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## QUARTERLY STATEMENT

AS OF JUNE 30, 2014

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 OhioCountry 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, 1953Statutory Home Office 88 Dorchester Square, Westerville, Ohio, US 43086  
(Street and Number, City or Town, State, Country and Zip Code)Main Administrative Office 88 Dorchester Square, Westerville, Ohio, US 43086  
(Street and Number, City or Town, State, Country and Zip Code) 888-576-1971  
(Area Code) (Telephone Number)Mail Address 88 Dorchester Square, Westerville, Ohio, US 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, US 43086  
(Street and Number, City or Town, State, Country and Zip Code) 888-576-1971  
(Area Code) (Telephone Number)Internet Website Address N/AStatutory Statement Contact Jim Cunningham 888-576-1971  
(Name) (Area Code) (Telephone Number) (Extension)  
(E-Mail Address) (Fax Number)

## OFFICERS

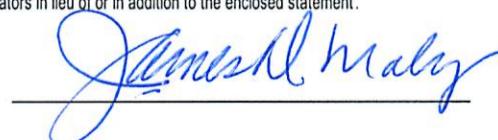
Larry Halenkamp (President)  
James Maly (Secretary)

## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

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


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 .....	959,598		959,598	941,641
2. Stocks:				
2.1 Preferred stocks .....	187,080		187,080	174,090
2.2 Common stocks .....	2,228,341		2,228,341	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 (\$ ..... 136,811 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... 135,255 ) .....	272,066		272,066	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) .....	3,647,085		3,647,085	3,350,569
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	13,880		13,880	14,591
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	62,450	37,164	25,286	52,176
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 .....				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) .....	3,723,415	37,164	3,686,251	3,497,325
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Totals (Line 26 and Line 27) .....	3,723,415	37,164	3,686,251	3,497,325
<b>DETAILS OF WRITE-INS</b>				
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	4 Total
	550,000		550,000	575,000
1. Claims unpaid (less \$ .....reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$ .....for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	47,752		47,752	23,816
9. General expenses due or accrued.....	30,614		30,614	17,849
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) .....	628,366		628,366	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	3,057,885	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	3,057,885	2,880,660
34. Total Liabilities, capital and surplus (Line 24 and Line 33) .....	XXX	XXX	3,686,251	3,497,325
<b>DETAILS OF WRITE-INS</b>				
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.....	XXX	7,122	6,439	12,817
2. Net premium income (including \$.....non-health premium income).....	XXX	2,122,645	1,881,570	3,706,249
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
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	2,122,645	1,881,570	3,706,249
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		900,228	1,042,652	2,666,520
10. Other professional services.....		374,318		
11. Outside referrals.....				
12. Emergency room and out-of-area.....		85,753	67,827	133,769
13. Prescription drugs.....		458,099	383,743	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).....		1,818,398	1,494,222	3,533,894
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Line 16 minus Line 17).....		1,818,398	1,494,222	3,533,894
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....cost containment expenses.....				
21. General administrative expenses.....		328,371	314,408	572,874
22. Increase in reserves for life and accident and health contracts (including \$.....increase in reserves for life only).....		(25,000)	325,000	25,000
23. Total underwriting deductions (Line 18 through Line 22).....		2,121,768	2,133,630	4,131,768
24. Net underwriting gain or (loss) (Line 8 minus Line 23).....	XXX	877	(252,060)	(425,519)
25. Net investment income earned.....		47,139	43,266	91,867
26. Net realized capital gains (losses) less capital gains tax of \$.....		(6,216)	42,756	114,042
27. Net investment gains (losses) (Line 25 plus Line 26).....		40,923	86,022	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.....			4,812	4,817
30. Net income or (loss) after capital gains tax and before all other federal income taxes..... (Line 24 plus Line 27 plus Line 28 plus Line 29).....	XXX	41,800	(161,226)	(214,793)
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Line 30 minus Line 31).....	XXX	41,800	(161,226)	(214,793)
<b>DETAILS OF WRITE-INS</b>				
0601. Increase in funds held with reinsurance companies.....	XXX			
0602. Refund of funds held with reinsurance companies.....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above).....	XXX			
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above).....	XXX			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above).....				
2901. Change in Estimate from Prior Year decrease in Accrued expenses.....			4,812	4,817
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	4,817

**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 .....	2,880,660	2,824,610	2,824,605
34. Net income or (loss) from Line 32 .....	41,800	(161,226)	(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 \$ .....	159,232	133,161	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 .....	(11,433)	(14,976)	(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 .....	(12,374)		
48. Net change in capital and surplus (Line 34 to Line 47) .....	177,225	(43,041)	56,055
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	3,057,885	2,781,569	2,880,660
<b>DETAILS OF WRITE-INS</b>			
4701. Year end Audit Adjustments for December 31, 2013 .....	(12,374)		
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) .....	(12,374)		

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	2,162,038	1,935,921	3,698,202
2. Net investment income .....	50,347	64,447	107,150
3. Miscellaneous income .....			
4. Total (Line 1 through Line 3) .....	2,212,385	2,000,368	3,805,352
5. Benefit and loss related payments .....	1,738,409	1,494,222	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 .....	315,606	309,586	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) .....	2,054,015	1,803,818	4,201,294
11. Net cash from operations (Line 4 minus Line 10) .....	158,370	196,550	(395,942)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	100,000	153,820	228,820
12.2 Stocks .....	395,099	176,538	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 .....	33,655		
12.8 Total investment proceeds (Line 12.1 through Line 12.7) .....	528,754	330,358	737,798
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	120,454	201,176	279,024
13.2 Stocks .....	311,334	179,005	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) .....	431,788	380,181	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) .....	96,966	(49,823)	(4,861)
<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) .....	(12,374)	7	
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(12,374)	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) .....	242,962	146,734	(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) .....	272,064	576,639	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 .....			

## STATEMENT AS OF JUNE 30, 2014 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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	534		519	15						
2. First Quarter .....	579		566	13						
3. Second Quarter .....	574		563	11						
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	7,122		7,122							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (a) .....	2,122,645		2,122,645							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	2,122,645		2,122,645							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,818,398		1,818,398							
18. Amount Incurred for Provision of Health Care Services .....	1,818,398		1,818,398							

(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)**

## Aging Analysis of Unpaid Claims

1 Account	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 91-120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid						
0199999 - Individually listed claims unpaid	339,276	56,607	25,653	12,343	29,572	463,451
0499999 - Subtotals	339,276	56,607	25,653	12,343	29,572	463,451
0599999 - Unreported claims and other claim reserves						86,549
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		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) .....	383,875	1,434,523	191,125	383,875	575,000	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) .....	383,875	1,434,523	191,125	383,875	575,000	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) .....	383,875	1,434,523	191,125	383,875	575,000	575,000

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

## NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

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

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

#### Premiums Due and Unpaid

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

#### Unearned Premiums

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

#### Estimates

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

#### Concentrations of Credit Risk

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

#### Estimated Liability for Claims Incurred But Not Reported

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

**NOTES TO FINANCIAL STATEMENTS**

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

**2. Accounting Changes and Corrections of Errors**

None

**3. Business Combinations and Goodwill**

None

**4. Discontinued Operations**

None

**5. Investments**

None

**6. Joint Ventures, Partnerships and Limited Liability Companies**

None

**7. Investment Income**

No investment income was excluded in the financial statements.

**8. Derivative Instruments**

None

**9. Income Tax**

The Fund has been advised that it is exempt from federal income tax under Section 501(c) (9) of United States Internal Revenue Code. Therefore, there is no income tax expense or related deferred tax recognized in the financial statements.

**10. Information Concerning Parent, Subsidiaries and Affiliates**

None

**11. Debt**

None

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans****Postretirement Benefits**

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

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

**Total Benefit Obligations as Required Under SOP 92-6**

	June 30, 2014	December 31, 2013
<b>Amounts Currently Payable</b>		
Claims payable, claims incurred but not reported	\$ 550,000	\$ 575,000
<b>Postretirement benefit obligations, net of amounts currently payable:</b>		
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**

	June 30, 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>135,094</u>	<u>160,094</u>
Balance at end of year	<u>525,909</u>	<u>500,909</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	11,429,171	11,429,171
Less: Contributions to be received in the future from retirees	<u>(34,133,213)</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**

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**C. Commutation of Ceded Reinsurance**

None

**23. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- A. Not applicable
- B. Not applicable

**24. Change in Incurred Claims and Claim Adjustment Expenses**

None

**25. Intercompany Pooling Arrangements**

None

**26. Structured Settlements**

Not Applicable

**27. Health Care Receivables**

None

**28. Participating Policies**

None

**29. Premium Deficiency Reserves**

None

**30. Anticipated Salvage and Subrogation**

None

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

(Electronic Filing Only)

1 State Prescribed Practices	2 State of Domicile	3 Current	4 Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 4) .....	OH .....	41,800 .....	(214,793) .....
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3) .....	OH .....	41,800 .....	(214,793) .....
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4) .....	OH .....	3,057,885 .....	2,880,660 .....
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7) .....	OH .....	3,057,885 .....	2,880,660 .....

