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OFFICE OF RISK ASSESSMENT

QUARTERLY STATEMENT

AS OF MARCH 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

OHIO GRAPHIC ARTS HEALTH FUND

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

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health [X], Dental Service Corporation [ ], Health Maintenance Organization [ ], Property/Casualty [ ], Vision Service Corporation [ ], Is HMO Federally Qualified? Yes ( ) No ( ), Hospital, Medical and Dental Service or Indemnity [ ], Other [ ]

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

Statutory Home Office 88 Dorchester Square, Westerville, Ohio, 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/A

Statutory Statement Contact Jim Cunningham (Name), 888-576-1971 (Area Code) (Telephone Number) (Extension)

(E-Mail Address), (Fax Number)

OFFICERS

Larry Halenkamp (President), James Maly (Secretary)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

State of Ohio, County of } SS

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

Larry Halenkamp, President

James Maly, Secretary

Subscribed and sworn to before me this day of

- a. Is this an original filing? Yes (X) No ( )
b. If no: 1. State the amendment number, 2. Date filed, 3. Number of pages attached

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds .....	799,637		799,637	773,928
2. Stocks:				
2.1 Preferred stocks .....	254,250		254,250	272,870
2.2 Common stocks .....	1,676,705		1,676,705	1,697,302
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 (\$ ..... 83,326 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... 1,046 ) .....	84,372		84,372	92,989
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....	101,969		101,969	
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Line 1 through Line 11) .....	2,916,933		2,916,933	2,837,089
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	8,403		8,403	12,037
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	159,286	5,001	154,285	54,755
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 .....	441,158		441,158	460,585
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) .....	3,525,780	5,001	3,520,779	3,364,466
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Totals (Line 26 and Line 27) .....	3,525,780	5,001	3,520,779	3,364,466
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above) .....				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....				

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	700,000		700,000	575,000
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	67,305		67,305	19,894
9. General expenses due or accrued .....	37,090		37,090	25,489
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 .....	40,326		40,326	
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) .....	844,721		844,721	620,383
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX		
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	2,676,058	2,744,083
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32) .....	XXX	XXX	2,676,058	2,744,083
34. Total Liabilities, capital and surplus (Line 24 and Line 33) .....	XXX	XXX	3,520,779	3,364,466
<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 AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	3,978	3,572	14,210
2. Net premium income (including \$ ..... non-health premium income) .....	XXX	1,317,673	1,078,009	4,279,755
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	1,317,673	1,078,009	4,279,755
<b>Hospital and Medical</b>				
9. Hospital/medical benefits .....		691,428	615,054	2,815,756
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....		107,033	49,735	256,559
13. Prescription drugs .....		326,431	252,532	955,674
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Line 9 to Line 15) .....		1,124,892	917,321	4,027,989
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Line 16 minus Line 17) .....		1,124,892	917,321	4,027,989
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....				
21. General administrative expenses .....		183,767	172,062	672,924
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		125,000	(25,000)	
23. Total underwriting deductions (Line 18 through Line 22) .....		1,433,659	1,064,383	4,700,913
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	XXX	(115,986)	13,626	(421,158)
25. Net investment income earned .....		19,651	23,328	88,159
26. Net realized capital gains (losses) less capital gains tax of \$ .....		60,186	(4,083)	297,553
27. Net investment gains (losses) (Line 25 plus Line 26) .....		79,837	19,245	385,712
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....)] .....				
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes. (Line 24 plus Line 27 plus Line 28 plus Line 29) .....	XXX	(36,149)	32,871	(35,446)
31. Federal and foreign income taxes incurred .....	XXX			
32. Net income (loss) (Line 30 minus Line 31) .....	XXX	(36,149)	32,871	(35,446)
<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 .....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) .....				

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND  
**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year .....	2,744,084	2,880,660	2,861,979
34. Net income or (loss) from Line 32 .....	(36,149)	32,871	(35,446)
35. Change in valuation basis of aggregate policy and claims reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(37,719)	39,297	(84,450)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	5,842	(13,903)	2,001
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Line 34 to Line 47) .....	(68,026)	58,265	(117,895)
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	2,676,058	2,938,925	2,744,084
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) .....			

