

NRB/FAL
108
MEWA

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

	03/31/14
Paid Claims per Lag Report	881,573
Dental Claims	32,876
Pharmaceutical rebate	0
Unexplained	2,872
	<u>917,321</u>
Adjusted Total per Statutory Report	<u>917,321</u>
Difference	<u>0</u>

RECEIVED
MAY 23 2014
OFFICE OF RISK
ASSESSMENT

Incurred	Paid	Jan-14	Feb-14	Paid	Mar-14	Total
Month	Jan-14					
Mar-13	40		0	0	0	40
Apr-13	0		71	71	6	77
May-13	1,939		267	267	71	2,277
Jun-13	935		3,865	430	430	5,230
Jul-13	285		2,865	2,934	6,084	4,709
Aug-13	3,751		923	35	4,709	2,224
Sep-13	1,243		406	575	27,891	40,034
Oct-13	17,586		2,832	7,473	210,756	236,239
Nov-13	36,984		2,725	325	303,959	42,053
Dec-13	111,282		92,422	7,052	18,411	197,358
Jan-14	20,470		197,358	18,411	284,305	19,654
Feb-14			19,654	284,305	42,053	323,388
Mar-14				42,053	363,670	194,515
Total	194,515		323,388	363,670	881,573	



QUARTERLY STATEMENT

AS OF MARCH 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

OHIO GRAPHIC ARTS HEALTH FUND

NAIC Group Code 0001 (Current Period) 0001 (Prior Period) NAIC Company Code 00108 Employer's ID Number 316034657

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 Property/Casualty
Dental Service Corporation Vision Service Corporation
Health Maintenance Organization 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

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

State of Ohio } SS
County of _____

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Larry Halenkamp
President

James Maly
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 _____

RECEIVED

MAY 23 2014

OFFICE OF RISK
ASSESSMENT

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	959,732		959,732	941,641
2. Stocks:				
2.1 Preferred stocks	182,490		182,490	174,090
2.2 Common stocks	2,123,253		2,123,253	2,172,081
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 (\$ 167,320), cash equivalents (\$) and short-term investments (\$ 115,463)	282,783		282,783	29,102
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				33,655
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	3,548,258		3,548,258	3,350,569
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	8,744		8,744	14,591
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	66,301	39,635	26,666	52,176
15.2 Deferred premiums, agents' balances and instalments 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				79,989
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)	3,623,303	39,635	3,583,668	3,497,325
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	3,623,303	39,635	3,583,668	3,497,325
DETAILS OF WRITE-INS				
1101. Amount due from Brokers				
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. Amounts due from Brokers				
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)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	
1. Claims unpaid (less \$ reinsurance ceded)	550,000		550,000	575,000
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	61,548		61,548	23,816
8. Premiums received in advance	33,191		33,191	17,849
9. General expenses due or accrued				
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)	644,739		644,739	616,665
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	2,938,929	2,880,660
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	2,938,929	2,880,660
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	3,583,668	3,497,325
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 Total	Prior Year Ended December 31 Total
	1 Uncovered	2 Total		
1. Member Months				4
2. Net premium income (including \$ non-health premium income)	XXX	3,528	3,257	12,817
3. Change in unearned premium reserves and reserve for rate credits	XXX	1,078,009	968,788	3,706,249
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Line 2 to Line 7)	XXX	1,078,009	968,788	3,706,249
Hospital and Medical:				
9. Hospital/medical benefits		619,158	516,442	2,666,520
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area		45,631	20,264	133,769
13. Prescription drugs		252,532	173,937	733,605
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		917,321	710,643	3,533,894
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Line 16 minus Line 17)		917,321	710,643	3,533,894
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses				
21. General administrative expenses		172,062	170,893	572,874
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(25,000)	300,000	25,000
23. Total underwriting deductions (Line 18 through Line 22)		1,064,383	1,181,536	4,131,768
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	13,626	(212,748)	(425,519)
25. Net investment income earned		23,328	20,336	91,867
26. Net realized capital gains (losses) less capital gains tax of \$		(4,083)	6,026	114,042
27. Net investment gains (losses) (Line 25 plus Line 26)		19,245	26,362	205,909
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				4,817
30. Net income or (loss) after capital gains tax and before all other federal income taxes	XXX	32,871	(186,366)	(214,793)
(Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX			
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Line 30 minus Line 31)	XXX	32,871	(186,366)	(214,793)
DETAILS OF WRITE-INS				
0601. Increase in funds held with reinsurance companies	XXX			
0602. Refund of funds held with reinsurance companies	XXX			
0603. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0698. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	XXX			
0701. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0798. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX			
1401. Summary of remaining write-ins for Line 14 from overflow page				
1498. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)				
2901. Change in Estimate from Prior Year decrease in Accrued expenses				4,817
2902. Summary of remaining write-ins for Line 29 from overflow page				
2998. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				4,817

