

108 / MCB



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

	3/31/2013
Paid Claims per Lag Report	707,303
Increase in Incurred but Not Reported (Liability Account)	300,000
Dental Claims	20,488
Pharmaceutical rebate	(12,620)
Unexplained	(4,528)
	<u>1,010,643</u>
Adjusted Total per Statutory Report	<u>1,010,643</u>
Difference	<u>0</u>

OGAHF Lag Table

Incurred Month Prior	Paid Jan-13	Paid Feb-13	Paid Mar-13	Total Paid
Jul-11	0	-54	0	-54
Aug-11	0	0	0	0
Sep-11	0	0	-212	-212
Oct-11	0	846	434	1,280
Nov-11	0	0	0	0
Dec-11	0	0	-38	-38
Jan-12	83	0	256	338
Feb-12	4,811	35	117	4,962
Mar-12	0	207	0	207
Apr-12	0	375	0	375
May-12	5,477	198	918	6,593
Jun-12	181	1,599	191	1,972
Jul-12	441	0	34	475
Aug-12	640	171	326	1,136
Sep-12	12,139	158	836	13,132
Oct-12	11,340	6,804	1,306	19,450
Nov-12	11,488	8,024	7,125	26,637
Dec-12	297,222	30,459	3,708	331,389
Jan-13	19,078	120,493	48,740	188,311
Feb-13	0	8,939	93,972	102,911
Mar-13	0	0	8,438	8,438
Total	362,900	178,253	166,150	707,303

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QUARTERLY STATEMENT

AS OF MARCH 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

OHIO GRAPHIC ARTS HEALTH FUND

NAIC Group Code 0001 , 0001 NAIC Company Code 00108 Employer's ID Number 316034857
(Current Period) (Prior Period)

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health Dental Service Corporation Health Maintenance Organization

Property/Casualty Vision Service Corporation

Hospital, Medical and Dental Service or Indemnity Other

Incorporated/Organized August 1, 1953 Commenced Business August 1, 1953

Statutory Home Office 88 Dorchester Square, Westerville, Ohio 43086
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 88 Dorchester Square, Westerville, Ohio 43086 888-576-1971
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 88 Dorchester Square, Westerville, Ohio 43086
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 88 Dorchester Square, Westerville, Ohio 43086
(Street and Number, City or Town, State, Country and Zip Code)
888-576-1971
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Jim Cunningham 888-576-1971
(Name) (Area Code) (Telephone Number) (Extension)
(E-Mail Address) (Fax Number)

OFFICERS

Larry Halenkamp (President)
James Maly (Secretary)

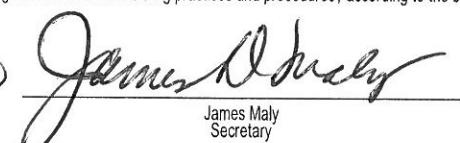
OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

State of Ohio
County of _____ } SS

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

 
Larry Halenkamp James Maly
President Secretary

Subscribed and sworn to before me this
day of _____

a. Is this an original filing?

Yes (X) No ()

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds	868,170		868,170	919,445
2. Stocks:				
2.1 Preferred stocks	107,590		107,590	107,060
2.2 Common stocks	2,038,939		2,038,939	1,861,794
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....encumbrances)				
4.2 Properties held for the production of income (less \$.....encumbrances)				
4.3 Properties held for sale (less \$.....encumbrances)				
5. Cash (\$.....394,666), cash equivalents (\$.....) and short-term investments (\$.....251,669)	646,335		646,335	429,905
6. Contract loans (including \$.....premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 to Line 11)	3,661,034		3,661,034	3,318,204
13. Title plants less \$.....charged off (for Title insurers only)				
14. Investment income due and accrued	10,288		10,288	13,905
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	80,859	6,697	74,162	95,033
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18. 1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	3,752,181	6,697	3,745,484	3,427,142
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	3,752,181	6,697	3,745,484	3,427,142
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1001 through Line 1103 plus Line 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
	850,000		850,000	550,000
1. Claims unpaid (less \$ reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	38,743		38,743	15,334
9. General expenses due or accrued	50,302		50,302	37,203
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Line 1 to Line 23)	939,045		939,045	602,537
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	2,806,439	2,824,605
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	2,806,439	2,824,605
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	3,745,484	3,427,142
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX	XXX		
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page				
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX	XXX		

