

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

	<u>6/30/2013</u>
Paid Claims per Lag Report	<u>1,459,243</u>
Dental Claims	51,187
Short-term Disability Claims	1,102
Pharmaceutical rebate	(12,777)
Unexplained	<u>(4,533)</u>
	<u><u>1,494,222</u></u>
 Adjusted Total per Statutory Report	 <u><u>1,494,222</u></u>
 Difference	 <u><u>0</u></u>



OGA Lag Table

Incurred Month Prior	Paid Jan-13	Paid Feb-13	Paid Mar-13	Paid Apr-13	Paid May-13	Paid Jun-13	Paid Total
Jul-11	0	-54	0	0	0	0	-54
Aug-11	0	0	0	0	0	0	0
Sep-11	0	0	-212	0	0	0	-212
Oct-11	0	846	434	0	0	0	1,280
Nov-11	0	0	0	0	0	0	0
Dec-11	0	0	-38	-1,785	0	0	-1,823
Jan-12	83	0	256	0	0	0	338
Feb-12	4,811	35	117	0	0	0	4,962
Mar-12	0	207	0	0	0	0	207
Apr-12	0	375	0	0	0	0	375
May-12	5,477	198	918	0	0	0	6,593
Jun-12	181	1,599	191	0	0	0	1,972
Jul-12	441	0	34	24	0	0	499
Aug-12	640	171	326	16	0	0	1,153
Sep-12	12,139	158	836	191	0	0	13,323
Oct-12	11,340	6,804	1,306	1,395	0	0	20,845
Nov-12	11,488	8,024	7,125	507	0	0	27,144
Dec-12	297,222	30,459	3,708	3,312	18,062	4,383	357,146
Jan-13	19,078	120,493	48,740	13,521	8,063	46,966	256,861
Feb-13	0	8,939	93,972	19,254	10,379	6,999	139,543
Mar-13	0	0	8,438	162,603	32,406	18,693	222,140
Apr-13	0	0	0	11,853	150,172	17,093	179,118
May-13	0	0	0	0	14,060	178,752	192,812
Jun-13	0	0	0	0	0	35,020	35,020
Total	362,900	178,253	166,150	210,893	233,142	307,906	1,459,243



# QUARTERLY STATEMENT

AS OF JUNE 30, 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 ☐   
Is HMO Federally Qualified? Yes ☐ No ☐

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  
President

James Maly  
Secretary

James A. Cunningham  
Operating 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 \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

**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 .....	967,669		967,669	919,445
2. Stocks:				
2.1 Preferred stocks .....	157,390		157,390	107,060
2.2 Common stocks .....	1,986,457		1,986,457	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 (\$ ..... 408,165 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... 168,474 ) .....	576,639		576,639	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) .....	3,688,155		3,688,155	3,318,204
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	14,664		14,664	13,905
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	68,266	14,977	53,289	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) .....	3,771,085	14,977	3,756,108	3,427,142
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Totals (Line 26 and Line 27) .....	3,771,085	14,977	3,756,108	3,427,142
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Line 1101 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 JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	875,000		875,000	550,000
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	42,918		42,918	15,334
9. General expenses due or accrued .....	56,621		56,621	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) .....	974,539		974,539	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	2,781,569	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	2,781,569	2,824,605
34. Total Liabilities, capital and surplus (Line 24 and Line 33) .....	XXX	XXX	3,756,108	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. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) .....	XXX	XXX		