**NOTES TO FINANCIAL STATEMENTS - ITEM 4.5**  
(Electronic Filing Only)

## 4. Discontinued Operations

5. The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses is as follows:

## Balance sheet

(1)

Assets

a. Line 5	Cash	.....
b. Line 28	Totals	.....

NONE

Liabilities, Surplus and Other Funds

c. Line 24	Total Liabilities	\$.....
d. Line 33	Total Capital and Surplus	\$.....
e. Line 34	Total	\$.....

Statement of Revenue and Expenses

f. Line 2	Premium	\$.....
g. Line 22	Increase in Aggregate Reserves for Accident and Health (Current year less prior year)	\$.....
h. Line 31	Federal and Foreign Income Taxes Incurred	\$.....
i. Line 26	Net Realized Capital Gains (Losses)	\$.....
j. Line 32	Net Income	\$.....

NOTES TO FINANCIAL STATEMENTS - ITEM 5A3 - 5A7  
(Electronic Filing Only)

## 5. Investments

## A. Mortgage Loans, including Mezzanine Real Estate Loans

## 3. Taxes, assessments and any amounts advanced and not included in the mortgage loan total

Current Year (Col. 4)

Prior Year (Col. 5)

\$.....

\$.....

	16 Farm	Residential		Commercial		21 Mezzanine	22 Total
		17 Insured	18 All Others	19 Insured	20 All Others		
4. Age Analysis of Mortgage Loans:							
a. Current Year							
1. Recorded Investment (All)							
a. Current.....							
b. 30-59 Days Past Due.....							
c. 60-89 Days Past Due.....							
d. 90-179 Days Past Due.....							
e. 180+ Days Past Due.....							
2. Accruing Interest 90-179 Days Past Due							
a. Recorded Investment.....							
b. Interest Accrued.....							
3. Accruing Interest 180+ Days Past Due							
a. Recorded Investment.....							
b. Interest Accrued.....							
4. Interest Reduced							
a. Recorded Investment.....							
b. Number of Loans.....							
c. Percent Reduced.....							
b. Prior Year							
1. Recorded Investment							
a. Current.....							
b. 30-59 Days Past Due.....							
c. 60-89 Days Past Due.....							
d. 90-179 Days Past Due.....							
e. 180+ Days Past Due.....							
2. Accruing Interest 90-179 Days Past Due							
a. Recorded Investment.....							
b. Interest Accrued.....							
3. Accruing Interest 180+ Days Past Due							
a. Recorded Investment.....							
b. Interest Accrued.....							
4. Interest Reduced							
a. Recorded Investment.....							
b. Number of Loans.....							
c. Percent Reduced.....							
5. Investment in Impaired Loans With or Without Allowance for Credit Losses:							
a. Current Year							
1. With Allowance for Credit Losses.....							
2. No Allowance for Credit Losses.....							
b. Prior Year							
1. With Allowance for Credit Losses.....							
2. No Allowance for Credit Losses.....							
6. Investment in Impaired Loans - Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:							
a. Current Year							
1. Average Recorded Investment.....							
2. Interest Income Recognized.....							
3. Recorded Investments on Nonaccrual Status.....							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting.....							
b. Prior Year							
1. Average Recorded Investment.....							
2. Interest Income Recognized.....							
3. Recorded Investments on Nonaccrual Status.....							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting.....							

NONE

## 7. Allowance for Credit Losses:

Current Year (Col. 4)

Prior Year (Col. 5)

\$.....

\$.....

## a. Balance at beginning of period

\$.....

\$.....

## b. Additions charged to operations

\$.....

\$.....

## c. Direct write-downs charged against the allowances

\$.....

\$.....

## d. Recoveries of amounts previously charged off

\$.....

\$.....

## e. Balance at end of period

\$.....

\$.....

## NOTES TO FINANCIAL STATEMENTS - ITEMS 5B - 5D2

(Electronic Filing Only)

## 5. Investments

## B. Debt Restructuring

For restructured debt in which the reporting entity is a creditor, disclose the following:

	<u>Current Year (Col. 4)</u>	<u>Prior Year (Col. 5)</u>
1. The total recorded investment in restructured loans, as of year end	\$ .....	\$ .....
2. The realized capital losses related to these loans	\$ .....	\$ .....
3. Total contractual commitments to extend credit to debtors owing receivables whose terms have been modified in troubled debt restructurings	\$ .....	\$ .....

## C. Reverse Mortgages

	<u>Current Year (Col. 2)</u>
3. At December 31, the asset value of the group of reverse mortgages were reduced by the actuarial reserve of	\$ .....

4. As a result of the re-estimate of the cash flows, the company recorded an unrealized loss of

## D. Loan-Backed Securities

2. All securities within the scope of this statement with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment:

	8	Fair Value (6 - 7)
OTTI recognized 1st Quarter		
a. Intent to sell .....		.....
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....		
c. Total 1st Quarter .....		
OTTI recognized 2nd Quarter		
d. Intent to sell .....		
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....		
f. Total 2nd Quarter .....		
OTTI recognized 3rd Quarter		
g. Intent to sell .....		
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....		
i. Total 3rd Quarter .....		
OTTI recognized 4th Quarter		
j. Intent to sell .....		
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....		
l. Total 4th Quarter .....		
m. Annual Aggregate Total .....	XXX	XXX

## NOTES TO FINANCIAL STATEMENTS - ITEM 5D3

(Electronic Filing Only)

9	10 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	11 Present Value of Projected Cash Flows	12 Recognized Other-Than-Temporary Impairment	13 Amortized Cost After Other-Than-Temporary Impairment	14 Fair Value at Time of OTTI	15 Date of Financial Statement Where Reported
CUSIP						

# NONE

## NOTES TO FINANCIAL STATEMENTS - ITEM 5D4

(Electronic Filing Only)

## D. Loan-Backed Securities

4. All impaired securities (fair value is less than cost or amortized cost) with a recognized other-than-temporary impairment for non-in

realized loss (including securities

a. The aggregate amount of unrealized losses:

1. Less than 12 Months

2. 12 Months or Longer

b. The aggregate related fair value of securities with unrealiz

1. Less than 12 Months

2. 12 Months or Longer

# NONE

\$ .....

STATEMENT AS OF JUNE 30, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND  
**NOTES TO FINANCIAL STATEMENTS- ITEMS 5E3 - 5E5**  
(Electronic Filing Only)

## 5. Investments

#### **E. Repurchase Agreements and/or Securities Lending Transactions**

### 3. Collateral Received

**a. Aggregate Amount Collateral (Received)**

	(8) Fair Value
<b>1. Repurchase Agreement</b>	
a. Open	\$ .....
b. 30 Days or Less	\$ .....
c. 31 to 60 Days	\$ .....
d. 61 to 90 Days	\$ .....
e. Greater Than 90 Days	\$ .....
f. Sub-Total	\$ .....
g. Securities Received	\$ .....
h. Total Collateral Received	\$ .....
<b>2. Securities Lending</b>	
a. Open	\$ .....
b. 30 Days or Less	\$ .....
c. 31 to 60 Days	\$ .....
d. 61 to 90 Days	\$ .....
e. Greater Than 90 Days	\$ .....
f. Sub-Total	\$ .....
g. Securities Received	\$ .....
h. Total Collateral Received	\$ .....
<b>3. Dollar Repurchase Agreement</b>	
a. Open	\$ .....
b. 30 Days or Less	\$ .....
c. 31 to 60 Days	\$ .....
d. 61 to 90 Days	\$ .....
e. Greater Than 90 Days	\$ .....
f. Sub-Total	\$ .....
g. Securities Received	\$ .....
h. Total Collateral Received	\$ .....

b. The fair value of that collateral and of the portion of that collateral that it has sold or rendered