STATEMENT OF REVENUE AND EXPENSES (continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	2,880,660	2,824,610	2,824,605
34. Net income or (loss) from Line 32	32,871	(186,386)	(214,793)
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	39,297	170,100	296,579
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(13,903)	(6,697)	(25,731)
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)	58,265	(18,171)	56,055
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	2,938,925	2,806,439	2,880,660
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	

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	1,127,347	1,006,371	3,696,202
2. Net investment income	30,424	38,329	107,150
3. Miscellaneous income			
4. Total (Line 1 through Line 3)	1,157,771	1,044,700	3,805,352
5. Benefit and loss related payments	837,332	710,643	3,613,883
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	156,720	170,893	587,411
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)	994,052	881,536	4,201,294
11. Net cash from operations (Line 4 minus Line 10)	163,719	163,164	(395,942)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	50,000	50,000	228,820
12.2 Stocks	293,722	34,650	508,978
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	33,655	11	
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	377,377	84,661	737,798
13. Cost of investments acquired (long-term only):			
13.1 Bonds	69,340	2	279,024
13.2 Stocks	218,080	36,205	463,635
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)	287,420	36,207	742,659
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	89,957	48,454	(4,861)
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)	5	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)	5	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)	253,681	216,430	(400,803)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	29,102	429,905	429,905
19.2 End of period (Line 18 plus Line 19.1)	282,783	646,335	29,102

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

20.0001			
20.0002			
20.0003			
20.0004			
20.0005			
20.0006			
20.0007			
20.0008			
20.0009			
20.0010			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

1	Total	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
		2	3							
Total Members at end of:	519	504	15							
1. Prior Year	519	504	15							
2. First Quarter	579	566	13							
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	3,528	3,528								
Total Member Ambulatory Encounters for Period:										
7. Physician	12	12								
8. Non-Physician										
9. Total	12	12								
10. Hospital Patient Days Incurred	49	49								
11. Number of Inpatient Admissions	13	13								
12. Health Premiums Written (a)	1,078,009	1,078,009								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,078,009	1,078,009								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	917,321	917,321								
18. Amount Incurred for Provision of Health Care Services	917,321	917,321								

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

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

Agging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Individually listed claims unpaid	321,823	79,765	19,860	16,879	24,818	463,145
0199999 - Individually listed claims unpaid	321,823	79,765	19,860	16,879	24,818	463,145
0499999 - Subtotals	321,823	79,765	19,860	16,879	24,818	463,145
0599999 - Unreported claims and other claim reserves						86,855
0799999 - Total claims unpaid						550,000

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		Estimated Claim Reserve and Liability December 31 of Prior Year	6
	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)	360,070	582,251	239,930	310,070	600,000	575,000
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)	360,070	582,251	239,930	310,070	600,000	575,000
10. Health care 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)	360,070	582,251	239,930	310,070	600,000	575,000

(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, 2014, 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, 2014 and 2013.