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	XXX	3,257	3,322	13,153
1. Member Months				
2. Net premium income (including \$ non-health premium income)		XXX	968,788	1,048,392
3. Change in unearned premium reserves and reserve for rate credits		XXX		3,999,727
4. Fee-for-service (net of \$ medical expenses)		XXX		
5. Risk revenue		XXX		
6. Aggregate write-ins for other health care related revenues		XXX		56,923
7. Aggregate write-ins for other non-health revenues		XXX		
8. Total revenues (Line 2 to Line 7)		XXX	968,788	1,048,392
Hospital and Medical:				
9. Hospital/medical benefits			516,442	651,099
10. Other professional services				2,974,557
11. Outside referrals				
12. Emergency room and out-of-area			20,264	20,368
13. Prescription drugs			173,937	185,939
14. Aggregate write-ins for other hospital and medical				700,624
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)			710,643	857,406
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Line 16 minus Line 17)			710,643	857,406
19. Non-health claims (net)				3,797,301
20. Claims adjustment expenses, including \$ cost containment expenses				
21. General administrative expenses			170,893	128,195
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			300,000	
23. Total underwriting deductions (Line 18 through Line 22)			1,181,536	985,601
24. Net underwriting gain or (loss) (Line 8 minus Line 23)		XXX	(212,748)	62,791
25. Net investment income earned			20,336	18,303
26. Net realized capital gains (losses) less capital gains tax of \$			6,026	25,980
27. Net investment gains (losses) (Line 25 plus Line 26)			26,362	44,283
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)		XXX	(186,386)	107,074
31. Federal and foreign income taxes incurred		XXX		(117,007)
32. Net income (loss) (Line 30 minus Line 31)		XXX	(186,386)	107,074
DETAILS OF WRITE-INS				
0601. Increase in funds held with reinsurance companies		XXX		
0602. Refund of funds held with reinsurance companies		XXX		56,923
0603.		XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)		XXX		56,923
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page		XXX		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)		XXX		
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year	2,824,610	2,897,145	2,897,145
34. Net income (loss) from Line 32	(186,386)	107,074	(117,007)
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	170,100	126,506	36,601
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(6,697)	7,871	7,871
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	4,812		
48. Net change in capital and surplus (Line 34 to Line 47)	(18,171)	241,451	(72,535)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	2,806,439	3,138,596	2,824,610
DETAILS OF WRITE-INS			
4701. Change in estimate from prior year - decrease in accrued expenses	4,812		
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)	4,812		

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,006,371	1,144,154	4,112,686
2. Net investment income	38,329	22,046	98,469
3. Miscellaneous income			56,923
4. Total (Line 1 through Line 3)	1,044,700	1,166,200	4,268,078
5. Benefit and loss related payments	710,643	485,141	3,375,036
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	170,893	115,624	553,199
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Line 5 through Line 9)	881,536	600,765	3,928,235
11. Net cash from operations (Line 4 minus Line 10)	163,164	565,435	339,843
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	50,000		52,939
12.2 Stocks	34,650	132,064	551,956
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	11	6	6
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	84,661	132,070	604,901
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2	49,237	209,270
13.2 Stocks	36,205	69,668	577,170
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications		2	
13.7 Total investments acquired (Line 13.1 through Line 13.6)	36,207	118,907	786,440
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	48,454	13,163	(181,539)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	4,812		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	4,812		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	216,430	578,598	158,304
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	429,905	271,601	271,601
19.2 End of period (Line 18 plus Line 19.1)	646,335	850,199	429,905

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			
20.0004			
20.0005			
20.0006			
20.0007			
20.0008			
20.0009			
20.0010			

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Individual		3 Group		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
		Total Members at end of:										
1. Prior Year	452					425		26				
2. First Quarter	466					476		10				
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months	3,257					3,257						
Total Member Ambulatory Encounters for Period:												
7. Physician	10					10						
8. Non-Physician												
9. Total	10					10						
10. Hospital/Patient Days Incurred	10					10						
11. Number of Inpatient Admissions	5					5						
12. Health Premiums Written (a)	968,788					968,788						
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned	968,788					968,786						
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services	710,643					710,643						
18. Amount Incurred for Provision of Health Care Services	710,643					710,643						