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	1,284,283	1,127,347	4,275,255
2. Net investment income .....	23,951	30,424	95,380
3. Miscellaneous income .....			
4. Total (Line 1 through Line 3) .....	1,308,234	1,157,771	4,370,635
5. Benefit and loss related payments .....	1,105,465	837,332	4,407,473
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	172,166	156,720	679,563
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....			
10. Total (Line 5 through Line 9) .....	1,277,631	994,052	5,087,036
11. Net cash from operations (Line 4 minus Line 10) .....	30,603	163,719	(716,401)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		50,000	402,600
12.2 Stocks .....	312,786	293,722	1,285,155
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....		33,855	35,388
12.8 Total investment proceeds (Line 12.1 through Line 12.7) .....	312,786	377,377	1,723,143
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	26,375	69,340	244,011
13.2 Stocks .....	251,102	218,080	638,844
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....	61,643		
13.7 Total investments acquired (Line 13.1 through Line 13.6) .....	339,120	287,420	942,855
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) .....	(26,334)	89,957	780,288
<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) .....	(12,887)	5	
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(12,887)	5	
<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) .....	(8,618)	253,681	63,887
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	92,989	29,102	29,102
19.2 End of period (Line 18 plus Line 19.1) .....	84,371	282,783	92,989

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

20.0001 .....			
20.0002 .....			
20.0003 .....			
20.0004 .....			
20.0005 .....			
20.0006 .....			
20.0007 .....			
20.0008 .....			
20.0009 .....			
20.0010 .....			

STATEMENT AS OF MARCH 31, 2015 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							
Total Members at end of:										
1. Prior Year .....	638		623	15						
2. First Quarter .....	665		655	10						
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	3,978		3,978							
Total Member Ambulatory Encounters for Period:										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (a) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,317,673		1,317,673							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,124,892		1,124,892							
18. Amount Incurred for Provision of Health Care Services .....	1,124,892		1,124,892							

(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

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91-120 Days	5 Over 120 Days	6 Total	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	440,042	46,637	79,590	83,981	49,750	700,000	700,000
0499999 - Subtotals.....	440,042	46,637	79,590	83,981	49,750	700,000	700,000
0799999 - Total claims unpaid.....							700,000

**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) .....	188,175	811,717	133,731	566,269	321,906	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) .....	188,175	811,717	133,731	566,269	321,906	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) .....	188,175	811,717	133,731	566,269	321,906	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, 2014, the Fund’s investments, held by Huntington Bank and managed by Bahl & Gaynor Investment Counsel, are not covered by federal insurance.

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

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

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

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

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

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

Purchases and sales of investments are recorded on a trade-date basis. Interest income recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income receivable which is deemed uncollectible is charged off against investment income during the period in which the determination is made. Investment income receivable that is more than 90 days past due is treated as a non-admitted asset. The Fund deems all investment income receivable, none of which was more than 90 days past due, as fully collectible at December 31, 2014 and 2013.

**Premiums Due and Unpaid**

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

**Unearned Premiums**

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

**Estimates**

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

**Concentrations of Credit Risk**

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

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

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

## NOTES TO FINANCIAL STATEMENTS

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

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

#### Postretirement Benefits

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

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

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

	December 31, 2014	December 31, 2013
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 575,000	\$ 575,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	1,430,764	1,430,764
Other participants fully eligible for benefits	308,453	308,453

## NOTES TO FINANCIAL STATEMENTS

Participants not yet fully eligible for benefits	11,022,513	11,022,513
Total Postretirement Benefit Obligations	12,761,730	12,761,730
Less: Contributions expected to be received in the future from retirees	<u>(12,761,730)</u>	<u>(12,761,730)</u>
Net Postretirement Benefit Obligation	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations	<u>\$ 575,000</u>	<u>\$ 575,000</u>