## 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 .....	X X X	6,439	6,543	13,153
2. Net premium income (including \$ ..... non-health premium income) .....	X X X	1,881,570	2,063,722	3,999,727
3. Change in unearned premium reserves and reserve for rate credits .....	X X X			
4. Fee-for-service (net of \$ ..... medical expenses) .....	X X X			
5. Risk revenue .....	X X X			
6. Aggregate write-ins for other health care related revenues .....	X X X		45,638	56,923
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Line 2 to Line 7) .....	X X X	1,881,570	2,109,360	4,058,650
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,042,652	1,529,416	2,974,557
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....		67,827	51,162	122,120
13. Prescription drugs .....		383,743	370,435	700,624
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Line 9 to Line 15) .....		1,494,222	1,951,013	3,797,301
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Line 16 minus Line 17) .....		1,494,222	1,951,013	3,797,301
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....				
21. General administrative expenses .....		314,408	274,693	557,633
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		325,000		
23. Total underwriting deductions (Line 18 through Line 22) .....		2,133,630	2,225,706	4,354,934
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	X X X	(252,060)	(116,346)	(298,284)
25. Net investment income earned .....		43,266	40,412	82,421
26. Net realized capital gains (losses) less capital gains tax of \$ ..... ..		42,756	42,686	98,656
27. Net investment gains (losses) (Line 25 plus Line 26) .....		86,022	83,098	181,277
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 .....		4,812		
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) .....	X X X	(161,226)	(33,248)	(117,007)
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Line 30 minus Line 31) .....	X X X	(161,226)	(33,248)	(117,007)
<b>DETAILS OF WRITE-INS</b>				
0601. Increase in funds held with reinsurance companies .....	X X X			
0602. Refund of funds held with reinsurance companies .....	X X X		45,638	56,923
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X			
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) .....	X X X		45,638	56,923
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) .....	X X X			
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. Change in estimate from prior year - decrease in accrued expenses .....		4,812		
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) .....		4,812		

**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 .....	(161,226)	(33,248)	(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 \$ .....	133,161	35,481	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 .....	(14,976)	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 .....			
48. Net change in capital and surplus (Line 34 to Line 47) .....	(43,041)	10,104	(72,535)
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	2,781,569	2,907,249	2,824,610
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) .....			

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	1,935,921	2,262,391	4,112,686
2. Net investment income	64,447	41,742	98,469
3. Miscellaneous income		45,638	56,923
4. Total (Line 1 through Line 3)	2,000,368	2,349,771	4,268,078
5. Benefit and loss related payments	1,494,222	1,578,748	3,375,036
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	309,596	274,164	553,199
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)	1,803,818	1,852,912	3,928,235
11. Net cash from operations (Line 4 minus Line 10)	196,550	496,859	339,843
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	153,820		52,939
12.2 Stocks	176,538	199,538	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			6
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	330,358	199,538	604,901
13. Cost of investments acquired (long-term only):			
13.1 Bonds	201,176	49,237	209,270
13.2 Stocks	179,005	143,525	577,170
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Line 13.1 through Line 13.6)	380,181	192,762	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)	(48,823)	6,776	(181,539)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	7		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	146,734	503,635	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)	576,639	775,236	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 JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and 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	452		428	26						
2. First Quarter	466		476	10						
3. Second Quarter	462		465	17						
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	6,439		6,439							
Total Member Ambulatory Encounters for Period:										
7. Physician	20		20							
8. Non-Physician										
9. Total	20		20							
10. Hospital Patient Days Incurred	42		42							
11. Number of Inpatient Admissions	12		12							
12. Health Premiums Written (a)	1,881,570		1,881,570							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,881,570		1,881,570							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,494,222		1,494,222							
18. Amount Incurred for Provision of Health Care Services	1,494,222		1,494,222							

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

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

Aging Analysis of Unpaid Claims

<sup>1</sup> Account	<sup>2</sup> 1 - 30 Days	<sup>3</sup> 31 - 60 Days	<sup>4</sup> 61 - 90 Days	<sup>5</sup> 91 - 120 Days	<sup>6</sup> Over 120 Days	<sup>7</sup> Total
Individually listed claims unpaid						
0195999 - Individually listed claims unpaid	275,247	105,065	117,021	74,684	213,514	785,511
0499999 - Subtotals	275,247	105,065	117,021	74,684	213,514	785,511
0599999 - Unreported claims and other claim reserves						89,489
0799999 - Total claims unpaid						875,000

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	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)	411,304	1,082,918	11,519	863,481	422,823	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)	411,304	1,082,918	11,519	863,481	422,823	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)	411,304	1,082,918	11,519	863,481	422,823	550,000

(a) Excludes \$ ..... Items 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 June 30, 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 June 30, 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**

	June 30, 2013	December 31, 2012
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 875,000	\$ 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	8,426,908	8,426,908
Total Postretirement Benefit Obligations	22,704,042	22,704,042
Less: Contributions expected to be received in the future from retirees	(22,704,042)	(22,704,042)
Net Postretirement Benefit Obligation	0	0
Plan's Total Benefit Obligations	\$ 875,000	\$ 500,000

