
Cash from Investments	105,532	33,000	392,663
12.1 Bonds	1,007,227	33,000	392,663
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	1	1	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,112,760	33,001	392,663
13. Cost of investments acquired (long-term only):	8,112	15,538	24,972
13.1 Bonds	0	0	0
13.2 Stocks	767,231	429,605	800,505
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	775,343	445,143	825,477
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	337,417	(412,142)	(432,814)
Cash provided (applied):	0	0	0
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	13,494	(125,643)	(464,523)
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	13,494	(125,643)	(464,523)
19. Cash, cash equivalents and short-term investments:	84,090	568,613	568,613
19.1 Beginning of year	97,584	442,970	84,090
19.2 End of period (Line 18 plus Line 19.1)	84,090	568,613	84,090

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1		2		3	4	5	6	7	8	9	10
	Total	Individual	(Hospital & Medical)	Group								
Total Members at end of:												
1. Prior Year	357	357	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:												
7. Physician	187	147	0	0	0	0	0	40	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	187	147	0	0	0	0	0	40	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written(a)	589	589	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0

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

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	XXX	XXX	XXX	XXX	XXX	84,373
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	XXX
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	XXX
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	84,373
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	XXX

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

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

Line of Business	Claims Paid Year to Date				Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid of Prior Year Dec. 31	4 On Claims Incurred During the Year				
1. Comprehensive (hospital and medical)	270,665		84,373		365,038	421,000		
2. Medicare Supplement					0	0		
3. Dental only	8,562				8,562	0		
4. Vision only	897				897	0		
5. Federal Employees Health Benefits Plan					0	0		
6. Title XVIII - Medicare					0	0		
7. Title XIX - Medicaid					0	0		
8. Other health	31,235				31,235	0		
9. Health subtotal (Lines 1 to 8)	311,379	0	84,373	0	395,752	421,000		
10. Healthcare receivables (a)					0	0		
11. Other non-health					0	0		
12. Medical incentive pools and bonus amounts					0	0		
13. Totals (Lines 9-10+11+12)	311,379	0	84,373	0	395,752	421,000		

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

NOTES TO THE 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 June 30, 2012 and December 31, 2011, there were no nonadmitted uncollected installment premiums.

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

Valuation of Investments:

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

Common Stocks: At acquisition, common stocks are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. Investments in common stock are valued and recorded in accordance with NAIC *Purposes and Procedures of the Securities Valuation Office (SVO)*. “Procedures for Valuing Common Stocks and Stock Warrants.” In those instances where a unit price is not available from the SVO, management determines fair value based on analytical or other pricing mechanisms. All common stock owned by the Fund at June 30, 2012 and December 31, 2011 is publicly traded and there are no restrictions related to these investments. The dollar amount of nonadmitted common stocks under Ohio Department of Insurance guidelines was \$0 and \$0 June 30, 2012 and December 31, 2011, respectively.

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

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

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

Indexed Annuities: At acquisition, indexed annuities are recorded at their cost, including brokerage and other related fees, which cannot exceed market value. The indexed annuities consist of publically traded mutual funds and are indexed based on either the S&P 500 index or on the one year point to point index. Guarantees are backed by the claims paying ability of the issuer. For the quarters ended June 30, 2012 and December 31, 2011, indexed annuities, which are not in annuitization status, are valued at fair value net of surrender charges.

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

NOTES TO THE FINANCIAL STATEMENTS

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 June 30, 2012 and December 31, 2011. GOHIO does not make distributions from surplus, consequently, the entire surplus is available for the payment of future benefit claims and loss adjustment expenses. The Surplus has been reduced by \$1,509 and \$10,290 at June 30, 2012 and December 31, 2011 for nonadmitted assets.

Prepaid Expenses: GOHIO pays certain prepaid expenses (e.g., trustees' errors and omissions insurance) that are recorded as an asset and amortized over the life of the policy. Under NAIC statutory accounting principles, these are considered nonadmitted assets. The dollar amount of prepaid expenses that were not admitted at June 30, 2012 and December 31, 2011 was \$1,509 and \$0, 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 probably 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 covered the employees of participating community action agencies of which there were two: Akron Summit Community Action Inc. ("ASCA") and Mahoning Youngstown Community Action Partnership ("MYCAP").

