



QUARTERLY STATEMENT

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

Greater Ohio Health and Welfare Fund

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

OFFICERS

| | | | |
|------|-----------|------|----------------|
| Name | Title | Name | Title |
| None | President | None | Vice President |
| None | Treasurer | None | Secretary |

OTHER OFFICERS

| | | | |
|----------------------------|--------------------|------------------|-----------|
| Clearcreek Financial Group | Investment Manager | Schwab & Company | Custodian |
| Klais & Company | All Disbursements | | |

DIRECTORS OR TRUSTEES

| | | | |
|---------------|----------------|--|--|
| Malcolm Costa | David Waggoner | | |
|---------------|----------------|--|--|

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 | David Waggoner | |
| Trustee | Trustee | |

Subscribed and sworn to before me this
day of
,

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed 11/15/2012
3. Number of pages attached

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 | 431,787 | | 431,787 | 503,504 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 1,851,015 | | 1,851,015 | 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 (\$110,765), cash equivalents (\$0) and short-term investments (\$0) | 110,765 | | 110,765 | 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) | 2,393,567 | 0 | 2,393,567 | 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 | | | 0 | 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 | 755 | 755 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 2,394,322 | 755 | 2,393,567 | 2,789,845 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 2,394,322 | 755 | 2,393,567 | 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. Prepays | 755 | 755 | 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) | 755 | 755 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 58,325 | | 58,325 | 421,000 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | | | 0 | 22,000 |
| 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 | 18,469 | | 18,469 | 23,433 |
| 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)..... | 76,794 | 0 | 76,794 | 466,433 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | | 0 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | | 0 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 2,316,773 | 2,323,412 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26) \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27) \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 2,316,773 | 2,323,412 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 2,393,567 | 2,789,845 |
| 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 OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|------------|-----------------------|------------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | .0 | 3,355 | 4,396 |
| 2. Net premium income (including \$..... non-health premium income)..... | XXX | .589 | 3,868,121 | 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 | .0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | .0 | .0 | .0 |
| 8. Total revenues (Lines 2 to 7) | XXX | .589 | 3,868,121 | 4,856,324 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | .0 | 2,375,348 | 3,008,270 |
| 10. Other professional services | | .0 | 92,246 | 112,430 |
| 11. Outside referrals | | | .0 | .0 |
| 12. Emergency room and out-of-area | | .0 | 244,693 | 327,402 |
| 13. Prescription drugs | | .0 | 599,942 | 835,700 |
| 14. Aggregate write-ins for other hospital and medical | .0 | .0 | .0 | .0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | .0 | .0 |
| 16. Subtotal (Lines 9 to 15) | .0 | .0 | 3,312,229 | 4,283,802 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 26,189 | (144,211) | 9,977 |
| 18. Total hospital and medical (Lines 16 minus 17) | .0 | (26,189) | 3,456,440 | 4,273,825 |
| 19. Non-health claims (net)..... | | | .0 | .0 |
| 20. Claims adjustment expenses, including \$..... cost containment expenses..... | | 4,442 | 112,491 | 155,871 |
| 21. General administrative expenses..... | | 160,096 | 119,478 | 201,824 |
| 22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)..... | | | .0 | .0 |
| 23. Total underwriting deductions (Lines 18 through 22) | .0 | 138,349 | 3,688,409 | 4,631,520 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (137,760) | 179,712 | 224,804 |
| 25. Net investment income earned | | 19,107 | 35,139 | 49,034 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | 70,595 | 19,707 | 27,994 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | .0 | 89,702 | 54,846 | 77,028 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....) | | | .0 | .0 |
| 29. Aggregate write-ins for other income or expenses | .0 | .0 | .0 | .0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | (48,058) | 234,558 | 301,832 |
| 31. Federal and foreign income taxes incurred | XXX | | .0 | .0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (48,058) | 234,558 | 301,832 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | .0 | .0 | .0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | .0 | .0 | .0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | .0 | .0 | .0 | .0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | .0 | .0 | .0 | .0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

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 | (48,058) | 234,558 | 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 \$ | 31,884 | (97,527) | (43,721) |
| 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 | 9,535 | 34,713 | 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) | (6,639) | 171,744 | 289,486 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 2,316,773 | 2,205,670 | 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 |