## 5. Collateral Reinvestment

**a. Aggregate Amount Cash Collateral Reinvested**

NONE		(8) Fair Value
<b>1. Repurchase Agreement</b>		
a. Open	\$	\$
b. 30 Days or Less	\$	\$
c. 31 to 60 Days	\$	\$
d. 61 to 90 Days	\$	\$
e. 91 to 120 Days	\$	\$
f. 121 to 180 Days	\$	\$
g. 181 to 365 Days	\$	\$
h. 1 to 2 Years	\$	\$
i. 2 to 3 Years	\$	\$
j. Greater Than 3 Years	\$	\$
k. Sub-Total	\$	\$
l. Securities Received	\$	\$
m. Total Collateral Reinvested	\$	\$
<b>2. Securities Lending</b>		
a. Open	\$	\$
b. 30 Days or Less	\$	\$
c. 31 to 60 Days	\$	\$
d. 61 to 90 Days	\$	\$
e. 91 to 120 Days	\$	\$
f. 121 to 180 Days	\$	\$
g. 181 to 365 Days	\$	\$
h. 1 to 2 Years	\$	\$
i. 2 to 3 Years	\$	\$
j. Greater Than 3 Years	\$	\$
k. Sub-Total	\$	\$
l. Securities Received	\$	\$
m. Total Collateral Reinvested	\$	\$
<b>3. Dollar Repurchase Agreement</b>		
a. Open	\$	\$
b. 30 Days or Less	\$	\$
c. 31 to 60 Days	\$	\$
d. 61 to 90 Days	\$	\$
e. 91 to 120 Days	\$	\$
f. 121 to 180 Days	\$	\$
g. 181 to 365 Days	\$	\$
h. 1 to 2 Years	\$	\$
i. 2 to 3 Years	\$	\$
j. Greater Than 3 Years	\$	\$
k. Sub-Total	\$	\$
l. Securities Received	\$	\$
m. Total Collateral Reinvested	\$	\$

## **NOTES TO FINANCIAL STATEMENTS - ITEM 5E7**

1 Description of Collateral	2 Amount
--------------------------------	-------------

# NONE

**NOTES TO FINANCIAL STATEMENTS - ITEM 5H**

(Electronic Filing Only)

1 Description of Assets	23 Total Gross Restricted from Current Year	24 Total Gross Restricted from Current Year	25 Increase/ (Decrease) (Col 23 - Col 24)	26 Total Current Year Admitted Restricted	27 Percentage Gross Restricted to Total Assets	28 Percentage Admitted Restricted to Total Admitted Assets
----------------------------	--	--	--	--	--	--

# NONE

## NOTES TO FINANCIAL STATEMENTS

(Electronic Filing Only)

## 9. Income Taxes

A. The components of the net deferred tax asset / (liability) at the end of the reporting period are as follows:

	End of Reporting Period			End of Prior Year			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
1.									
a. Gross Deferred Tax Assets .....									
b. Statutory Valuation Allowance Adjustments .....									
c. Adjusted Gross Deferred Tax Assets (1a - 1b) .....									
d. Deferred Tax Assets Nonadmitted .....									
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d) .....									
f. Deferred Tax Liabilities .....									
g. Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f) .....									
2.	Admission Calculation Components SSAP No. 101								
a. Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks .....									
b. Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 Below) .....									
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date .....									
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold .....							XXX	XXX	
c. Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities .....									
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b + 2c) .....									

NONE

	10 Current Year	11 Prior Year
3.		
a. Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount .....		
b. Amount of Adjusted Capital and Surplus used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above .....		

	End of Reporting Period		End of Prior Year		Change	
	1 Ordinary	2 Capital	4 Ordinary	5 Capital	7 (Col 1-3) Total	8 (Col 2-4) Ordinary
Impact of Tax-Planning Strategies						
4.						
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) .....						
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies .....						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) .....						
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies .....						

b. Does the Company's tax-planning strategies include the use of reinsurance?

Yes ( ) No ( )

## NOTES TO FINANCIAL STATEMENTS

(Electronic Filing Only)

## 9. Income Taxes

C. Current income taxes incurred consist of the following major components:

	10 End of Reporting Period	11 End of Prior Year	12 (Col 10-11) Change
<b>1. Current Income Tax</b>			
a. Federal.....			
b. Foreign.....			
c. Subtotal.....			
d. Federal income tax on net capital gains.....			
e. Utilization of capital loss carry-forwards.....			
f. Other.....			
g. Federal and foreign income taxes incurred.....			
<b>2. Deferred Tax Assets:</b>			
a. Ordinary			
1. Discounting of unpaid losses.....			
2. Unearned premium reserve.....			
3. Policyholder reserves.....			
4. Investments.....			
5. Deferred acquisition costs.....			
6. Policyholder dividends accrual.....			
7. Fixed assets.....			
8. Compensation and benefits accrual.....			
9. Pension accrual.....			
10. Receivables - nonadmitted.....			
11. Net operating loss carry-forward.....			
12. Tax credit carry-forward.....			
13. Other (including items < 5% of total ordinary i.....			
99. Subtotal.....			
b. Statutory valuation allowance adjustment.....			
c. Nonadmitted.....			
d. Admitted ordinary deferred tax assets (2a99 - 2b - 2c).....			
e. Capital:			
1. Investments.....			
2. Net capital loss carry-forward.....			
3. Real estate.....			
4. Other (including items <5% of total capital tax assets).....			
99. Subtotal.....			
f. Statutory valuation allowance adjustment.....			
g. Nonadmitted.....			
h. Admitted capital deferred tax assets (2e99 - 2f - 2g).....			
i. Admitted deferred tax assets (2d + 2h).....			
<b>3. Deferred Tax Liabilities:</b>			
a. Ordinary			
1. Investments.....			
2. Fixed assets.....			
3. Deferred and uncollected premium.....			
4. Policyholder reserves.....			
5. Other (including items <5% of total ordinary tax liabilities).....			
99. Subtotal.....			
b. Capital:			
1. Investments.....			
2. Real estate.....			
3. Other (including items <5% of total capital tax liabilities).....			
99. Subtotal.....			
c. Deferred tax liabilities (3a99 + 3b99).....			
4. Net deferred tax assets/liabilities (2i - 3c).....			

NONE

## NOTES TO FINANCIAL STATEMENTS - ITEM 11B

(Electronic Filing Only)

## 11. Debt

## B. FHLB (Federal Home Loan Bank) Agreements

## (2) FHLB Capital Stock

## a. Aggregate Totals

## 1. Current Year

	1 Total
(a) Membership Stock - Class A	\$.....
(b) Membership Stock - Class B	\$.....
(c) Activity Stock	\$.....
(d) Excess Stock	\$.....
(e) Aggregate Total	\$.....
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	\$.....

## 2. Prior Year-end

(a) Membership Stock - Class A	\$.....
(b) Membership Stock - Class B	\$.....
(c) Activity Stock	\$.....
(d) Excess Stock	\$.....
(e) Aggregate Total	\$.....
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	\$.....

## b. Membership Stock (Class A and B) Eligible for Redemption

	(2) Current Year Total	(3) Not Eligible for Redemption	(4) Less Than 6 Months	(5) 6 Months to Less Than a Year	(6) 1 to Less Than 3 years	(7) 3 to 5 years
1. Class A	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
2. Class B	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....

## (3) Collateral Pledged to FHLB

## a. Amount Pledged as of Reporting Date

## 1. Current Year Total General and Separate Accounts

(8) Fair Value	(9) Carrying Value	(10) Aggregate Total Borrowing
\$.....	\$.....	\$.....

## Total Collateral Pledged

## 2. Current Year General Account

## Total Collateral Pledged

(8) Fair Value	(9) Carrying Value	(11) Amount Borrowed at Time of Maximum Collateral
\$.....	\$.....	\$.....

## b. Maximum Amount Pledged During Reporting Period

## 1. Current Year Total General and Separate Accounts

(8) Fair Value	(9) Carrying Value	(11) Amount Borrowed at Time of Maximum Collateral
\$.....	\$.....	\$.....

## 2. Current Year General Account

## Total Collateral Pledged

\$.....	\$.....	\$.....
---------	---------	---------

## (4) Borrowing from FHLB

## a. Amount as of the Reporting Date

## 1. Current Year

(1) Total	(12) Funding Agreements Reserves Established
\$.....	XXX
\$.....	\$.....
\$.....	XXX
\$.....	\$.....

## 2. Prior Year-end

## (a) Debt

\$.....	XXX
\$.....	\$.....
\$.....	XXX
\$.....	\$.....

## (b) Funding Agreements

## (c) Other

## (d) Aggregate Total

\$.....	\$.....
\$.....	XXX
\$.....	\$.....
\$.....	\$.....

## b. Maximum Amount during Reporting Period (Current Year)

## (a) Debt

\$.....	XXX
\$.....	\$.....
\$.....	XXX
\$.....	\$.....

## (b) Funding Agreements

## (c) Other

## (d) Aggregate Total

## c. FHLB - Prepayment Obligations

Does the company have prepayment obligations under the following arrangements (YES/NO)?