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 David Waggoner. 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

NOTES TO THE FINANCIAL STATEMENTS

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 quarters ended June 30, 2012 and December 31, 2011.

Premiums: GOHIO is funded by premiums from the employers and in some cases for specific benefits, by the employees. Premiums are based on rates established by the Trustees pursuant to recommendations by GOHIO's actuary. Premiums are determined in aggregate. However, adjustments based upon each employer claims experience may be made.

Other: On February 8, 2012, the trustees signed an amendment to terminate the Plan effective December 31, 2011 ("termination date") outlining the plan of termination including payment of all claims, compliance responsibilities and transfer of remaining assets to the respective VEBAs established. As a result, ASCA's and MYCAP's participation in the Plan terminated as of December 31, 2011. The Plan and MEWA Trust shall remain open until at least December 31, 2012 to process and pay any and all run out claims. The Plan will remain a certified MEWA with the Ohio Department of Insurance in accordance with Ohio Revised Code Chapter 1739 until all assets have been distributed from the Trust. ASCA and MYCAP have agreed that the Trust shall only pay ASCA and MYCAP claims incurred on or before the termination date. No contributions will be accepted by the Trust for any period after the termination date, unless for the sole purpose of paying for a shortfall of outstanding claims. According to the terms of the amendment, ASCA may make a contribution to the Trust for the sole purpose of providing benefits for ASCA employees for January 2012. This contribution was made during the quarter ended March 31, 2012 and transferred to the ASCA VEBA by February 15, 2012.

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.

NOTES TO THE FINANCIAL STATEMENTS

NOTE F – CONCENTRATION OF CREDIT RISK

GOHIO's entire bond and debt obligation is invested in Guaranteed Investment Contracts and mutual funds as of June 30, 2012. These investments represent 89% 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

The reserve for claim adjustment expenses attributable to settlement expenses was \$0 and \$22,000 as of June 30, 2012 and December 31, 2011, respectively.

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, 2011 and 2010 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 – RISKS AND UNCERTAINTIES

MYCAP has been notified of certain findings by US governmental agencies. MYCAP is actively working with the agencies and its agents as well as others to mitigate these findings.

NOTE J – OTHER DISCLOSURES

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

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

NOTES TO THE FINANCIAL STATEMENTS

- Health Care Receivables
- Participating Policies
- Premium Deficiency Reserves
- Reserves for Life Contracts and Deposit Type Contracts
- Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics
- Premium and Annuity Considerations Deferred and Uncollected
- Separate Accounts

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	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 Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

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

FINANCIAL

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

INVESTMENT

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

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

	1	2
	Prior Year-End Book/Adjusted Carrying Value	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)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

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

GENERAL INTERROGATORIES

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

Yes [] No [X]

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 [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, 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 [X] No []

17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

1
Amount

1. Operating Percentages:

1.1 A&H loss percent	(4.286.6) %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	%
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$.....
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		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							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	R	589						589	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	589	0	0	0	0	0	589	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	
61. Total (Direct Business)	(a)	0	589	0	0	0	0	0	589	0
DETAILS OF WRITE-INS										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

(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 JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans		
	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,516,401	2,099,314
2. Cost of bonds and stocks acquired	775,343	825,474
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)	14,429	(43,721)
5. Total gain (loss) on disposals	70,595	27,994
6. Deduct consideration for bonds and stocks disposed of	1,112,760	392,660
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,264,008	2,516,401
11. Deduct total nonadmitted amounts	0	10,290
12. Statement value at end of current period (Line 10 minus Line 11)	2,264,008	2,506,111

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	0				0	0	0	0
2. Class 2 (a)	431,098	3,976	7,362	(231)	431,098	427,481	0	503,504
3. Class 3 (a)	0				0	0	0	0
4. Class 4 (a)	0				0	0	0	0
5. Class 5 (a)	0				0	0	0	0
6. Class 6 (a)	0				0	0	0	0
7. Total Bonds	431,098	3,976	7,362	(231)	431,098	427,481	0	503,504
PREFERRED STOCK								
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0				0	0	0	0
11. Class 4	0				0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	431,098	3,976	7,362	(231)	431,098	427,481	0	503,504