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

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

Aging Analysis of Unpaid Claims

1 Account	2 1- 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid						
0199999 - Individually listed claims unpaid	334,548	234,265	150,872	18,793	23,120	761,598
0499999 - Subtotals	334,548	234,265	150,872	18,793	23,120	761,598
0599999 - Unreported claims and other claim reserves						
0799999 - Total claims unpaid						88,402
						850,000

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital and medical)	407,642	3,001	41,914	808,016	449,556	550,000
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 to Line 8)	407,642	3,001	41,914	808,016	449,556	550,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	407,642	3,001	41,914	808,016	449,556	550,000

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

NOTES TO FINANCIAL STATEMENTS**1. Summary of Accounting Policies****Basis of Accounting**

The financial statements are prepared using accounting principles prescribed or permitted by the Insurance Department of the State of Ohio. Under this method, the Fund does not record prepaid expenses or recognize income on unbilled exit assessments. Accounts receivable that are uncollected after 90 days are reported as "nonadmitted" assets. Bonds are recorded at amortized cost.

Cash and Cash Equivalents

The Company considers cash and short term investments purchased with a maturity of three months or less to be cash equivalents. Such short-term investments are stated at fair value (level 1). These accounts may exceed federally insured amounts at times.

Investment Valuations and Income Recognition

As of March 31, 2013, the Fund's investments, held by Huntington Bank and managed by Bahl & Gaynor Investment Counsel, are not covered by federal insurance.

Statutory accounting guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy are as follows:

Level 1- Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 – Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity).

The Fund's investment in short-term investments reported as cash equivalents, common stock and preferred stock are stated at fair value as determined by quoted market prices on the last business day of the year (Level 1).

The Fund's investment in bonds is stated at amortized cost and amortized on the constant yield method over the expected life of the bond. For the purposes of assessing impairment and making disclosures, the fair value of investments in bonds is determined by quoted market prices on the last business day of the year (Level 1).

Purchases and sales of investments are recorded on a trade-date basis. Interest income recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income receivable which is deemed uncollectible is charged off against investment income during the period in which the determination is made. Investment income receivable that is more than 90 days past due is treated as a non-admitted asset. The Fund deems all investment income receivable, none of which was more than 90 days past due, as fully collectible at March 31, 2013 and 2012.

Premiums Due and Unpaid

Premium due and unpaid represent amounts due to the Fund. Accounts receivable that are uncollected after 90 days are to be reported as "non-admitted" assets. Changes to "non-admitted assets" are shown on the Statements of Changes in Surplus.

Unearned Premiums

Unearned premiums represent contributions received by the Fund for future periods of service. These contributions are recognized as premiums earned in the period earned.

Estimates

The preparation of financial statements in conformity with the accounting principles prescribed or permitted by the Insurance Department of the State of Ohio requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Concentrations of Credit Risk

Concentrations of credit risk arise due to the Fund operating solely in the printing industry in the Greater Cincinnati area. Consequently, these operations and the associated credit risk may be affected, either positively or negatively, by changes in economic conditions in this geographical area.

Estimated Liability for Claims Incurred But Not Reported

Fund obligations for health claims incurred but not reported, by active participants are estimated at present

NOTES TO FINANCIAL STATEMENTS

value, based on a 5% discount rate, by the Fund's actuary in accordance with accepted actuarial principles. Health claims incurred but not reported, by retired participants at year-end are included in the postretirement benefit obligation.

2. Accounting Changes and Corrections of Errors
None
3. Business Combinations and Goodwill
None
4. Discontinued Operations
None
5. Investments
None
6. Joint Ventures, Partnerships and Limited Liability Companies
None
7. Investment Income
No investment income was excluded in the financial statements.
8. Derivative Instruments
None
9. Income Tax
The Fund has been advised that it is exempt from federal income tax under Section 501(c) (9) of United States Internal Revenue Code. Therefore, there is no income tax expense or related deferred tax recognized in the financial statements.
10. Information Concerning Parent, Subsidiaries and Affiliates
None
11. Debt
None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Postretirement Benefits

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees for service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from retirees. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the retirees. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the printing industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation was determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Total Benefit Obligations as Required Under SOP 92-6

	March 31, 2013	December 31, 2012
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 550,000	\$ 500,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	2,439,887	2,439,887
Other participants fully eligible for benefits	11,837,247	11,837,247