1. Debt

Yes ( ) No ( )

2. Funding Agreements

Yes ( ) No ( )

3. Other

Yes ( ) No ( )

NONE

## NOTES TO FINANCIAL STATEMENTS

(Electronic Filing Only)

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

#### 1. Change in benefit obligation

##### a. Pension Benefits

1. Benefit obligation at beginning of year
2. Service cost
3. Interest cost
4. Contribution by plan participants
5. Actuarial gain (loss)
6. Foreign currency exchange rate changes
7. Benefits paid
8. Plan amendments
9. Business combinations, divestitures, curtailments, settlements and special termination benefits
10. Benefit obligation at end of year

	Overfunded		Underfunded	
	Current Year (15)	Prior Year (16)	Current Year (17)	Prior Year (18)
1. Benefit obligation at beginning of year	\$.....	\$.....	\$.....	\$.....
2. Service cost	\$.....	\$.....	\$.....	\$.....
3. Interest cost	\$.....	\$.....	\$.....	\$.....
4. Contribution by plan participants	\$.....	\$.....	\$.....	\$.....
5. Actuarial gain (loss)	\$.....	\$.....	\$.....	\$.....
6. Foreign currency exchange rate changes	\$.....	\$.....	\$.....	\$.....
7. Benefits paid	\$.....	\$.....	\$.....	\$.....
8. Plan amendments	\$.....	\$.....	\$.....	\$.....
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....	\$.....	\$.....	\$.....
10. Benefit obligation at end of year	\$.....	\$.....	\$.....	\$.....

##### b. Postretirement Benefits

1. Benefit obligation at beginning of year
2. Service cost
3. Interest cost
4. Contribution by plan participants
5. Actuarial gain (loss)
6. Foreign currency exchange rate changes
7. Benefits paid
8. Plan amendments
9. Business combinations, divestitures, curtailments, settlements and special termination benefits
10. Benefit obligation at end of year

1. Benefit obligation at beginning of year	\$.....	\$.....	\$.....	\$.....
2. Service cost	\$.....	\$.....	\$.....	\$.....
3. Interest cost	\$.....	\$.....	\$.....	\$.....
4. Contribution by plan participants	\$.....	\$.....	\$.....	\$.....
5. Actuarial gain (loss)	\$.....	\$.....	\$.....	\$.....
6. Foreign currency exchange rate changes	\$.....	\$.....	\$.....	\$.....
7. Benefits paid	\$.....	\$.....	\$.....	\$.....
8. Plan amendments	\$.....	\$.....	\$.....	\$.....
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....	\$.....	\$.....	\$.....
10. Benefit obligation at end of year	\$.....	\$.....	\$.....	\$.....

##### c. Postemployment & Compensated Absence Benefits

1. Benefit obligation at beginning of year
2. Service cost
3. Interest cost
4. Contribution by plan participants
5. Actuarial gain (loss)
6. Foreign currency exchange rate changes
7. Benefits paid
8. Plan amendments
9. Business combinations, divestitures, curtailments, settlements and special termination benefits
10. Benefit obligation at end of year

1. Benefit obligation at beginning of year	\$.....	\$.....	\$.....	\$.....
2. Service cost	\$.....	\$.....	\$.....	\$.....
3. Interest cost	\$.....	\$.....	\$.....	\$.....
4. Contribution by plan participants	\$.....	\$.....	\$.....	\$.....
5. Actuarial gain (loss)	\$.....	\$.....	\$.....	\$.....
6. Foreign currency exchange rate changes	\$.....	\$.....	\$.....	\$.....
7. Benefits paid	\$.....	\$.....	\$.....	\$.....
8. Plan amendments	\$.....	\$.....	\$.....	\$.....
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....	\$.....	\$.....	\$.....
10. Benefit obligation at end of year	\$.....	\$.....	\$.....	\$.....

#### 2. Change in plan assets

# NONE

	Postemployment		
	Year (5)	Current Year (6)	Prior Year (7)
a. Fair value of plan assets at beginning of year	\$.....	\$.....	\$.....
b. Actual return on plan assets	\$.....	\$.....	\$.....
c. Foreign currency exchange rate changes	\$.....	\$.....	\$.....
d. Reporting entity contribution	\$.....	\$.....	\$.....
e. Plan participants' contributions	\$.....	\$.....	\$.....
f. Benefits paid	\$.....	\$.....	\$.....
g. Business combinations, divestitures and settlements	\$.....	\$.....	\$.....
h. Fair value of plan assets at end of year	\$.....	\$.....	\$.....

#### 3. Funded status

##### Overfunded:

- a. Assets (nonadmitted)
1. Prepaid benefit costs
2. Overfunded plan assets
3. Total assets (nonadmitted)

	Pension Benefits		Postretirement Benefits	
	Current Year (2)	Prior Year (3)	Current Year (4)	Prior Year (5)
a. Assets (nonadmitted)	\$.....	\$.....	\$.....	\$.....
1. Prepaid benefit costs	\$.....	\$.....	\$.....	\$.....
2. Overfunded plan assets	\$.....	\$.....	\$.....	\$.....
3. Total assets (nonadmitted)	\$.....	\$.....	\$.....	\$.....

##### Underfunded:

- b. Liabilities recognized
1. Accrued benefit costs
2. Liability for pension benefits
3. Total liabilities recognized

b. Liabilities recognized	\$.....	\$.....	\$.....	\$.....
1. Accrued benefit costs	\$.....	\$.....	\$.....	\$.....
2. Liability for pension benefits	\$.....	\$.....	\$.....	\$.....
3. Total liabilities recognized	\$.....	\$.....	\$.....	\$.....

##### c. Unrecognized liabilities

- a. Service cost
- b. Interest cost
- c. Expected return on plan assets
- d. Transition asset or obligation
- e. Gains and losses
- f. Prior service cost or credit
- g. Gain or loss recognized due to a settlement or curtailment
- h. Total net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	Current Year (2)	Prior Year (3)	Current Year (4)	Prior Year (5)
a. Service cost	\$.....	\$.....	\$.....	\$.....
b. Interest cost	\$.....	\$.....	\$.....	\$.....
c. Expected return on plan assets	\$.....	\$.....	\$.....	\$.....
d. Transition asset or obligation	\$.....	\$.....	\$.....	\$.....
e. Gains and losses	\$.....	\$.....	\$.....	\$.....
f. Prior service cost or credit	\$.....	\$.....	\$.....	\$.....
g. Gain or loss recognized due to a settlement or curtailment	\$.....	\$.....	\$.....	\$.....
h. Total net periodic benefit cost	\$.....	\$.....	\$.....	\$.....

#### 4. Components of net periodic benefit cost

- a. Items not yet recognized as a component of net periodic cost - prior year
- b. Net transition asset or obligation recognized
- c. Net prior service cost or credit arising during the period
- d. Net prior service cost or credit recognized
- e. Net gain and loss arising during the period
- f. Net gain and loss recognized
- g. Items not yet recognized as a component of net periodic cost - current year

	Pension Benefits		Postretirement Benefits	
	Current Year (2)	Prior Year (3)	Current Year (4)	Prior Year (5)
a. Items not yet recognized as a component of net periodic cost - prior year	\$.....	\$.....	\$.....	\$.....
b. Net transition asset or obligation recognized	\$.....	\$.....	\$.....	\$.....
c. Net prior service cost or credit arising during the period	\$.....	\$.....	\$.....	\$.....
d. Net prior service cost or credit recognized	\$.....	\$.....	\$.....	\$.....
e. Net gain and loss arising during the period	\$.....	\$.....	\$.....	\$.....
f. Net gain and loss recognized	\$.....	\$.....	\$.....	\$.....
g. Items not yet recognized as a component of net periodic cost - current year	\$.....	\$.....	\$.....	\$.....

## NOTES TO FINANCIAL STATEMENTS

(Electronic Filing Only)

## 6. Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>	
	<u>Current Year(2)</u>	<u>Prior Year(3)</u>	<u>Current Year(4)</u>	<u>Prior Year(5)</u>
a. Net transition asset or obligation	\$.....	\$.....	\$.....	\$.....
b. Net prior service cost or credit	\$.....	\$.....	\$.....	\$.....
c. Net recognized gains and losses	\$.....	\$.....	\$.....	\$.....

## 7. Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	<u>Postretirement Benefits</u>		
	<u>Year(3)</u>	<u>Current Year(4)</u>	<u>Prior Year(5)</u>
a. Net transition asset or obligation	\$.....	\$.....	\$.....
b. Net prior service cost or credit	\$.....	\$.....	\$.....
c. Net recognized gains and losses	\$.....	\$.....	\$.....