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, 2014	December 31, 2013
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 550,000	\$ 575,000

Postretirement benefit obligations, net of amounts currently payable:

Retired participants 2,807,224 2,807,224

Other participants fully eligible for benefits 7,672,813 7,697,813

NOTES TO FINANCIAL STATEMENTS

Participants not yet fully eligible for benefits	<u>23,628,176</u>	<u>23,628,176</u>
Total Postretirement Benefit Obligations	34,108,213	34,133,213
Less: Contributions expected to be received in the future from retirees	<u>(34,108,213)</u>	<u>(34,133,213)</u>
Net Postretirement Benefit Obligation	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations	<u>\$ 550,000</u>	<u>\$ 575,000</u>

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

	March 31, 2014	December 31, 2013
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	3,797,302	3,797,302
Claims paid	<u>(3,882,396)</u>	<u>(3,882,396)</u>
Balance at end of year	<u>49,091</u>	<u>49,091</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	<u>160,094</u>	<u>160,094</u>
Balance at end of year	<u>525,909</u>	<u>525,909</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	22,704,042	22,704,042
Increases (decreases) in postretirement benefits	11,404,171	11,429,171
Less: Contributions to be received in the future from retirees	<u>(34,108,213)</u>	<u>(34,133,213)</u>
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>\$ 575,000</u>

Benefit Obligations

The projected increase in covered health benefits at December 31, 2012 was 7% for 2013, 6% for 2014-2020 and graduated down to 4% thereafter. The projected increase in covered health care benefits at December 31, 2011 was 8% for 2011 graduated to 4% for 2016 and 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, 2012 by \$7,461,831.

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
None

NOTES TO FINANCIAL STATEMENTS

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
None

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 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

NOTES TO FINANCIAL STATEMENTS

- C. Commutation of Ceded Reinsurance
None

- 23. Respectively 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

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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes () No (X)
- If yes, complete Schedule Y, Paris 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)
- 3.3 If the response to 3.2 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 () | | 12/31/2009 |
| 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. | | 05/26/2010 |
| 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?
Ohio Department of Insurance | | |
| 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? | | Yes () No () N/A (X) |
| 6.6 Have all of the recommendations within the latest financial examination report been complied with? | | Yes (X) No () N/A () |
| 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? | | 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
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).
.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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 or 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.

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 adusted/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 Considerations, 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 PO Box 1558: Columbus, Ohio 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 ()

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 Street, Cincinnati, Ohio 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, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1. Operating Percentages:

1.1 A&H loss percent 102.3 %
1.2 A&H cost containment percent %
1.3 A&H expense percent excluding cost containment expenses 12.9 %

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 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
------------------------------	-------------------	------------------------	------------------------	----------------------------------	--------------------------------------	---------------------------	---	---

Life and Annuity - Affiliates

70939 13-2611847

01/01/2014

GERBER LIFE INS CO

OH

ASL/A/G

019998 - Life and Annuity - Affiliates

029998 - Life and Annuity - Non-Affiliates

039998 - Accident and Health - Affiliates

049998 - Accident and Health - Non-Affiliates

059998 - Property/Casualty - Affiliates

069998 - Property/Casualty - Non-Affiliates

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	Direct Business Only Year to Date								
	1 Active Status	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	9 Deposit-Type Contracts
1. Alabama	N								
2. Alaska	N								
3. Arizona	N								
4. Arkansas	N								
5. California	N								
6. Colorado	N								
7. Connecticut	N								
8. Delaware	N								
9. District of Columbia	N								
10. Florida	N								
11. Georgia	N								
12. Hawaii	N								
13. Idaho	N								
14. Illinois	N								
15. Indiana	N								
16. Iowa	N								
17. Kansas	N								
18. Kentucky	N								
19. Louisiana	N								
20. Maine	N								
21. Maryland	N								
22. Massachusetts	N								
23. Michigan	N								
24. Minnesota	N								
25. Mississippi	N								
26. Missouri	N								
27. Montana	N								
28. Nebraska	N								
29. Nevada	N								
30. New Hampshire	N								
31. New Jersey	N								
32. New Mexico	N								
33. New York	N								
34. North Carolina	N								
35. North Dakota	N								
36. Ohio	L	1,211,403					1,211,403		
37. Oklahoma	N								
38. Oregon	N								
39. Pennsylvania	N								
40. Rhode Island	N								
41. South Carolina	N								
42. South Dakota	N								
43. Tennessee	N								
44. Texas	N								
45. Utah	N								
46. Vermont	N								
47. Virginia	N								
48. Washington	N								
49. West Virginia	N								
50. Wisconsin	N								
51. Wyoming	N								
52. American Samoa	N								
53. Guam	N								
54. Puerto Rico	N								
55. U.S. Virgin Islands	N								
56. Northern Mariana Islands	N								
57. Canada	N								
58. Aggregate Other Alien	XXX	1,211,403					1,211,403		
59. Subtotal	XXX								
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1	1,211,403					1,211,403		
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.									
58999.									
Summary of remaining write-ins for Line 58 from overflow page.									
Total (Line 58001 through Line 58003 plus Line 58998)									
(Line 58 above)									