NOTES TO FINANCIAL STATEMENTS

Participants not yet fully eligible for benefits	<u>8,426,908</u>	<u>8,426,908</u>
Total Postretirement Benefit Obligations	<u>22,704,042</u>	<u>22,704,042</u>
Less: Contributions expected to be received in the future from retirees	<u>(22,704,042)</u>	<u>(22,704,042)</u>
Net Postretirement Benefit Obligation	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations	<u>\$ 550,000</u>	<u>\$ 500,000</u>

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

	March 31, 2013	December 31, 2012
Amounts Currently Payable To Or For Participants, Beneficiaries, And Dependents		
Balance at beginning of year	\$ 134,185	\$ 134,185
Claims reported and approved for payment	2,794,063	2,794,063
Claims paid	(2,794,063)	(2,794,063)
Balance at end of year	<u>134,185</u>	<u>134,185</u>
Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts		
Balance at beginning of year	365,815	365,815
Net change during the year	50,000	50,000
Balance at end of year	<u>415,815</u>	<u>415,815</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	29,456,140	29,456,140
Increases (decreases) in postretirement benefits	(6,752,098)	(6,752,098)
Less: Contributions to be received in the future from retirees	(22,704,042)	(22,704,042)
Balance at end of year	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations At End Of Year	<u>\$ 550,000</u>	<u>\$ 550,000</u>

Benefit Obligations

The projected increase in covered health benefits at December 31, 2011 was 8% for 2011 graduated to 4% for 2016 and thereafter. The projected increase in covered health care benefits at December 31, 2010 was 9% for 2010 graduated to 4% for 2016 thereafter. The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year it would increase the obligation as of December 31, 2011 by \$3,239,658. If the assumed rates decreased by one percentage point in each year it would decrease the obligation as of December 31, 2011 by \$2,700,893.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
None
14. Contingencies
None
15. Leases
None
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

NOTES TO FINANCIAL STATEMENTS

None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
None

20. Other Items

Printing Industries Consolidated Trust

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

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

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

The Fund can terminate its participation in PIC Trust, if it elects to do so. Upon termination, any funds held by PIC Trust on behalf of the Fund will be reimbursed. As of December 31, 2011, the Fund terminated its participation in the PIC Trust. In 2012, the Fund received deposits held by PIC trust in the amount of \$160,012.

21. Events Subsequent

None

22. Reinsurance

A. Ceded Reinsurance Report

Section 1-General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2-Ceded Reinsurance Report-Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

a. \$0
b. \$0

(2) Does the reporting entity have any reinsurance agreement in effect such that the amount of losses

NOTES TO FINANCIAL STATEMENTS

paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3-Ceded Reinsurance Report-Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreement other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 Above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. Not applicable.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not applicable
- B. Not applicable

24. Change in Incurred Claims and Claim Adjustment Expenses

None

25. Intercompany Pooling Arrangements

None

26. Structured Settlements

Not Applicable

27. Health Care Receivables

None

28. Participating Policies

None

29. Premium Deficiency Reserves

None

30. Anticipated Salvage and Subrogation

None

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

NOTES TO FINANCIAL STATEMENTS - ITEM 1A

(Electronic Filing Only)

1 State Prescribed Practices	2 State of Domicile	3 Current	4 Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 4)	OH	(186,386)	(117,007)
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3)	OH	(186,386)	(117,007)
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	OH	2,806,439	2,824,605
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7)	OH	2,806,439	2,824,605

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

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

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

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

2.2 If yes, date of change:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)

3.2 If the response to 3.1 is yes, provide a brief description of those changes.

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

4.2 If the response to 4.1 is yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2009

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 05/26/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/26/2010

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes () No () N/A (X)

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No () N/A ()

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

7.2 If yes, give full information

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

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

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

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

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

GENERAL INTERROGATORIES (continued)**PART 1 - COMMON INTERROGATORIES****GENERAL**

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

.....

9.2 Has the code of ethics for senior managers been amended? Yes () No (X)

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

.....

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

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

.....

FINANCIAL

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

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

INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on schedule DB? Yes () No (X)

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No ()

If no, attach a description with this statement.