## 8. Weighted-average assumptions used to determine n:

a. Weighted average discount rate	.....	.....
b. Expected long-term rate of return on plan assets	.....	.....
c. Rate of compensation increase	.....	.....
Weighted average assumptions used to determine projected benefit obligations as of Dec. 31:		
d. Weighted average discount rate	.....	.....
e. Rate of compensation increase	.....	.....

## 11. Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans.

	<u>(12) 1 Percentage Point Increase</u>	<u>(13) 1 Percentage Point Decrease</u>
a. Effect on total of service and interest cost components	\$.....	\$.....
b. Effect on postretirement benefit obligation	\$.....	\$.....

## 12. The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

	<u>Years</u>	<u>Amount (13)</u>
1.....		\$.....
2.....		\$.....
3.....		\$.....
4.....		\$.....
5.....		\$.....
6. Thereafter Total		\$.....

# NONE

## STATEMENT AS OF JUNE 30, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**NOTES TO FINANCIAL STATEMENTS - ITEM 12C1**

(Electronic Filing Only)

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

Fair Value Measurements of Plan Assets at Reporting Date				
1	19	20	21	22
Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEMS 12C2**

(Electronic Filing Only)

Fair Value Measurements in (Level 3) of the Fair Value Hierarchy											
1	23	24	25	26	27	28	29	30	31	32	
Description for each class of plan assets	Balance at Beginning of Period	Transfers Into Level 3	Transfers out of Level 3	Return on Assets Still Held	Return on Assets Sold	Purchases	Issuances	Sales	Settlements	Balance at End of Period	

**NONE**

**NOTES TO FINANCIAL STATEMENTS - ITEM 13.10**

## 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

(Electronic Filing Only)

**NONE**

(10) . The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is

\$ ..... (2)

**NOTES TO FINANCIAL STATEMENTS - ITEM 13.11**

(Electronic Filing Only)

Description of Assets, Holder of Note and Other	3 Date Issued	4 Interest Rate	5 Par Value (Face Amount of Notes)	6 Carrying Value of Note	7 Interest And/or Principal Paid Current Year	8 Total Interest And/or Principal Paid	9 Unapproved Interest And/or Principal	10 Date of Maturity

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 13.12**

(Electronic Filing Only)

1 Year (Starting with Current Year)	11 Change in Year Surplus	12 Change in Gross Paid-in and Contributed Surplus

**NONE**

**NOTES TO FINANCIAL STATEMENTS - ITEM 14A1**

(Electronic Filing Only)

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities:

(2)

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 14A2**

(Electronic Filing Only)

5	6	7	8	9
Nature and circumstances of guarantee and key attributes, including date and duration of agreement	Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5R.)	Ultimate financial statement impact if action under the guarantee is required	Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted	Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEMS 14A3 and 14B2A**

(Electronic Filing Only)

(3) a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees (Should equal total of Column 8 from 14A2)

(2)

\$ .....

b. Current Liability Recognized in F/S:

\$ .....

1. Noncontingent Liabilities

\$ .....

2. Contingent Liabilities

\$ .....

c. Ultimate Financial Statement Impact if action under the

\$ .....

1. Investments in SCA

\$ .....

2. Joint Venture

\$ .....

3. Dividends to Stockholders (capital contribution)

\$ .....

4. Expense

\$ .....

5. Other

\$ .....

6. Total (Should equal (3)a.)

\$ .....

B. Assessments

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end

\$ .....

**NOTES TO FINANCIAL STATEMENTS - ITEMS 14B2B - 14B2C**

(Electronic Filing Only)

1  
Description2  
Amount**NONE****NOTES TO FINANCIAL STATEMENTS - ITEMS 14B2D and 14D**

(Electronic Filing Only)

B. Assessments

(2)

(2) d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end

\$ .....

D. Claims related extra contractual obligations and bad faith losses etc

(2)

The company paid the following amounts in the reporting period to

\$ .....

1. Claims related ECO and bad faith losses paid during the reporting period

\$ .....

2. Number of claims where amounts were paid to settle claim

\$ .....

from lawsuits during the reporting period.

\$ .....

A) 0-25 Claims

\$ .....

B) 26-50 Claims

\$ .....

C) 51-100 Claims

\$ .....

D) 101-500 Claims

\$ .....

E) More than 500 Claims

\$ .....

3. Indicate whether claim count information is disclosed per claim or per claimant.

\$ .....

F) Per Claim

\$ .....

G) Per Claimant

\$ .....

## NOTES TO FINANCIAL STATEMENTS

(Electronic Filing Only)

## 15. Leases

A. Disclose the following items related to lessee leasing arrangements (refer to SSAP No. 22, Leases):

2. For leases having initial or remaining noncancelable lease terms in excess of one year:

a. At January 1, of said year, the minimum aggregate rental commitments are as follows: (whole dollars)

Reporting Period Ending	Operating Leases(1)
1.....	\$.....
2.....	\$.....
3.....	\$.....
4.....	\$.....
5.....	\$.....
6. Total	\$.....

B. When leasing is a significant part of the lessor's business

1. Lessor Leases:

c. Future minimum lease payment receivables unde

# NONE

spect to leases:

(whole dollars)

Operating Leases(1)
.....
.....
.....
.....
.....
.....

2. Leveraged Leases:

b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, of said year were as shown below:

Current Year(2)	Prior Year(3)
-----------------	---------------

(whole dollars)

1. Income from leveraged leases before income tax including investment tax credit
2. Less current income tax
3. Net income from leveraged leases

\$.....	\$.....
\$.....	\$.....
\$.....	\$.....

c. The components of the investment in leveraged leases at December 31, of said year, were as shown below:

(whole dollars)

1. Lease contracts receivable (net of principal and interest on non-recourse financing)
2. Estimated residual value of leased assets
3. Unearned and deferred income
4. Investment in leveraged leases
5. Deferred income taxes related to leveraged leases
6. Net investment in leveraged leases

\$.....	\$.....
\$.....	\$.....
\$.....	\$.....
\$.....	\$.....
\$.....	\$.....

## 16. Information about Financial Instruments with Off-Balance Sheet Risk

For financial instruments with off-balance risk, an insured entity shall disclose the following information by class of financial instruments:

1. The table below summarizes the face amount of the

# NONE

Liabilities	Prior Year(4)
-------------	---------------

- a. Swaps
- b. Futures
- c. Options
- d. Total

\$.....	\$.....
\$.....	\$.....
\$.....	\$.....
\$.....	\$.....

**NOTES TO FINANCIAL STATEMENTS - ITEM 17C2**

(Electronic Filing Only)

## 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

## C. Wash Sales

2. The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2013 and reacquired within 30 days of the sale date are:

1 Description	2 NAIC Designation	3 Number of Transactions	4 Book Value of Securities Sold	5 Cost of Securities Repurchased	6 Gain (Loss)

**NONE**

**NOTES TO FINANCIAL STATEMENTS**  
(Electronic Filing Only)

## 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

## A. ASO Plans:

The gain from operations from Administrative Services portion of partially insured plans was as follows during said year:

- a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses
- b. Total net other income or expenses (including interest paid to or received from plans)
- c. Net gain or (loss) from operations
- d. Total claim payment volume

NONE

	(2) Uninsured Portion of Partially Insured Plans	(3) <u>Total ASO</u>
	\$.....	\$.....
	\$.....	\$.....
	\$.....	\$.....
	\$.....	\$.....

## B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during said year:

- a. Gross reimbursement for medical cost incurred
- b. Gross administrative fees accrued
- c. Other income or expenses (including interest paid to or received from plans)
- d. Gross expenses incurred (claims and administrative)
- e. Total net gain or loss from operations

	(4) ASC Uninsured Plans	(5) Uninsured Portion of Partially Insured Plans	(6) <u>Total ASC</u>
	\$.....	\$.....	\$.....
	\$.....	\$.....	\$.....
	\$.....	\$.....	\$.....
	\$.....	\$.....	\$.....
	\$.....	\$.....	\$.....