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

	June 30, 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	134,185	134,185
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	375,000	50,000
Balance at end of year	740,815	415,815
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	0	0
Plan's Total Benefit Obligations At End Of Year	\$ 875,000	\$ 550,000

## 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 &amp; 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

**NOTES TO FINANCIAL STATEMENTS - ITEM 1A**

(Electronic Filing Only)

1	2	3	4
State Prescribed Practices	State of Domicile	Current	Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 4) .....	OH .....	(161,226) .....	(117,007)
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3) .....	OH .....	(161,226) .....	(117,007)
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4) .....	OH .....	2,781,569 .....	2,824,605
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7) .....	OH .....	2,781,569 .....	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 ( ) No (X) N/A ( )
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2009
- 6.2 State 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
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**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?  
 (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. Yes (X) No ( )
- 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:
- |   | <sup>1</sup><br>Prior Year-End Book/<br>Adjusted Carrying Value | <sup>2</sup><br>Current Quarter Book/<br>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:

<sup>1</sup> Name of Custodian(s)	<sup>2</sup> 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:

<sup>1</sup> Name(s)	<sup>2</sup> Location(s)	<sup>3</sup> 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:

<sup>1</sup> Old Custodian	<sup>2</sup> New Custodian	<sup>3</sup> Date of Change	<sup>4</sup> 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:

<sup>1</sup> Central Registration Depository	<sup>2</sup> Name(s)	<sup>3</sup> 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:

.....

**GENERAL INTERROGATORIES (continued)****PART 2 - HEALTH**

1. Operating Percentages:
- 1.1 A&H loss percent ..... 95.4 %
- 1.2 A&H cost containment percent ..... %
- 1.3 A&H expense percent excluding cost containment expenses ..... 4.1 %
- 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.	1	Direct Business Only Year to Date							
		2	3	4	5	6	7	8	9
	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Column 2 Through Column 7	Deposit-Type Contracts
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	2,161,118					2,161,118	
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							
59. Subtotal	XXX		2,161,118					2,161,118	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) .... 1		2,161,118					2,161,118	
<b>DETAILS OF WRITE-INS</b>									
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 JUNE 30, 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**

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (es) / Person(s)	*

NONE

Asterisk	Explanation
----------	-------------

NONE



## 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:



**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 temporar		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of cu		
Line 5 plus Line 6 minus Line 7 minus Line 8		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment 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	380,179	786,440
3. Accrual of discount	189	371
4. Unrealized valuation increase (decrease)	133,161	36,597
5. Total gain (loss) on disposals	42,756	98,859
6. Deduct consideration for bonds and stocks disposed of	330,358	604,901
7. Deduct amortization of premium	2,716	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)	3,111,516	2,888,305
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,111,516	2,888,305

## STATEMENT AS OF JUNE 30, 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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a)	888,170	201,175	100,429	(1,247)	888,170	987,669		918,446
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	888,170	201,175	100,429	(1,247)	888,170	987,669		918,446
<b>PREFERRED STOCK</b>								
8. Class 1	107,590	56,767		(6,987)	107,590	157,350		107,060
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	107,590	56,767		(6,987)	107,590	157,350		107,060
15. Total Bonds and Preferred Stock	995,760	257,942	100,429	(8,234)	995,760	1,145,019		1,025,506

(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	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 .....	168,474	X X X	168,474	12	

**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 .....	184,354	100,518
2. Cost of short-term investments acquired .....	236,174	637,947
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	252,054	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) .....	168,474	184,354
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	168,474	184,354

**SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

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

**NONE****SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year (Line 6 prior year)	.....
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	.....
3.1 Add:	
Change in variation margin on open contracts - Highly Effective Hedges	
3.11 Section 1, Column 15, current year to date minus	.....
3.12 Section 1, Column 15, prior year	.....
Change in variation margin on open contracts - All Other	
3.13 Section 1, Column 18, current year to date minus	.....
3.14 Section 1, Column 18, prior year	.....
3.2 Add:	
Change in adjustment to basis of hedged item	
3.21 Section 1, Column 17, current year to date minus	.....
3.22 Section 1, Column 17, prior year	.....
Change in amount recognized	
3.23 Section 1, Column 19, current year to date minus	.....
3.24 Section 1, Column 19, prior year	.....
3.3 Subtotal (Line 3.1 minus Line 3.2)	.....
4.1 Cumulative variation margin on terminated contracts during the year	.....
4.2 Less:	
4.21 Amount used to adjust basis of hedged item	.....
4.22 Amount recognized	.....
4.3 Subtotal (Line 4.1 minus Line 4.2)	.....
5. Dispositions gains (losses) on contracts terminated in prior year:	
5.1 Total gain (loss) recognized for terminations in prior year	.....
5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	.....
6. Book/Adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3.3 minus Line 4.3 minus Line 5.1 minus Line 5.2)	.....
7. Deduct total nonadmitted amounts	.....
8. Statement value at end of current period (Line 6 minus Line 7)	.....

**NONE**

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE DB - PART C - SECTION 1**

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

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions								
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held					
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value

NONE

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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

Replication (Synthetic Asset) Transactions Open

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

**NONE**



## SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14 .....	
2.	Part B, Section 1, Column 15 plus Part B, Section 1 .....	
3.	Total (Line 1 plus Line 2) .....	
4.	Part D, Section 1, Column 5 .....	
5.	Part D, Section 1, Column 6 .....	
6.	Total (Line 3 minus Line 4 minus Line 5) .....	

NONE

Fair Value Check

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

Potential Exposure Check

13.	Part A, Section 1, Column 21 .....	
14.	Part B, Section 1, Column 20 .....	
15.	Part D, Section 1, Column 11 .....	
16.	Total (Line 13 plus Line 14 minus Line 15) .....	

**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 .....		
2. Cost of cash equivalents acquired .....		
3. Accrual of discount .....		
4. Unrealized valuation incr. ....		
5. Total gain (loss) on disp. ....		
6. Deduct consideration rec. ....		
7. Deduct amortization of pi. ....		
8. Total foreign exchange c. ....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) .....		
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....		

**NONE**

## STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

## SCHEDULE A - PART 2

Showing All Real Estate Acquired and Additions Made During the Current Quarter

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

NONE

## SCHEDULE A - PART 3

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

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

NONE

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE B - PART 2**

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

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

NONE

**SCHEDULE B - PART 3**

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

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

NONE

## STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

## SCHEDULE BA - PART 2

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

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									

NONE

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## SCHEDULE BA - PART 3

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

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Purchaser or Nature of Deposit	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B./A.C.V.						

NONE

## STATEMENT AS OF JUNE 30, 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	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
882508-AU-8	Texas Instruments Inc 1.65%		05/02/2013	National Financial Services Corp		50,300	50,000.00	218	
086353-AP-7	Atrius Inc 2.375%		05/09/2013	Griffin, Kuk, Stephens and Thompson		50,635	50,000.00	297	
316773-CA-9	Fifth Third Bancorp		05/13/2013	Morgan Stanley DW Inc		50,000	50,000.00		
071813-BL-7	Baxter International Inc 1.85%		05/05/2013	National Financial Services Corp		50,240	50,000.00		
3889999 - Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					201,175	201,175	200,000.00	515	
8399997 - Subtotal - Bonds - Part 3						201,175	200,000.00	515	
8399999 - Subtotal - Bonds						201,175	200,000.00	515	
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)									
893475-B5-7	PNC		05/07/2013	Morgan Stanley and Co	1,000,000	28,625			
902973-B1-7	US Bancorp		05/07/2013	Morgan Stanley and Co	1,000,000	28,162			
8469999 - Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)						56,787			
8699997 - Subtotal - Preferred Stocks - Part 3						56,787			
8699999 - Subtotal - Preferred Stocks						56,787			
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
002824-10-0	Abbott Laboratories		04/16/2013	Instinet	320,000	11,580			
172755-10-2	Cisco Systems		04/16/2013	Instinet	780,000	16,399			
518438-10-4	Essex Laundry		04/16/2013	Instinet	130,000	8,831			
229895-10-9	Cullen/Frost Bankers		05/23/2013	Instinet	190,000	12,077			
501044-10-1	The Kroger Co.		05/23/2013	Instinet	550,000	18,950			
588331-10-5	Merck & Co Inc		05/05/2013	Credit Suisse/Fit Boston	370,000	18,275			
9069999 - Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						86,012			
9799997 - Subtotal - Common Stocks - Part 3						86,012			
9799999 - Subtotal - Common Stocks						86,012			
9899999 - Subtotal - Preferred and Common Stocks						142,799			
9899999 - TOTALS						343,974		515	