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..... | 589 | 3,859,194 | 4,847,397 |
| 2. Net investment income..... | 19,107 | 35,139 | 49,034 |
| 3. Miscellaneous income..... | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 19,696 | 3,894,333 | 4,896,431 |
| 5. Benefit and loss related payments | 137,597 | 3,360,702 | 4,590,673 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 191,502 | 252,172 | 357,467 |
| 8. Dividends paid to policyholders | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 0 | 0 | 0 |
| 10. Total (Lines 5 through 9) | 329,099 | 3,612,874 | 4,948,140 |
| 11. Net cash from operations (Line 4 minus Line 10) | (309,403) | 281,459 | (51,709) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 105,532 | 0 | 0 |
| 12.2 Stocks | 1,015,936 | 388,237 | 392,663 |
| 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 | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds..... | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,121,468 | 388,237 | 392,663 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 12,265 | 20,249 | 24,972 |
| 13.2 Stocks | 773,125 | 786,831 | 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)..... | 785,390 | 807,080 | 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)..... | 336,078 | (418,843) | (432,814) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 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 |
| 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 | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 26,675 | (137,384) | (484,523) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 84,090 | 568,613 | 568,613 |
| 19.2 End of period (Line 18 plus Line 19.1) | 110,765 | 431,229 | 84,090 |

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|----------------|---------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|---|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 357 | 357 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 2. First Quarter | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 3. Second Quarter | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4. Third Quarter | .0 | .0 | | | | | | | | |
| 5. Current Year | .0 | | | | | | | | | |
| 6. Current Year Member Months | .0 | | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 103 | 49 | | | | 54 | | | | |
| 8. Non-Physician | .0 | | | | | | | | | |
| 9. Total | 103 | 49 | .0 | .0 | .0 | 54 | .0 | .0 | .0 | .0 |
| 10. Hospital Patient Days Incurred | 11 | 11 | | | | | | | | |
| 11. Number of Inpatient Admissions | .5 | .5 | | | | | | | | |
| 12. Health Premiums Written(a) | 589 | 589 | | | | | | | | |
| 13. Life Premiums Direct | .0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | .0 | | | | | | | | | |
| 15. Health Premiums Earned | .0 | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | .0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | .0 | .0 | .0 | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 0 | 0 | 0 | | | | | | | |

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

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

[illegible]

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 Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | 295,375 | | 58,325 | | 353,700 | 421,000 |
| 2. Medicare Supplement | | | | | .0 | .0 |
| 3. Dental only | 8,762 | | | | 8,762 | .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 | 31,452 | | | | 31,452 | .0 |
| 9. Health subtotal (Lines 1 to 8)..... | 336,486 | .0 | 58,325 | .0 | 394,811 | 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) | 336,486 | 0 | 58,325 | 0 | 394,811 | 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 September 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 September 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 September 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 September 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*.

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE GREATER OHIO HEALTH AND WELFARE
FUND

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 September 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 \$755 and \$10,290 at September 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 September 30, 2012 and December 31, 2011 was \$755 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.

NOTES TO THE FINANCIAL STATEMENTS

However, employee contributions may be required by the employers. In addition, GOHIO purchases life insurance, accidental death and dismemberment from the Hartford Life Insurance Company. GOHIO's Administrator has the discretion to interpret the Plan, including those provisions relating to eligibility and benefit determination, and such interpretations are final and binding.

Administration: The Plan Administrator is Mr. Malcolm Costa, Executive Director of Akron Summit Community Action, Inc. an employer participating in GOHIO. Benefit claims are processed and benefit payments are made by a third party administrator pursuant to Plan documents. Administrative and claim processing fees were paid to Klais & Company during the quarters ended September 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 September 30, 2012. These investments represent 95% 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 September 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

NOTES TO THE FINANCIAL STATEMENTS

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

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?

If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 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 | | Current Quarter |
| | | Book/Adjusted | | Book/Adjusted |
| | | Carrying Value | | 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..... | (4,446.3) % | |
| 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 S - CEDED REINSURANCE

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

| Current Year to Date - Allocated by States and Territories | | | | | | | | | | |
|--|---------------|----------------------------|----------------------|--------------------|---|--|----------------------------|---------------------------|------------------------|---|
| States, Etc. | 1 | Direct Business Only | | | | | | | | |
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| | Active Status | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefit Program Premiums | Life & Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts | |
| 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 | 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 | 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 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | XXX | 0 | 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



00105201236500003

OVERFLOW PAGE FOR WRITE-INS

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 | 785,390 | 825,474 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | 31,884 | (43,721) |
| 5. Total gain (loss) on disposals | 70,595 | 27,994 |
| 6. Deduct consideration for bonds and stocks disposed of | 1,121,468 | 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) | 2,282,802 | 2,516,401 |
| 11. Deduct total nonadmitted amounts | 0 | 10,290 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 2,282,802 | 2,506,111 |