**NOTES TO FINANCIAL STATEMENTS - ITEM 19**

(Electronic Filing Only)

1 Name and Address of Managing General Agent or Third Party Administrator	2 FEIN Number	3 Exclusive Contract	4 Types of Business Written	5 Type of Authority Granted	6 Total Direct Premiums Written/Produced By

**NONE**

**NOTES TO FINANCIAL STATEMENTS - ITEM 20A1**

(Electronic Filing Only)

## Fair Value Measurements at Reporting Date

1 Description	4 (Level 1)	5 (Level 2)	6 (Level 3)	7 Total
------------------	----------------	----------------	----------------	------------

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 20A2**

(Electronic Filing Only)

## Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

1 Description	8 Balance at Beginning of Period	9 Transfers in Level 3	10 Transfer out of Level 3	11 Total gains and (losses) included in Net Income	12 Total gains and (losses) included in Surplus	13 Purchases	14 Issuances	15 Sales	16 Settlements	17 Balance at End of Period
------------------	---	------------------------------	----------------------------------	---	--	-----------------	-----------------	-------------	-------------------	--------------------------------------

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 20C**

(Electronic Filing Only)

## Practicable to Estimate Fair Value

1 Type of Financial Instrument	2 Aggregate Fair Value	3 Admitted Assets	4 (Level 1)	5 (Level 2)	6 (Level 3)	7 Not Practicable (Carrying Value)
-----------------------------------	------------------------------	-------------------------	----------------	----------------	----------------	--

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 20D**

(Electronic Filing Only)

## Not Practicable to Estimate Fair Value

1 Type or Class of Financial Instrument	19 Carrying Value	20 Effective Interest Rate	21 Maturity Date	22 Explanation
--	-------------------------	-------------------------------------	------------------------	-------------------

**NONE**

STATEMENT AS OF JUNE 30, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND  
**NOTES TO FINANCIAL STATEMENTS - ITEM 21E**  
(Electronic Filing Only)

1 Description of State Transferable and Non-transferable Tax Credits	2 State	3 Carrying Value	4 Unused Amount
---	------------	---------------------	--------------------

**NONE**

**NOTES TO FINANCIAL STATEMENTS - ITEMS 21E4, 21F2 and 21F3**

(4) State Tax Credits Admitted and Nonadmitted	(23)  a. Transferable b. Non-transferable	(24)  Total Admitted .....	Total Nonadmitted .....					
F. Subprime Mortgage Related Risk Exposure:	(6)	(7)	(8)	(9)	(10)			
(2) Direct exposure through investments in subprime mortg:		Book/Adjusted Carrying Value	Value of ind igs	Other-Than- Temporary Impairment Losses Recognized				
a. Mortgages in the process of foreclosure b. Mortgages in good standing c. Mortgages with restructure terms d. Total								%
(3) Direct exposure through other investments		Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	(9) Other-Than- Temporary Impairment Losses Recognized			
a. Residential mortgage-backed securities b. Commercial mortgage-backed securities c. Collateralized debt obligations d. Structured securities e. Equity investment in SCAs * f. Other assets g. Total								%

**NOTES TO FINANCIAL STATEMENTS - ITEM 21F4**

1	11 Losses Paid in the Current Year	12 Losses Incurred in the Current Year	13 Case Reserves at End of Current Period	14 IBNR Reserves at End of Current Period
---	--	--	---	---

**NONE**

**NOTES TO FINANCIAL STATEMENTS - ITEMS 21G2 and 21G3**

G. Retained Assets	In Force			
	As of End of Current Year		As of End of Prior Year	
	15 Number	16 Balance	17 Number	18 Balance
(2)				
a. Up to and including 12 Months b. 13 to 24 Months c. 25 to 36 Months d. 37 to 48 Months e. 49 to 60 Months f. Over 60 Months g. Total				
(3)				
a. Number/Balance of Retained Asset Accounts at the beginning of the year b. Number/Amount of Retained Asset Accounts Issued/Added during the year c. Investment Earnings Credited to Retained Asset Accounts during the year d. Fees and Other Charges Assessed to Retained Asset Accounts during the year e. Number/Amount of Retained Asset Accounts Transferred to State Unclaimed Property funds during the year f. Number/Amount of Retained Asset Accounts Closed/Withdrawn during the year g. Number/Balance of Retained Asset Accounts at the end of the year, g=a+b+c-d-e-f	19 Number	20 Balance/Amount	21 Number	22 Balance/Amount

\*Equity investments in subsidiary, controlled or affiliated entities with significant subprime mortgage related risk exposure. (Please

provide a general description of the nature and extent of the SCA's exposure in the Notes to Financial Statements custom page)

If a subsidiary company has investments in subprime mortgages, enter the percentage these comprise of the companies invested assets.

**NONE**

**NOTES TO FINANCIAL STATEMENTS - ITEM 22**

(Electronic Filing Only)

22. Events Subsequent  
(A) ACA fee assessment payable

\$ ..... (1)

**NONE**

(B) Assessment expected to impact RBC

..... (2)

**NOTES TO FINANCIAL STATEMENTS - ITEM 23B**

(Electronic Filing Only)

23. Reinsurance

1 Name of Reinsurer	2 Amount

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 23D1**

(Electronic Filing Only)

3 Name of Certified Reinsurer	4 Relationship to Reporting Entity	5 Date of Action	6 Jurisdiction of Action	Collateral Percentage Requirement		9 Net Obligation Subject to Collateral	10 Collateral Required (but not received)
				7 Before	8 After		

**NONE****NOTES TO FINANCIAL STATEMENTS - ITEM 23D2**

(Electronic Filing Only)

5 Date of Action	6 Jurisdiction of Action	Collateral Percentage Requirement		9 Net Obligation Subject to Collateral	10 Collateral Required (but not received)
		7 Before	8 After		

**NONE**

**NOTES TO FINANCIAL STATEMENTS**  
(Electronic Filing Only)

## 24. Retrospectively Rated Contracts &amp; Contracts Subject to Redetermination

## D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	4	5
	Other Categories with rebates	Total
<b>NONE</b>		
<b>Prior Reporting Year</b>		
(1) Medical Loss Ratio Rebates Incurred .....	XXX	XXX
(2) Medical Loss Ratio Rebates Paid .....	XXX	XXX
(3) Medical Loss Ratio Rebates Unpaid .....	XXX	XXX
(4) Plus reinsurance assumed amounts .....	XXX	XXX
(5) Less reinsurance ceded amounts .....	XXX	XXX
(6) Rebates Unpaid net of reinsurance .....	XXX	XXX
<b>Current Reporting Year-to-Date</b>		
(7) Medical Loss Ratio Rebates Incurred .....	XXX	XXX
(8) Medical Loss Ratio Rebates Paid .....	XXX	XXX
(9) Medical Loss Ratio Rebates Unpaid .....	XXX	XXX
(10) Plus reinsurance assumed amounts .....	XXX	XXX
(11) Less reinsurance ceded amounts .....	XXX	XXX
(12) Rebates Unpaid net of reinsurance .....	XXX	XXX

**NOTES TO FINANCIAL STATEMENTS - ITEM 28A**

(Electronic Filing Only)

1 Quarter	2 Estimated Pharmacy Rebates as Reported on Financial Statements	3 Pharmacy Rebates as Billed or Otherwise Confirmed	4 Actual Rebates Received Within 90 Days of Billing	5 Actual Rebates Received Within 91 to 180 Days of Billing	6 Actual Rebates Received More Than 180 Days After Billing
--------------	---	---	---	--	--

# NONE

**NOTES TO FINANCIAL STATEMENTS - ITEM 28B**

(Electronic Filing Only)

7 Calendar Year	8 Evaluation Period Year Ending	9 Risk Sharing Receivable as Estimated in the Prior Year	10 Risk Sharing Receivable as Estimated in the Current Year	11 Risk Sharing Receivable Billed	12 Risk Sharing Receivable Not Yet Billed	13 Actual Risk Sharing Amounts Received in Year Billed	14 Actual Risk Sharing Amounts Received First Year Subsequent	15 Actual Risk Sharing Amounts Received Second Year Subsequent	16 Actual Risk Sharing Amounts Received All Other
-----------------------	---------------------------------------	--	---	---	--	---	---	--	--

# NONE

**NOTES TO FINANCIAL STATEMENTS**  
(Electronic Filing Only)

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$.....
2. Date of the most recent evaluation of this liability	.....
3. Was anticipated investment income utilized in the calculation?	Yes ( ) No ( )

**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, Parts 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 ( )

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 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
---------------------	-----------------------------	----------	----------	-----------	----------

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ( )  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

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

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

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

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

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

## 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 .....

Huntington Bank .....

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:

.....