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

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

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

PART 1 - ORGANIZATIONAL CHART

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:

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-temporal		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Line 1 plus Line 4 plus 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)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding		
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)		

NONE**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)		

NONE**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	3,287,812	2,888,305
2. Cost of bonds and stocks acquired	287,420	742,659
3. Accrual of discount	94	377
4. Unrealized valuation increase (decrease)	39,297	285,796
5. Total gain (loss) on disposals	(4,083)	114,042
6. Deduct consideration for bonds and stocks disposed of	343,726	737,798
7. Deduct amortization of premium	1,343	5,569
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)	3,265,471	3,287,812
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,265,471	3,287,812

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	NAIC Designation							
	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 End of December 31 Prior Year
BONDS	941,641	69,340	50,000	(1,249)	959,732			941,641
1. NAIC 1 (a)								
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	941,641	69,340	50,000	(1,249)	959,732			941,641
PREFERRED STOCK								
8. NAIC 1	174,090			8,400	182,490			174,090
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock	174,090			8,400	182,490			174,090
15. Total Bonds and Preferred Stock	1,115,731	69,340	50,000	7,151	1,142,222			1,115,731

(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	115,463	X X X	115,463	13	

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	2,309	184,354
2. Cost of short-term investments acquired	193,544	411,383
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	80,390	593,428
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)	115,463	2,309
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	115,463	2,309

STATEMENT AS OF MARCH 31, 2014 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	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)

166764-AE-0	Chevron Corporation		02/14/2014	Davidson (D, A) and Co Inc - NSCC		35,315	35,000.00		22
25468P-CT-1	Walt Disney Co Series MTN 2.55%		02/19/2014	Davidson (D, A) and Co Inc - NSCC		34,025	35,000.00		22
8399999 - Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						69,340	70,000.00		22
8399997 - Subtotal - Bonds - Part 3						69,340	70,000.00		22
8399999 - Subtotal - Bonds						69,340	70,000.00		22

36191G-10-7	GNC Holdings Inc		01/08/2014	Instinet Commissions		300,000		17,154	
58933Y-10-5	Merck & Co, Inc		01/16/2014	Instinet Commissions		450,000		23,812	
263534-10-9	Du Pont		01/29/2014	Instinet Commissions		550,000		33,459	
682680-10-3	One Gas		02/08/2014	Instinet Commissions		420,000		28,685	
03073E-10-5	Amerisource		02/12/2014	Instinet Commissions		227,500			
922020-80-5	Vanguard Short Term		02/12/2014	JP Morgan		420,000			
260003-10-8	Dover Corp		03/06/2014	Spinoff of Dover	1,025,000	200,000		50,715	
983919-10-1	Xilinx		03/19/2014	Instinet Commissions		580,000		31,307	
571748-10-2	Marsh & McLennan Cos		03/19/2014	Instinet Commissions		660,000		32,948	

9099999 - Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						218,080			
9799997 - Subtotal - Common Stocks - Part 3						218,080			
9799999 - Subtotal - Common Stocks						218,080			
9999999 - Subtotal - Preferred and Common Stocks						218,080			
9999999 - TOTALS						287,420			22

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

STATEMENT AS OF MARCH 31, 2014 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	11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total B./A./C./V. Change in (1+12-13)	Total Foreign Exchange in B./A./C./V. Change in	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/Dividends Received During Year	Stated Contractual Maturity Date	Designation or Market Indicator (a)