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

SCHEDULE DA - PART 1

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

SCHEDULE DA - VERIFICATION

Short-Term Investments		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of short-term investments acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

STATEMENT AS OF JUNE 30, 2012 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)	0
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)	0
10. Deduct nonadmitted assets	
11. Statement value at end of current period (Line 9 minus Line 10)	0

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year	0
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)	0
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	0
3.22 Section 1, Column 17, prior year	0 0
Change in amount recognized	
3.23 Section 1, Column 16, current year to date minus	0
3.24 Section 1, Column 16, prior year	0 0 0
3.3 Subtotal (Line 3.1 minus Line 3.2)	0
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	0
4.3 Subtotal (Line 4.1 minus Line 4.2)	0
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)	0
7. Deduct total nonadmitted amounts	
8. Statement value at end of current period (Line 6 minus Line 7)	0

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE DB - PART C - SECTION 2

	Replication (Synthetic Asset) Transactions Open									
	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Assets) Transactions Statement Value
1. Beginning Inventory	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication(Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

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.....	0
2. Part B, Section 1, Column 14.....	0
3. Total (Line 1 plus Line 2).....	0
4. Part D, Column 5.....	0
5. Part D, Column 6.....	0
6. Total (Line 3 minus Line 4 minus Line 5).....	0

Fair Value Check

7. Part A, Section 1, Column 16.....	0
8. Part B, Section 1, Column 13.....	0
9. Total (Line 7 plus Line 8).....	0
10. Part D, Column 8.....	0
11. Part D, Column 9.....	0
12. Total (Line 9 minus Line 10 minus Line 11).....	0

Potential Exposure Check

13. Part A, Section 1, Column 21.....	0
14. Part B, Section 1, Column 19.....	0
15. Part D, Column 11.....	0
16. Total (Line 13 plus Line 14 minus Line 15).....	0

SCHEDULE E-VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of cash equivalents acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE A - PART 2

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

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
0399999 Totals								

SCHEDULE A - PART 3

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

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B./A.C.V. (11-9-10)	13 Total Foreign Exchange Change in B./A.C.V.							
0399999 Totals																			

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets Acquired and Additions Made During the Current Quarter

1	2	3		4	5	6	7	8	9	10	11	12	13
CUVIP Identification	Name or Description	City	State	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	
3999999 - Subtotals Unaffiliated													
4099999 - Subtotals Affiliated													
4199999 TOTALS													

STATEMENT AS OF JUNE 30, 2012 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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	17	18	19	20	21	22	
																					CUSIP Identification
209999	FINF - INTEREST AND MISCELLANEOUS					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
209999	FINF - FINF					7.52		7.52													
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209999	FINF - FINF																				

STATEMENT AS OF JUNE 30, 2012 OF THE Greater Ohio Health and Welfare Fund

SCHEDULE DB - PART A - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description of Items Hedged or Used For Income Generation	Schedule Exhibit Identifier	Types of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Nominal Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost Year Initial Cost	Current Year Initial Cost	Current Year Premium (Received)	Current Year Income	Book/ Adjusted Value	Code	Fair Value	Unrealized Gain/ Loss/ Decrease/ Increase	Total Foreign Exchange Change in B/A, C, V	Current Year's Amortization/ Accretion	Adjustment To Carrying Value of Hedged Item	Potential Exposure	Credit Reference Quality of Entity	Hedge Effectiveness at Inception and at Reporting Date (a)
1409999 Subtotal - Hedging Effective																						
1409999 Subtotal - Hedging Other																						
1419999 Subtotal - Replication																						
1429999 Subtotal - Income Generation																						
1439999 Subtotal - Other																						
1449999 Totals																						

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

**SCHEDULE DL - PART 1
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
999999	Subtotals - Total bonds			0	0	XXX
999999 Totals						

General Interrogatories:

- Total activity for the year to date Fair value \$ Book/Adjusted Carrying Value \$
- Average balance for the year to date Fair value \$ Book/Adjusted Carrying Value \$
- 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 \$
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