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

## STATEMENT AS OF JUNE 30, 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	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Per Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	11	12	13	14	15	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
37372-AC-1	Gloxxsmithline		05/15/2013	Matured		50,000	50,000.00	50,000	50,024			24	24		50,000		3,391	3,391	1,213	05/15/2013	
7447N-AA-7	Pliny Bowes		05/07/2013	Davidson (DA) and Co Inc.		53,820	50,000.00	50,429	50,461			32	32		50,429		3,391	3,391	1,155	05/15/2018	
395959-9	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					103,820	100,000.00	100,429	100,485			56	56		100,429		3,391	3,391	2,368		
839997-7	Subtotal - Bonds - Part 4					103,820	100,000.00	100,429	100,485			56	56		100,429		3,391	3,391	2,368		
839999-9	Subtotal - Bonds					103,820	100,000.00	100,429	100,485			56	56		100,429		3,391	3,391	2,368		
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																					
0027Y-10-9	Abvie Inc		04/06/2013	CAP Institutional Services Inc.	430,000	17,899		10,929	17,536	383			383		17,536		6,970	6,970	172		
594916-10-4	Microsoft Corp		04/16/2013	CAP Institutional Services Inc.	750,000	21,630		19,194	21,454	176			176		21,454		2,436	2,436	173		
032954-10-5	Analog Devices		05/01/2013	Bernstein, Santford C., and Co.	60,000	2,636		2,381	2,640	(4)			(4)		2,640		254	254	20		
378331-00-	Apple Inc		05/01/2013	Bernstein, Santford C., and Co.	10,000	4,376		5,413	4,428	(52)			(52)		4,428		(1,036)	(1,036)	53		
054937-10-7	BB&T Corp		05/07/2013	Morgan Stanley and Co.	40,000	1,251		1,290	1,231	20			20		1,231		(39)	(39)	17		
171340-10-2	Church & Dwight		05/07/2013	Morgan Stanley and Co.	30,000	1,896		1,448	1,917	(21)			(21)		1,917		748	748	8		
229895-10-9	Cullen/Frost Bankers		05/07/2013	Morgan Stanley and Co.	25,000	1,535		1,482	1,510	26			26		1,510		54	54	9		
260003-10-8	Dover		05/07/2013	Morgan Stanley and Co.	40,000	2,888		2,542	2,760	128			128		2,760		345	345	14		
26193E-10-9	Dr. Pepper		05/01/2013	Bernstein, Santford C., and Co.	50,000	2,420		1,895	2,441	(21)			(21)		2,441		525	525	42		
26193E-10-9	Dr. Pepper		05/23/2013	CAP Institutional Services Inc.	300,000	14,337		11,299	14,649	(312)			(312)		14,649		3,038	3,038	210		
278655-10-0	Ecolab		05/07/2013	Morgan Stanley and Co.	30,000	2,592		1,482	2,538	44			44		2,538		1,101	1,101	7		
459140-10-0	Intel Corp		05/01/2013	Bernstein, Santford C., and Co.	150,000	3,580		3,877	3,592	(12)			(12)		3,592		(286)	(286)	34		
492000-10-1	IBM		05/01/2013	Bernstein, Santford C., and Co.	10,000	2,011		1,276	2,025	(14)			(14)		2,025		735	735	9		
478160-10-4	Johnson & Johnson		05/01/2013	Bernstein, Santford C., and Co.	30,000	2,545		2,130	2,557	(12)			(12)		2,557		415	415	18		
478160-10-4	Johnson & Johnson		05/07/2013	CAP Institutional Services Inc.	200,000	17,459		14,199	17,046	413			413		17,046		3,260	3,260	122		
49468B-10-1	Kinder Morgan Inc.		05/07/2013	Morgan Stanley and Co.	40,000	1,557		1,213	1,564	(7)			(7)		1,564		344	344	30		
580135-10-1	McDonalds		05/07/2013	Morgan Stanley and Co.	20,000	2,036		1,483	2,043	(7)			(7)		2,043		553	553	15		
7405P-10-4	Praxair		05/07/2013	Morgan Stanley and Co.	20,000	2,274		1,941	2,286	(12)			(12)		2,286		332	332	12		
83256-10-5	Qualcomm		05/07/2013	Morgan Stanley and Co.	20,000	3,191		2,726	3,060	11			11		3,060		465	465	13		
832956-40-5	Smucker (J.M.)		05/01/2013	Bernstein, Santford C., and Co.	20,000	2,054		1,557	2,065	(11)			(11)		2,065		497	497	11		
832956-40-5	Smucker (J.M.)		05/07/2013	Morgan Stanley and Co.	20,000	2,065		1,557	2,065	(11)			(11)		2,065		508	508	10		
863657-10-1	Stryker Corp		05/07/2013	Morgan Stanley and Co.	40,000	2,652		2,541	2,624	28			28		2,624		110	110	21		
913017-10-9	United Technologies		05/07/2013	Morgan Stanley and Co.	25,000	2,336		2,030	2,282	54			54		2,282		307	307	13		
064145-10-7	Bank of Nova Scotia	R	05/01/2013	Bernstein, Santford C., and Co.	50,000	2,871		2,070	2,882	(11)			(11)		2,882		861	861	49		
2323N-10-5	Enbridge	R	05/01/2013	Bernstein, Santford C., and Co.	50,000	2,365		1,545	2,380	(15)			(15)		2,380		820	820	12		
0027Y-10-9	Abvie Inc		06/05/2013	CAP Institutional Services Inc.	450,000	19,438		9,404	19,211	227			227		19,211		10,034	10,034	704		
908599-9	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					141,885		108,544	140,806	1,079			1,079		140,806		33,341	33,341	1,798		
979597-7	Subtotal - Common Stocks - Part 4					141,885		108,544	140,806	1,079			1,079		140,806		33,341	33,341	1,798		
979599-9	Subtotal - Common Stocks					141,885		108,544	140,806	1,079			1,079		140,806		33,341	33,341	1,798		
989599-9	Subtotal - Preferred and Common Stocks					141,885		108,544	140,806	1,079			1,079		140,806		33,341	33,341	1,798		
999599-9	TOTALS					245,705		208,973	241,291	1,079	56		1,135		241,235		36,732	36,732	4,166		