**GENERAL INTERROGATORIES****PART 2 - HEALTH INTERROGATORIES**

## 1. Operating Percentages:

1.1 A&amp;H loss percent ..... 85.7 %

1.2 A&amp;H cost containment percent ..... %

1.3 A&amp;H expense percent excluding cost containment expenses ..... 15.5 %

2.1 Do you act as a custodian for health savings accounts? Yes ( ) No (X)

2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

2.3 Do you act as an administrator for health savings accounts? Yes ( ) No (X)

2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

## STATEMENT AS OF JUNE 30, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**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 Junsdiction	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		GERBER LIFE INS CO	OH	ASL/A/G			
70939	13-2611847		GERBER LIFE INS CO	OH	SSL/A/G			
0199998 - Life and Annuity - Affiliates								
0299998 - Life and Annuity - Non-Affiliates								
0399998 - Accident and Health - Affiliates								
0499998 - Accident and Health - 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 Active Status	Direct Business Only Year to Date						
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7
1. Alabama	AL N							
2. Alaska	AK N							
3. Arizona	AZ N							
4. Arkansas	AR N							
5. California	CA N							
6. Colorado	CO N							
7. Connecticut	CT N							
8. Delaware	DE N							
9. District of Columbia	DC N							
10. Florida	FL N							
11. Georgia	GA N							
12. Hawaii	HI N							
13. Idaho	ID N							
14. Illinois	IL N							
15. Indiana	IN N							
16. Iowa	IA N							
17. Kansas	KS N							
18. Kentucky	KY N							
19. Louisiana	LA N							
20. Maine	ME N							
21. Maryland	MD N							
22. Massachusetts	MA N							
23. Michigan	MI N							
24. Minnesota	MN N							
25. Mississippi	MS N							
26. Missouri	MO N							
27. Montana	MT N							
28. Nebraska	NE N							
29. Nevada	NV N							
30. New Hampshire	NH N							
31. New Jersey	NJ N							
32. New Mexico	NM N							
33. New York	NY N							
34. North Carolina	NC N							
35. North Dakota	ND N							
36. Ohio	OH L	2,122,645						2,122,645
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	2,122,645					2,122,645
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)	(a) 1	2,122,645						2,122,645

**DETAILS OF WRITE-INS**

58001.

58002.

58003.

58998. Summary of remaining write-ins for Line 58 from overflow page.

58999. Total (Line 58001 through Line 58003 plus Line 58998)

(Line 58 above)

## 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**

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**NONE**

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

**NONE**

16

Asterisk	Explanation
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**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 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 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) .....		

**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 .....	3,287,812	2,888,305
2. Cost of bonds and stocks acquired .....	431,788	742,659
3. Accrual of discount .....	234	377
4. Unrealized valuation increase (decrease)	159,232	285,796
5. Total gain (loss) on disposals .....	(6,216)	114,042
6. Deduct consideration for bonds and stocks disposed of .....	495,099	737,798
7. Deduct amortization of premium .....	2,732	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) .....	3,375,019	3,287,812
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	3,375,019	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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	959,732	51,114	50,000	(1,248)	959,732	959,598		941,641
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	959,732	51,114	50,000	(1,248)	959,732	959,598		941,641
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	182,490			4,590	182,490	187,080		174,090
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....	182,490			4,590	182,490	187,080		174,090
15. Total Bonds and Preferred Stock .....	1,142,222	51,114	50,000	3,342	1,142,222	1,146,678		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 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999 .....	135,255	XXX	135,255	28	

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year .....	2,309	184,354
2. Cost of short-term investments acquired .....	270,368	411,383
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	137,422	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) .....	135,255	2,309
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	135,255	2,309

**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 Valu .....
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 i
    - 3.21 Section 1, Column 17, current year to .....
    - 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, 2014 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 Number	2 Description	3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	Derivative Instrument(s) Open				Cash Instrument(s) Held			
								9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description	14 NAIC Designation or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value

**NONE**

## 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 .....	XXX						XXX		XXX	
4. Less: Closed or Disposed of Transactions .....										
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value .....	XXX						XXX		XXX	
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, 2014 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, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
								9 Current Year's Other-Than-Temporary Impairment Recognized	10 Current Year's Change in Encumbrances	11 Total Change in B./A.C.V. /11.0.10/	12 Total Foreign Exchange Change in B./A.C.V.	13 /11.0.10/							
	2 City	3 State																	

**NONE**

## STATEMENT AS OF JUNE 30, 2014 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**

E02

**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
							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)					

**NONE**

## STATEMENT AS OF JUNE 30, 2014 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	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****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	Location		5 Name of Purchaser or Nature of Disposal	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, 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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
166764-AE-0	Chevron		02/12/2014	Davidson		35,315	35,000.00		22
25468P-CT-1	Walt Disney		02/19/2014	Davidson		34,025	35,000.00		
149123-CC-3	Caterpillar Inc		05/29/2014	National Financial Services		51,114	50,000.00		118
3899999	<b>Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>					120,454	120,000.00		140
8399997	<b>Subtotal - Bonds - Part 3</b>					120,454	120,000.00		140
8399999	<b>Subtotal - Bonds</b>					120,454	120,000.00		140
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>									
36191G-10-7	GNC Holdings Inc		01/08/2014	Instinet Commissions	300.00	17,154			
58933Y-10-5	Merck & Co., Inc.		01/16/2014	Instinet Commissions	450.00	23,812			
263534-10-9	Du Pont		01/29/2014	Instinet Commissions	550.00	33,459			
682680-10-3	One Gas		02/06/2014	Spinoff of Oneok	227.500				
03073E-10-5	Amerisource		02/12/2014	Instinet Commissions	420.000	28,685			
922020-80-5	Vanguard Short Term		02/12/2014	JP Morgan	1,025.000	50,715			
260003-10-8	Dover Corp		03/06/2014	Spinoff of Dover	200.000				
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			
26875P-10-1	EOG Resource		04/04/2014	2 to 1 Stock Split	260.000				
002824-10-0	Abbott Laboratories		05/09/2014	Instinet Commissions	350.000	13,559			
037833-10-0	Apple, Inc		06/12/2014	7 to 1 Stock Split	600.000				
887317-30-3	Time Warner		06/12/2014	Spinoff of Time Warner	71.250				
907818-10-8	Union Pacific		06/12/2014	2 to 1 Stock Split	250.000				
437076-10-2	Home Depot		06/23/2014	Instinet Commissions	260.000	20,990			
585055-10-6	Medtronic		06/23/2014	Instinet Commissions	320.000	20,550			
N53745-10-0	LyondellBasell		06/23/2014	Instinet Commissions	380.000	38,156			
9099999	<b>Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>					311,334			
9799997	<b>Subtotal - Common Stocks - Part 3</b>					311,334			
9799999	<b>Subtotal - Common Stocks</b>					311,334			
9899999	<b>Subtotal - Preferred and Common Stocks</b>					311,334			
9999999	<b>TOTALS</b>					431,788			140