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

	December 31, 2014	December 31, 2013
Amounts Currently Payable To Or For Participants, Beneficiaries, And Dependents		
Balance at beginning of year	\$ 110,484	\$ 49,091
Claims reported and approved for payment	2,910,533	3,568,133
Claims paid	<u>(2,839,177)</u>	<u>(3,506,740)</u>
Balance at end of year	<u>181,840</u>	<u>110,484</u>
Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts		
Balance at beginning of year	464,516	500,909
Net change during the year	<u>(71,356)</u>	<u>(36,393)</u>
Balance at end of year	<u>393,160</u>	<u>464,516</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	34,133,213	34,133,213
Increases (decreases) in postretirement benefits	(20,796,483)	(20,796,483)
Less: Contributions to be received in the future from retirees	<u>(13,336,730)</u>	<u>(13,336,730)</u>
Balance at end of year	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations At End Of Year	<u>\$ 575,000</u>	<u>\$ 575,000</u>

## Benefit Obligations

The projected increase in covered health benefits at December 31, 2013 was 6% for the years 2014-2020 and graduated down to 4% thereafter. The projected increase in covered health care benefits at December 31, 2012 was 7% for 2013 and 6% for the years 2014-2020 and graduated down to 4% 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, 2013 by \$2,725,777.

## 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

**NOTES TO FINANCIAL STATEMENTS**

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17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
None

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

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

20. Other Items  
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)

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND  
**NOTES TO FINANCIAL STATEMENTS**

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B. Uncollectible Reinsurance  
None

C. Commutation of Ceded Reinsurance  
None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not applicable

B. Not applicable

24. Change in Incurred Claims and Claim Adjustment Expenses

None

25. Intercompany Pooling Arrangements

None

26. Structured Settlements

Not Applicable

27. Health Care Receivables

None

28. Participating Policies

None

29. Premium Deficiency Reserves

None

30. Anticipated Salvage and Subrogation

None

**STATEMENT AS OF MARCH 31 , 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND**

The data entered in these tables is included in your electronic submission to the NAIC, but the printed tables are not part the PDF submission component.  
To incorporate these tables into the PDF, enter the Notes to Financial Statements page and select the ID tags that are displayed above the tables.

NOTES TO FINANCIAL STATEMENTS: Note 1 - Summary of Significant Accounting Policies  
Note 1A - Accounting Practices TAG ID: [N01:NSIGACCTPO\_1:Note 1A]

State Prescribed Practices	State of Domicile	Current	Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 4) .....	OH .....	(36,149) .....	(35,446) .....
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3) .....	OH .....	(36,149) .....	(35,446) .....
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4) .....	OH .....	2,676,058 .....	2,744,083 .....
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7) .....	OH .....	2,676,058 .....	2,744,083 .....

**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. .....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....
- 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). .....
- 6.4 By what department or departments? .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ( ) No ( ) N/A (X)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No ( ) N/A ( )
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes ( ) No (X)
- 7.2 If yes, give full information .....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ( ) No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ( ) No (X)
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
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- 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 adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.3 Total payable for securities lending reported on the liability page \$ .....

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination 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

- 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

- 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**

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1. Operating Percentages:
- 1.1 A&H loss percent ..... %
- 1.2 A&H cost containment percent ..... %
- 1.3 A&H expense percent excluding cost containment expenses ..... %
- 2.1 Do you act as a custodian for health savings accounts? Yes ( ) No ( )
- 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 ( )
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
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**NONE**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1		Direct Business Only Year to Date							
	Active Status		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	L	1,317,673						1,317,673	
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	1,317,673						1,317,673	
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Total (Direct Business)	(a)	1	1,317,673						1,317,673	
<b>DETAILS OF WRITE-INS</b>										
58001.										
58002.										
58003.										
58998.										
58999.										
Summary of remaining write-ins for Line 58 from overflow page										
Total (Line 58001 through Line 58003 plus Line 58998)										
(Line 58 above)										

Active Status Codes (Column 1):  
 (L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG  
 (R) Registered - Non-domiciled RRGs  
 (Q) Qualified - Qualified or Accredited Reinsurer  
 (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state  
 (N) None of the above - Not allowed to write business in the state

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

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

**PART 1 - ORGANIZATIONAL CHART**

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**NONE**

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## 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:



STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE A - VERIFICATION**

Real Estate

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

NONE

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,744,100	3,287,812
2. Cost of bonds and stocks acquired	277,477	934,021
3. Accrual of discount	135	558
4. Unrealized valuation increase (decrease)	(37,719)	(82,864)
5. Total gain (loss) on disposals	60,186	297,553
6. Deduct consideration for bonds and stocks disposed of	312,786	1,687,755
7. Deduct amortization of premium	801	5,225
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)	2,730,592	2,744,100
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,730,592	2,744,100

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by 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) .....	773,928	26,375		(666)	799,637			773,928
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	773,928	26,375		(666)	799,637			773,928
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	272,870		26,038	7,418	254,250			272,870
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....	272,870		26,038	7,418	254,250			272,870
15. Total Bonds and Preferred Stock .....	1,046,798	26,375	26,038	6,752	1,053,887			1,046,798

(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 \$ .....

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**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999 .....	1,046	XXX	1,046	11	

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year .....	94,584	2,309
2. Cost of short-term investments acquired .....	219,248	1,172,079
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	312,786	1,079,804
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) .....	1,046	94,584
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	1,046	94,584

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
949746-RN-3	Wells Fargo & Co		02/18/2015	National Financial Services		26,375			
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)								
						26,375			
8399997	Subtotal - Bonds - Part 3								
						26,375			
8399999	Subtotal - Bonds								
						26,375			
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
025816-10-9	American Express		01/07/2015	ISI Group Inc.	255,000	23,061			
65339F-10-1	Nextera Energy		01/09/2015	Instinet	295,000	31,580			
30231G-10-2	Exxon Mobile		01/13/2015	Instinet	240,000	21,895			
166764-10-0	Chevron Corporation		01/13/2015	Instinet	5,000	535			
717081-10-3	Pfizer Inc		01/16/2015	CAP Institutional Services	795,000	25,833			
438516-10-6	Honeywell International		01/16/2015	CAP Institutional Services	260,000	25,260			
09247X-10-1	Blackrock Inc.		01/16/2015	CAP Institutional Services	45,000	15,446			
11133T-10-3	Broadridge Financial Solutions		01/26/2015	Morgan Stanley and Co.	385,000	18,515			
713448-10-8	Pepsico Inc		01/28/2015	Keybank Capital Markets	290,000	28,248			
437076-10-2	Home Depot Company		02/18/2015	CAP Institutional Services	25,000	2,790			
57060D-10-8	Marketaxess Holdings		02/18/2015	CAP Institutional Services	220,000	17,613			
G5960L-10-3	Medtronic PLC		03/30/2015	UBS Warburgh LLC	250,000	19,536			
776696-10-6	Roper Industries		03/30/2015	UBS Warburgh LLC	120,000	20,790			
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
						251,102			
9799997	Subtotal - Common Stocks - Part 3								
						251,102			
9799999	Subtotal - Common Stocks								
						251,102			
9899999	Subtotal - Preferred and Common Stocks								
						251,102			
9999999	TOTALS								
						277,477			