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

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page	\$

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

Yes (X) No ()

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

1 Name of Custodian(s)	2 Custodian Address
---------------------------	------------------------

HUNTINGTON BANK P.O. BOX 1558; COLUMBUS, OH 43216

17.2 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)
--------------	------------------	------------------------------

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes () No (X)

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

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

17.5 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
---	--------------	--------------

106139 BAHL & GAYNOR 212 E 3RD ST; CINTI, OH 45202

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

Yes (X) No ()

18.2 If no, list exceptions:

.....

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent 73.4 %

1.2 A&H cost containment percent %

1.3 A&H expense percent excluding cost containment expenses 5.5 %

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

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Affiliates						
70939	13-2611847	01/01/2013	GERBER LIFE INS CO	OH	SSL/A/G	Yes
70939	13-2611847	01/01/2013	GERBER LIFE INS CO	OH	ASL/A/G	Yes
0199998 - Accident and Health - Affiliates						
0299998 - Accident and Health - Non-Affiliates						
0399998 - Life and Annuity - Affiliates						
0499998 - Life and Annuity - Non-Affiliates						
0599998 - Property/Casualty - Affiliates						
0699998 - Property/Casualty - Non-Affiliates						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status	Direct Business Only Year to Date						
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7
1. Alabama	AL N							
2. Alaska	AK N							
3. Arizona	AZ N							
4. Arkansas	AR N							
5. California	CA N							
6. Colorado	CO N							
7. Connecticut	CT N							
8. Delaware	DE N							
9. District of Columbia	DC N							
10. Florida	FL N							
11. Georgia	GA N							
12. Hawaii	HI N							
13. Idaho	ID N							
14. Illinois	IL N							
15. Indiana	IN N							
16. Iowa	IA N							
17. Kansas	KS N							
18. Kentucky	KY N							
19. Louisiana	LA N							
20. Maine	ME N							
21. Maryland	MD N							
22. Massachusetts	MA N							
23. Michigan	MI N							
24. Minnesota	MN N							
25. Mississippi	MS N							
26. Missouri	MO N							
27. Montana	MT N							
28. Nebraska	NE N							
29. Nevada	NV N							
30. New Hampshire	NH N							
31. New Jersey	NJ N							
32. New Mexico	NM N							
33. New York	NY N							
34. North Carolina	NC N							
35. North Dakota	ND N							
36. Ohio	OH L	1,112,006						1,112,006
37. Oklahoma	OK N							
38. Oregon	OR N							
39. Pennsylvania	PA N							
40. Rhode Island	RI N							
41. South Carolina	SC N							
42. South Dakota	SD N							
43. Tennessee	TN N							
44. Texas	TX N							
45. Utah	UT N							
46. Vermont	VT N							
47. Virginia	VA N							
48. Washington	WA N							
49. West Virginia	WV N							
50. Wisconsin	WI N							
51. Wyoming	WY N							
52. American Samoa	AS N							
53. Guam	GU N							
54. Puerto Rico	PR N							
55. U.S. Virgin Islands	VI N							
56. Northern Mariana Islands	MP N							
57. Canada	CAN N							
58. Aggregate Other Alien	OT XXX	XXX	1,112,006					1,112,006
59. Subtotal								
60. Reporting entity contributions for Employee Benefit Plans	XXX							
61. Total (Direct Business)	(a) 1	1,112,006						1,112,006

DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)								

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

Active Status Codes (Column 1):

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG

(R) Registered - Non-domiciled RRGs

(Q) Qualified - Qualified or Accredited Reinsurer

(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state

(N) None of the above - Not allowed to write business in the state

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

PART 1 - ORGANIZATIONAL CHART

NONE

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

Page 16
Schedule Y, Part 1A
NONE

Schedule Y, Part 1A, Explanation
NONE

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

NO

EXPLANATIONS:

n/a

BAR CODE:

Document Identifier 365:



STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,888,305	2,575,744
2. Cost of bonds and stocks acquired	36,205	786,440
3. Accrual of discount	94	371
4. Unrealized valuation increase (decrease)	170,093	36,597
5. Total gain (loss) on disposals	6,026	98,859
6. Deduct consideration for bonds and stocks disposed of	84,653	604,901
7. Deduct amortization of premium	1,371	4,805
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	3,014,699	2,888,305
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,014,699	2,888,305