66898H-AA-6	Novartis Capital					50,000	50,000.00	51,077	50,018				18	18	50,000						1,031	Matured
3899999	Subtotal - Industrial and Miscellaneous (Unaffiliated)					50,000	50,000.00	51,077	50,018				18	18	50,000						1,031	
8399997	Subtotal - Bonds - Part 4					50,000	50,000.00	51,077	50,018				18	18	50,000						1,031	
8399999	Subtotal - Bonds					50,000	50,000.00	51,077	50,018				18	18	50,000						1,031	

61151C-10-1	Accenture	R	01/13/2014	Credit Suisse	20,000	1,630	1,630	1,001	1,644	(14)	(14)	8	8	1,644							629	Common Stocks - Industrial and Miscellaneous (Unaffiliated)
326541-05	Analog Devices		01/13/2014	Credit Suisse	20,000	992	794	1,019	894	(27)	(27)	8	8	1,019							198	
549371-07	BB&T Corp		01/13/2014	Credit Suisse	25,000	941	871	933	765	(16)	(16)	8	8	933							71	
171340-10-2	Church & Dwight Co		01/13/2014	Credit Suisse	20,000	1,309	1,309	1,325	1,325	(16)	(16)	8	8	1,325							198	
191216-10-0	Coca Cola Company		01/13/2014	Credit Suisse	40,000	1,601	1,256	1,652	1,404	(51)	(51)	8	8	1,652							544	
260003-10-8	Dover Corp		01/13/2014	Credit Suisse	40,000	941	941	965	965	(24)	(24)	8	8	965							361	
291011-10-4	Emerson Electric		01/13/2014	Keybank Capital	20,000	1,372	969	1,404	1,404	(32)	(32)	8	8	1,404							403	
29250N-10-5	Enbridge	R	01/13/2014	Credit Suisse	30,000	1,282	887	1,310	1,404	(28)	(28)	8	8	1,404							403	
426281-10-1	Henry Jack & Assoc		01/13/2014	Keybank Capital	30,000	1,788	1,155	1,776	1,776	(37)	(37)	8	8	1,776							633	
452308-10-9	Illinois Tool Works		01/13/2014	Keybank Capital	20,000	1,644	1,023	1,681	1,681	(37)	(37)	8	8	1,681							621	
458140-10-9	Intel Corp		01/13/2014	Keybank Capital	100,000	2,541	2,292	2,595	2,595	(54)	(54)	8	8	2,595							249	
478160-10-4	Johnson & Johnson		01/13/2014	Credit Suisse	20,000	1,881	1,420	1,832	1,832	(49)	(49)	8	8	1,832							461	
580135-10-1	McDonalds Corp		01/13/2014	Instinet	190,000	18,071	10,345	18,436	18,436	(365)	(365)	8	8	18,436							7,725	
58333Y-10-5	Merck & Co Inc		01/13/2014	Credit Suisse	30,000	1,492	1,501	1,501	1,501	(9)	(9)	8	8	1,501							10	
66987V-10-9	Novartis	R	01/13/2014	Keybank Capital	30,000	1,482	1,482	1,501	1,501	(9)	(9)	8	8	1,501							10	
682680-10-3	Onok Inc		01/13/2014	Credit Suisse	20,000	1,237	653	1,244	1,244	(7)	(7)	8	8	1,244							584	
718172-10-9	Phillip Morris		01/13/2014	Keybank Capital	20,000	1,668	1,683	1,743	1,743	(75)	(75)	8	8	1,743							584	
74005P-10-4	Praxair		01/13/2014	Keybank Capital	10,000	1,300	971	1,300	1,300	(32)	(32)	8	8	1,300							330	
747525-10-3	Quatecomm		01/13/2014	Keybank Capital	30,000	2,196	1,556	2,228	2,228	(32)	(32)	8	8	2,228							640	
832696-40-5	Smucker (J. M.)		01/13/2014	Credit Suisse	20,000	1,999	1,557	2,072	2,072	(73)	(73)	8	8	2,072							443	
887317-30-3	Time Warner		01/13/2014	Credit Suisse	20,000	1,999	1,557	2,072	2,072	(73)	(73)	8	8	2,072							443	
872540-10-9	TJX Companies		01/13/2014	Keybank Capital	30,000	1,899	1,378	1,912	1,912	(13)	(13)	8	8	1,912							443	
902973-30-4	US Bancorp		01/13/2014	Credit Suisse	40,000	1,628	1,482	1,616	1,616	(12)	(12)	8	8	1,616							147	