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

STATEMENT AS OF MARCH 31, 2015 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.									
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																							
253868-70-7	Digital Realty		02/06/2015	Strategas Securities	1,000.000	26,038		25,000	25,500	538				538	26,038		1,038	1,038					
8499999	Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																			26,038		1,038	1,038
8999997	Subtotal - Preferred Stocks - Part 4																			26,038		1,038	1,038
8999999	Subtotal - Preferred Stocks																			26,038		1,038	1,038
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																							
311621-00-	Amgen Inc.		01/07/2015	ISI Group Inc.	180.000	27,634		14,061	28,672	(1,039)			(1,039)	27,634		13,572	13,572						
26875P-10-1	EOG Resources		01/13/2015	CAP Institutional Services	160.000	13,589		7,809	14,731	(1,142)			(1,142)	13,589		5,780	5,780						
969457-10-0	Williams Cos Inc		01/13/2015	CAP Institutional Services	345.000	14,265		10,651	15,504	(1,239)			(1,239)	14,265		3,614	3,614						
806857-10-8	Schlumberger LTD		01/13/2015	CAP Institutional Services	155.000	12,089		8,686	6,966	5,123			5,123	12,089		3,403	3,403						
902973-30-4	US Bancorp		01/15/2015	CAP Institutional Services	210.000	8,633		7,313	9,440	(807)			(807)	8,633		1,320	1,320						
N53745-10-0	Lyondellbasell		01/16/2015	CAP Institutional Services	180.000	13,729		18,074	14,290	(561)			(561)	13,729		(4,345)	(4,345)						
478160-10-4	Johnson & Johnson		01/16/2015	CAP Institutional Services	285.000	29,252		19,918	29,802	(550)			(550)	29,252		9,334	9,334						
231021-10-6	Cummins Inc		01/16/2015	CAP Institutional Services	160.000	22,574		20,676	23,067	(493)			(493)	22,574		1,898	1,898						
983919-10-1	Xilinx		01/26/2015	Morgan Stanley and Co.	580.000	22,472		31,307	25,108	(2,637)			(2,637)	22,472		(8,835)	(8,835)						
747525-10-3	Qualcomm Inc		01/28/2015	Keybanc Capital Markets	285.000	20,542		12,523	21,184	(642)			(642)	20,542		8,020	8,020						
037833-10-0	Apple Inc		03/30/2015	UBS Warburg LLC	100.000	12,514		7,732	11,038	1,476			1,476	12,514		4,782	4,782						
171340-10-2	Church & Dwight		03/30/2015	UBS Warburg LLC	100.000	8,563		3,827	7,881	682			682	8,563		4,736	4,736						
17275R-10-2	Cisco Systems		03/30/2015	UBS Warburg LLC	250.000	6,832		5,063	6,955	(123)			(123)	6,832		1,770	1,770						
863667-10-1	Stryker Corp		03/30/2015	UBS Warburg LLC	90.000	8,384		5,718	8,490	(105)			(105)	8,384		2,666	2,666						
74144T-10-8	Price T Rowe		03/30/2015	UBS Warburg LLC	80.000	6,558		6,830	6,869	(311)			(311)	6,558		(271)	(271)						
907818-10-8	Union Pacific Corp		03/30/2015	UBS Warburg LLC	60.000	6,567		4,006	7,148	(580)			(580)	6,567		2,561	2,561						
002824-10-0	Abbott Laboratories		03/30/2015	UBS Warburg LLC	230.000	10,803		8,741	10,355	448			448	10,803		2,062	2,062						
291011-10-4	Emerson Electric		03/30/2015	UBS Warburg LLC	130.000	7,383		8,025	6,933	(642)			(642)	7,383		1,289	1,289						
501044-10-1	The Kroger Co.		03/30/2015	UBS Warburg LLC	130.000	10,005		4,875	8,347	1,657			1,657	10,005		5,130	5,130						
58933Y-10-5	Merck & Co.		03/30/2015	UBS Warburg LLC	100.000	5,830		5,292	5,679	151			151	5,830		538	538						
594918-10-4	Microsoft Corp		03/30/2015	UBS Warburg LLC	130.000	5,357		5,428	6,039	(681)			(681)	5,357		(71)	(71)						
872540-10-9	TJX Companies		03/30/2015	UBS Warburg LLC	90.000	6,327		6,094	6,172	155			155	6,327		233	233						
887317-30-3	Time Warner Inc.		03/30/2015	UBS Warburg LLC	80.000	6,846		6,884	6,834	13			13	6,846		(38)	(38)						
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)																			286,747		59,148	59,148
9799997	Subtotal - Common Stocks - Part 4																			286,747		59,148	59,148
9799999	Subtotal - Common Stocks																			286,747		59,148	59,148
9899999	Subtotal - Preferred and Common Stocks																			312,786		60,187	60,187
9999999	TOTALS																			312,786		60,187	60,187

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

STATEMENT AS OF MARCH 31, 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	
Open Depositories									
Huntington Bank	Cash in Bank					214,863	480,378	83,326	
0199999 - TOTAL - Open Depositories						214,863	480,378	83,326	
0399999 - TOTAL Cash on Deposit						214,863	480,378	83,326	
0599999 - TOTALS						214,863	480,378	83,326	