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH 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)	919,446		50,000	(1,276)	868,170			919,446
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	919,446		50,000	(1,276)	868,170			919,446
PREFERRED STOCK								
8. Class 1	107,060			530	107,590			107,060
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	107,060			530	107,590			107,060
15. Total Bonds and Preferred Stock	1,026,506		50,000	(746)	975,760			1,026,506

(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 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	251,669	XXX	251,669	36	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year	184,354	100,518
2. Cost of short-term investments acquired	112,082	637,947
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	44,767	554,111
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)	251,669	184,354
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	251,669	184,354

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

Page SI04

Schedule DB , Part A, Verification
NONE

Schedule DB , Part B, Verification
NONE

Page SI05

Schedule DB , Pt. C, Section 1, Replicated (Synthetic Assets) Open
NONE

Page SI06

Sch DB , Pt C , Sn 2 , Replication (Syn Assets) Transactions Open
NONE

Page SI07

Schedule DB , Verification
NONE

Page SI08

Schedule E , Verification (Cash Equivalents)
NONE

Page E01

Sch. A, Pt. 2, Real Estate Acquired
NONE

Sch. A, Pt. 3, Real Estate Disposed
NONE

Page E02

Schedule B , Part 2, Mortgage Loans Acquired
NONE

Schedule B , Part 3, Mortgage Loans Disposed
NONE

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
907818-10-8	Union Pacific Corp		01/22/2013	CAP Institutional Services Inc	130,000	17,361			
899996-10-4	Tupperware Corp		02/25/2013	CAP Institutional Services Inc	240,000	18,844			
9099999 - Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						36,205			
9799997 - Subtotal - Common Stocks						36,205			
9799999 - Subtotal - Preferred and Common Stocks						36,205			
9999999 - TOTALS						36,205			

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

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE D - PART 4

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

1 CUSIP Identifi- cation	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	Change In Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Desig- nation Market Indi- cator (a)		
									11 Prior Year Book/ Adjusted Carrying Value	12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. [11+12-13]	15 Total Foreign Exchange Change in B./A.C.V.									
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
71348-BG-1 Pepsico Inc 4.65%	02/15/2013	Matured			50,000	50,000.00	51,372	50,027		27		27			50,000					1,163	02/15/2013	
3899999 - Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					50,000	50,000.00	51,372	50,027		27		27			50,000					1,163		
8399999 - Subtotal - Bonds - Part 4					50,000	50,000.00	51,372	50,027		27		27			50,000					1,163		
8399999 - Subtotal - Bonds					50,000	50,000.00	51,372	50,027		27		27			50,000					1,163		
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																						
71134B-10-2 Church & Dwight Co Inc	01/22/2013	CAP Institutional Services Inc			300,000	16,935	11,482	16,071	864			864			16,071					5,453	5,453	
580135-10- McDonalds Corp	02/25/2013	CAP Institutional Services Inc			185,000	17,718	17,145	17,629	80			90			17,629					573	573	
9099999 - Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						34,653	28,627	33,700	954			954			33,700					6,026	6,026	
9799999 - Subtotal - Common Stocks - Part 4						34,653	28,627	33,700	954			954			33,700					6,026	6,026	
9799999 - Subtotal - Common Stocks						34,653	28,627	33,700	954			954			33,700					6,026	6,026	
9899999 - Subtotal - Preferred and Common Stocks						34,653	28,627	33,700	954			954			33,700					6,026	6,026	
9999999 - TOTALS						84,653	79,999	83,727	954		27	981			83,700					6,026	6,026	1,163

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

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Schedule DB, Part A, Section 1

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

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Schedule DB, Part B, Section 1

NONE

Schedule DB, Part B, Section 1, Broker Name

NONE

Schedule DB, Part B, Description of Hedged Risk (s)

NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge

NONE

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Schedule DB, Part D, Section 1

NONE

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Schedule DL, Part 1
NONE

Page E11
Schedule DL, Part 2
NONE

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Name	Location and Supplemental Information							
Open Depositories								
Huntington Bank	Cash in Bank				115,218	239,363	394,666	
0199999 - TOTAL - Open Depositories					115,218	239,363	394,666	
0399999 - TOTAL Cash on Deposit					115,218	239,363	394,666	
0599999 - TOTALS					115,218	239,363	394,666	

STATEMENT AS OF MARCH 31, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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Schedule E, Part 2, Cash Equivalents
NONE