STATEMENT AS OF SEPTEMBER 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)..... | 427,481 | 4,153 | | 153 | 431,098 | 427,481 | 431,787 | 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 | 427,481 | 4,153 | 0 | 153 | 431,098 | 427,481 | 431,787 | 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 | 427,481 | 4,153 | 0 | 153 | 431,098 | 427,481 | 431,787 | 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 |

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 |

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 | | | | | | | | | 0 | 0 |
| 3. Add: Increases in Replication(Synthetic Asset) Transactions Statement Value | XXX | | XXX | | XXX | | XXX | | XXX | 0 |
| 4. Less: Closed or Disposed of Transactions | | | | | | | | | 0 | 0 |
| 5. Less: Positions Disposed of for Failing Effectiveness Criteria | | | | | | | | | 0 | 0 |
| 6. Less: Decreases in Replication (Synthetic Asset)Transactions Statement Value | XXX | | XXX | | XXX | | XXX | | XXX | 0 |
| 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 SEPTEMBER 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

[illegible]

SCHEDULE A - PART 3

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

[illegible]

EO1

EO2

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

3399999 Totals

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

| | | |
|--|----------------|--|
| | 0599999 Totals | |
|--|----------------|--|

STATEMENT AS OF SEPTEMBER 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

[illegible]

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

SCHEDULE BA - PART 3

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

[illegible]

SCHEDULE D - PART 3

[illegible]

E04

SCHEDULE D - PART 4

[illegible]

.....

STATEMENT AS OF SEPTEMBER 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 | Description of Items Hedged or Used For Income Generation | Schedule/ Exhibit Identifier | Type(s) of Risk(s) | Exchange or Counterparty | Trade Date | Date of Maturity or Expiration | Number of Contracts | Notional Amount | Strike Price, Rate or Index Received (Paid) | Prior Year Initial Cost of Premium (Received) Paid | Current Year Initial Cost of Premium (Received) Paid | Current Year Income | Book/ Adjusted Carrying Value | Code | Fair Value | Unrealized Valuation Increase/ (Decrease) | Total Foreign Exchange Change in B./A.C.V. | Current Year's (Amortization)/ Accretion | Adjustment To Carrying Value of Hedged Item | Potential Exposure | Credit Quality of Reference Entity | Hedge Effectiveness at Inception and at Quarter-end (a) |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | |
| 1399999 | Subtotal - Hedging Effective | | | | | | | | | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 1409999 | Subtotal - Hedging Other | | | | | | | | | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 1419999 | Subtotal - Replication | | | | | | | | | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 1429999 | Subtotal - Income Generation | | | | | | | | | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 1439999 | Subtotal - Other | | | | | | | | | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 1449999 | Totals | | | | | | | | | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |

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

E07

SCHEDULE DB - PART B - SECTION 1

[illegible]

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

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

SCHEDULE DB - PART D

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

| 1 | 2 | 3 | 4 | Statement Value | | | Fair Value | | | 11 | 12 |
|--|---------------------------------|--|---|--|--|------------------------------------|--|--|-------------------------------------|-----------------------|-------------------------------|
| Description Counterparty or Exchange Traded | Master Agreement (Y or N) | Credit Support Annex (Y or N) | Fair Value of Acceptable Collateral | 5 Contracts With Book/ Adjusted Carrying Value > 0 | 6 Contracts With Book/ Adjusted Carrying Value < 0 | 7 Exposure Net of Collateral | 8 Contracts With Fair Value > 0 | 9 Contracts With Fair Value < 0 | 10 Exposure Net of Collateral | Potential Exposure | Off-Balance Sheet Exposure |
| 0199999 - Aggregate Sum of Exchange Traded Derivatives | | | | | | 0 | | | 0 | | 0 |
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| 0899999 Totals | | | | | | | | | | | |

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

General Interrogatories:

| | | |
|---|---------------------|---------------------------------------|
| 1. Total activity for the year to date | Fair value \$ | Book/Adjusted Carrying Value \$ |
| 2. Average balance for the year to date | Fair value \$ | Book/Adjusted Carrying Value \$ |

3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:

| | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| NAIC 1 \$ | NAIC 2 \$ | NAIC 3 \$ | NAIC 4 \$ | NAIC 5 \$ | NAIC 6 \$ |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|

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

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

[illegible]

General Interrogatories:

- | | | | | |
|--|------------|---------|------------------------------|---------|
| 1. Total activity for the year to date | Fair value | \$..... | Book/Adjusted Carrying Value | \$..... |
| 2. Average balance for the year to date | Fair value | \$..... | Book/Adjusted Carrying Value | \$..... |
| 3. Grand Total Schedule DL Part 1 and Part 2 | Fair value | \$..... | Book/Adjusted Carrying Value | \$..... |

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter[illegible]

E12