918204-10-8	V F Corp		01/13/2014	Keybank Capital	30,000	1,848	1,213	1,870	1,870	(22)	(22)	8	8	1,870							147	
254687-10-6	Walt Disney		01/13/2014	Keybank Capital	30,000	2,258	1,572	2,292	2,292	(34)	(34)	8	8	2,292							686	
969457-10-0	Williams		01/13/2014	Credit Suisse	30,000	1,165	1,006	1,157	1,157	(8)	(8)	8	8	1,157							159	
718172-10-9	Phillip Morris		01/13/2014	Credit Suisse	30,000	1,165	1,006	1,157	1,157	(8)	(8)	8	8	1,157							159	
832696-40-5	Smucker (J. M.)		01/22/2014	Morgan Stanley and Co	120,000	9,983	10,007	10,456	10,456	(473)	(473)	8	8	10,456							159	
832696-40-5	Smucker (J. M.)		01/22/2014	Morgan Stanley and Co	90,000	8,875	7,004	9,326	9,326	(451)	(451)	8	8	9,326							159	
29250N-10-5	Enbridge	R	02/03/2014	ISI Group	880,000	36,559	24,976	38,438	38,438	(1,879)	(1,879)	8	8	38,438							11,583	
464287-17-6	Ishares		02/10/2014	JF Morgan Securities	800,000	87,775	82,406	88,186	88,186	(522)	(522)	8	8	88,186							6,950	
68235P-10-8	One Gas		02/12/2014	CAP Institutional Services	227,000	7,345	3,418	7,867	7,867	(522)	(522)	8	8	7,867							3,928	
91822P-10-8	V F Corp		02/12/2014	Instinet	330,000	19,641	13,340	19,289	19,289	(352)	(352)	8	8	19,289							6,301	
68235P-10-9	One Gas		02/14/2014	Cash in Lieu	0,500	17	17	17	17			8	8	17							8	
17275R-10-2	Cisco Systems		03/19/2014	CAP Institutional Services	450,000	9,700	9,461	9,810	9,810	(110)	(110)	8	8	9,810							239	
458140-10-9	Intel Corp		03/19/2014	CAP Institutional Services	2,000,000	49,687	35,269	49,520	49,520	(167)	(167)	8	8	49,520							14,417	
49262D-10-9	Knowles Corp		03/19/2014	CAP Institutional Services	200,000	6,533	3,830	6,364	6,364	(169)	(169)	8	8	6,364							2,703	
9099999	Subtotal - Industrial and Miscellaneous (Unaffiliated)					293,724	229,291	297,782	297,782	(4,058)	(4,058)	8	8	297,782							66,019	
9799997	Subtotal - Common Stocks - Part 4					293,724	229,291	297,782	297,782	(4,058)	(4,058)	8	8	297,782							66,019	
9799999	Subtotal - Common Stocks					293,724	229,291	297,782	297,782	(4,058)	(4,058)	8	8	297,782							66,019	

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Years Amortization / Accretion	Current Year's Other Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (1+12-13)	Total Foreign Exchange in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Stock Interest/Dividends Received During Year	Stated Contractual Maturity Date
99999999 - Subtotal - Preferred and Common Stocks																				
				293,724				229,291	297,782	(4,058)			(4,058)		297,782		66,019	66,019		
99999999 - TOTALS																				
				343,724				280,368	347,800	(4,058)		18	(4,040)		347,782		66,019	66,019		1,031

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Name	2 Depository Location and Supplemental Information	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	9 Book Balance at End of Each Month During Current Quarter			
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Huntington Bank	Cash in Bank				176,151	187,223	167,320	
0199999 - TOTAL - Open Depositories					176,151	187,223	167,320	*
0399999 - TOTAL Cash on Deposit					176,151	187,223	167,320	
0599999 - TOTALS					176,151	187,223	167,320	