E04

(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 CUSIP Identifi- cation	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Total Change in B./A.C.V. (11+12-13)	17 Total Foreign Exchange Change in B./A.C.V.	18 Book/Adjusted Carrying Value at Disposal Date	19 Foreign Exchange Gain (Loss) on Disposal	20 Realized Gain (Loss) on Disposal	21 Total Gain (Loss) on Disposal	21 Stated Contractual Maturity Date	22 NAIC Designa- tion or Market Indi- cator (a)			
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	14 Total Change in B./A.C.V.	15 Total Foreign Exchange Change in B./A.C.V.											
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																									
66989H-AA-6	Novartis		02/10/2014	Matured			50,000	50,000.00	51,077	50,018		18		18			50,000								1,031
046353-AA-6	Astrazeneca		06/01/2014	Matured			50,000	50,000.00	50,722	50,037		37		37			50,000								1,350
3899999	- Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				100,000	100,000.00	101,799	100,055			55		55				100,000								2,381
8399997	- Subtotal - Bonds - Part 4				100,000	100,000.00	101,799	100,055			55		55			100,000								2,381	
8399999	- Subtotal - Bonds				100,000	100,000.00	101,799	100,055			55		55			100,000								2,381	
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>																									
G1151C-10-1	Accenture	R	01/13/2014	Credit Suisse	20,000	1,630		1,001	1,644	(14)			(14)			1,644								629	
326541-05	Analog Devices		01/13/2014	Credit Suisse	20,000	992		794	1,019	(27)			(27)			1,019								198	
549371-07	BB&T Corp		01/13/2014	Credit Suisse	25,000	941		871	933	8			8			933								71	
171340-10-2	Church & Dwight Co		01/13/2014	Credit Suisse	20,000	1,309		765	1,325	(16)			(16)			1,325								544	
191216-10-0	Coca Cola Company		01/13/2014	Credit Suisse	40,000	1,601		1,256	1,652	(51)			(51)			1,652								345	
260003-10-8	Dover Corp		01/13/2014	Credit Suisse	10,000	941		581	965	(24)			(24)			965								361	
291011-10-4	Emerson Electric		01/13/2014	Keybanc Capital	20,000	1,372		969	1,404	(32)			(32)			1,404								403	
29250N-10-5	Enbridge	R	01/13/2014	Credit Suisse	30,000	1,282		887	1,310	(28)			(28)			1,310								395	
426281-10-1	Henry Jack & Assoc		01/13/2014	Keybanc Capital	30,000	1,788		1,155	1,776	12			12			1,776								633	
452308-10-9	Illinois Tool Works		01/13/2014	Keybanc Capital	20,000	1,644		1,023	1,681	(37)			(37)			1,681								621	
458140-10-0	Intel Corp		01/13/2014	Keybanc Capital	100,000	2,341		2,292	2,595	(54)			(54)			2,595								249	
478160-10-4	Johnson & Johnson		01/13/2014	Credit Suisse	20,000	1,881		1,420	1,832	49			49			1,832								461	
580135-10-1	McDonalds Corp		01/13/2014	Instinet	190,000	18,071		10,345	18,436	(365)			(365)			18,436								7,725	
58933Y-10-5	Merck & Co Inc		01/13/2014	Credit Suisse	30,000	1,492		1,482	1,501	(9)			(9)			1,501								10	
66987V-10-9	Novartis	R	01/13/2014	Keybanc Capital	20,000	1,596		1,109	1,608	(12)			(12)			1,608								487	
682680-10-3	Oneck Inc.		01/13/2014	Credit Suisse	20,000	1,237		653	1,244	(7)			(7)			1,244								584	
718172-10-9	Philip Morris		01/13/2014	Credit Suisse	20,000	1,668		1,683	1,743	(75)			(75)			1,743								(14)	
74005P-10-4	Praxair		01/13/2014	Keybanc Capital	10,000	1,300		971	1,300							1,300								330	
747525-10-3	Qualcomm		01/13/2014	Keybanc Capital	30,000	2,196		1,556	2,228	(32)			(32)			2,228								640	
832696-40-5	Smucker (J.M.)		01/13/2014	Credit Suisse	20,000	1,999		1,557	2,072	(73)			(73)			2,072								443	
887317-30-3	Time Warner		01/13/2014	Credit Suisse	20,000	1,330		1,378	1,394	(64)			(64)			1,394								(48)	
872540-10-9	TJX Companies		01/13/2014	Keybanc Capital	30,000	1,899		461	1,912	(13)			(13)			1,912								1,438	
902973-30-4	US Bancorp		01/13/2014	Credit Suisse	40,000	1,628		1,482	1,616	12			12			1,616								147	
918204-10-8	V F Corp		01/13/2014	Keybanc Capital	30,000	1,848		1,213	1,870	(22)			(22)			1,870								636	
254687-10-6	Walt Disney		01/13/2014	Keybanc Capital	30,000	2,258		1,572	2,292	(34)			(34)			2,292								686	
969457-10-0	Williams		01/13/2014	Credit Suisse	30,000	1,165		1,006	1,157	8			8			1,157								159	
718172-10-9	Philip Morris		01/22/2014	Morgan Stanley and Co.	120,000	9,983		10,097	10,456	(473)			(473)			10,456								(113)	
832696-40-5	Smucker (J.M.)		01/22/2014	Morgan Stanley and Co.	90,000	8,875		7,004	9,326	(451)			(451)			9,326								1,870	
29250N-10-5	Enbridge	R	02/03/2014	ISI Group	880,000	36,559		24,976	38,438	(1,879)			(1,879)			38,438								11,583	
464287-17-6	Ishares		02/10/2014	JP Morgan Securities	600,000	89,357		82,406	89,768	(411)			(411)			89,768								6,950	
68235P-10-8	One Gas		02/12/2014	CAP Institutional Services	227,000	7,345		3,418	7,867	(522)			(522)			7,867								3,928	
918204-10-8	V F Corp		02/12/2014	Instinet	330,000	19,841		13,340	19,289	352			352			19,289								6,301	
68235P-10-9	One Gas		02/14/2014	Cash in Lieu	0,500	17		8	17							17								8	
17275R-10-2	Cisco Systems		03/19/2014	CAP Institutional Services	450,000	9,700		9,461	9,810	(110)			(110)			9,810								239	
458140-10-0	Intel Corp		03/19/2014	CAP Institutional Services	2,000,000	49,687		35,269	49,520	167			167			49,520								14,417	
49926D-10-9	Knowles Corp		03/19/2014	CAP Institutional Services	200,000	6,533		3,830	6,384	169			169			6,384								2,703	
191216-10-0	Coca Cola Company		05/09/2014	Instinet	260,000	10,590		7,414	10,605	(15)			(15)			10,605								3,176	
075887-10-9	Bechtel Dickinson		05/09/2014	Instinet	70,000	8,104		5,750	7,912	192			192			7,912								2,354	
263534-10-9	Du Pont		06/23/2014	CAP Institutional Services	550,000	37,359		33,459	38,121	(762)			(762)			38,121								3,900	
36191G-10-7	GNC Holdings		06/23/																						

## STATEMENT AS OF JUNE 30, 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 CUSIP Identifi- cation	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designa- tion or Market Indi- cator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.									
Common Stocks - Industrial and Miscellaneous (Unaffiliated) (continued)																							
742718-10-9	Proctor & Gamble Co		06/23/2014	CAP Institutional Services	240.000	19,108		11,365	19,390	(282)			(282)		19,390		7,743	7,743					
887228-10-4	Time Warner		06/23/2014	CAP Institutional Services	0.250	6		6	6							6							
887228-10-4	Time Warner		06/23/2014	CAP Institutional Services	71.000	1,629		1,574	1,632	(3)			(3)		1,632		55	55					
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)				396,683		325,102	402,874	(6,191)				(6,191)		402,874		71,585	71,585					
9799997	Subtotal - Common Stocks - Part 4				396,683		325,102	402,874	(6,191)				(6,191)		402,874		71,585	71,585					
9799999	Subtotal - Common Stocks				396,683		325,102	402,874	(6,191)				(6,191)		402,874		71,585	71,585					
9899999	Subtotal - Preferred and Common Stocks				396,683		325,102	402,874	(6,191)				(6,191)		402,874		71,585	71,585					
9999999	TOTALS				496,683		426,901	502,929	(6,191)	55			(6,136)		502,874		71,585	71,585	2,381				

## STATEMENT AS OF JUNE 30, 2014 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 Exchange, Counterparty or Central Clearinghouse	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/Exhibit Identifier	Type(s) of Risk(s) (a)	Name	LEI	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.I.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)

**NONE**

EO6

(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, 2014 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 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book / Adjusted Carrying Value	Highly Effective Hedges			18 Cumulative Variation Margin for All Other Hedges	19 Change in Variation Margin Gain (Loss) Recognized in Current Year	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					

# NONE

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
-------------	------------------------	------------------------	---------------------

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, 2014 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**

## STATEMENT AS OF JUNE 30, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE DB - Part D - Section 2**

Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Counterparty or Central Clearinghouse		2	3	4	5	6	7	8	9
Name	Legal Entity Identifier (LEI)	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)

# NONE

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E09

1 Exchange, Counterparty or Central Clearinghouse		2	3	4	5	6	7	8	9
Name	Legal Entity Identifier (LEI)	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)

# NONE

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**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 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 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 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9
Name	Location and Supplemental Information					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>									
Huntington Bank .....	Cash in Bank .....								
0199999 - TOTAL - Open Depositories .....									

**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

**NON**

0 0 1 0 8 2 0 1 4 3 6 5 0 0 0 0 2

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2014 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**MEDICARE PART D COVERAGE SUPPLEMENT**  
(Net of Reinsurance)

NAIC Group Code: 0001

NAIC Company Code: 00108

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....				XXX	XXX
2. Earned Premiums .....				XXX	XXX
3. Claims Paid .....				XXX	.....
4. Claims Incurred .....				XXX	XXX
5. Reinsurance Coverage and Low Income (Claims Paid Net of Reimbursements Applicable) .....				XXX	.....
6. Aggregate Policy Reserves - Change .....				XXX	XXX
7. Expenses Paid .....				XXX	.....
8. Expenses Incurred .....				XXX	XXX
9. Underwriting Gain or Loss .....				XXX	XXX
10. Cash Flow Result .....	XXX	XXX	XXX	XXX	.....

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ ..... due to CMS

**NONE**

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

	06/30/14
Paid Claims per Lag Report	<u>1,759,486</u>
Dental Claims	67,134
Pharmaceutical rebate	(46)
Medical Refunds not removed from Lag Report	(3,895)
Stop Loss Refunds	<u>0</u>
	<u><u>1,822,679</u></u>
Adjusted Total per Statutory Report	<u><u>1,818,398</u></u>
Difference	<u><u>4,281</u></u>

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