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

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - PART A - SECTION 1

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

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, Used for Income Generation or Replicated	Schedule/Exhibit Identifier	Type(s) of Risk(s)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) 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 (b)
			(a)	Name																		

NONE

(a)

Code	Description of Hedged Risk(s)
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NONE

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
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NONE



## STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

## SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged, Used for Income Generation or Replicated	6 Schedule/Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange		10	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/Adjusted Carrying Value	Highly Effective Hedges			All Other		20 Potential Exposure	21 Hedge Effectiveness at Inception and at Quarter-end (b)	22 Value of One (1) Point
								Name	Legal Entity Identifier (LEI)						15 Cumulative Variation Margin	16 Deferred Variation Margin	17 Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	18 Cumulative Variation Margin	19 Change in Variation Margin Recognized in Current Year			

NONE

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance

NONE

(a) Code	Description of Hedged Risk(s)

NONE

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

NONE

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - Part D - Section 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				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		

NONE

## SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

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

# NONE

## 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 \$ .....

## SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

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

# NONE

## General Interrogatories:

1. Total activity for the year to date
2. Average Balance for the year to date

Fair Value \$ .....

Fair Value \$ .....

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

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

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	*
Open Depositories									
Huntington Bank	Cash in Bank					463,192	477,887	408,165	
0199999 - TOTAL - Open Depositories						463,192	477,887	408,165	
0399999 - TOTAL Cash on Deposit						463,192	477,887	408,165	
0599999 - TOTALS						463,192	477,887	408,165	

STATEMENT AS OF JUNE 30, 2013 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
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NONE