

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	798,955		798,955	773,928
2. Stocks:				
2.1 Preferred stocks	245,900		245,900	272,870
2.2 Common stocks	1,669,566		1,669,566	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 (\$ 202,555), cash equivalents (\$) and short-term investments (\$ 88,020)	290,575		290,575	92,989
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	3,004,996		3,004,996	2,837,089
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	10,045		10,045	12,037
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	87,874	9,570	78,304	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	110,151		110,151	504,305
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)	3,213,066	9,570	3,203,496	3,408,186
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	3,213,066	9,570	3,203,496	3,408,186
DETAILS OF WRITE-INS				
1101. Amount due from Brokers				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501. Amounts due from Brokers				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
	750,000		750,000	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/casually unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	57,561		57,561	19,894
9. General expenses due or accrued.....	23,296		23,296	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.....				
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).....	830,857		830,857	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	2,372,639	2,787,803
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	2,372,639	2,787,803
34. Total Liabilities, capital and surplus (Line 24 and Line 33).....	XXX	XXX	3,203,496	3,408,186
DETAILS OF WRITE-INS				
2301.....				
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above).....				
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3	4 Total
1. Member Months.....	XXX	7,783	7,122	14,210
2. Net premium income (including \$.....non-health premium income).....	XXX	2,547,779	2,122,645	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	2,547,779	2,122,645	4,279,755
Hospital and Medical:				
9. Hospital/medical benefits.....		1,495,707	900,228	2,772,036
10. Other professional services.....			374,318	
11. Outside referrals.....				
12. Emergency room and out-of-area.....		232,986	85,753	256,559
13. Prescription drugs.....		734,768	458,099	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).....		2,463,461	1,818,398	3,984,269
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Line 16 minus Line 17).....		2,463,461	1,818,398	3,984,269
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....cost containment expenses.....				
21. General administrative expenses.....		384,611	328,371	672,925
22. Increase in reserves for life and accident and health contracts (including \$.....increase in reserves for life only).....		175,000	(25,000)	
23. Total underwriting deductions (Line 18 through Line 22).....		3,023,072	2,121,769	4,657,194
24. Net underwriting gain or (loss) (Line 8 minus Line 23).....	XXX	(475,293)	876	(377,439)
25. Net investment income earned.....		40,325	47,139	88,159
26. Net realized capital gains (losses) less capital gains tax of \$.....		(12,529)	(6,216)	297,553
27. Net investment gains (losses) (Line 25 plus Line 26).....		27,796	40,923	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	(447,497)	41,799	8,273
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Line 30 minus Line 31).....	XXX	(447,497)	41,799	8,273
DETAILS OF WRITE-INS				
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 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	2,787,803	2,880,660	2,861,979
34. Net income or (loss) from Line 32	(447,497)	41,799	8,273
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	31,061	159,232	(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	1,272	(11,433)	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		(12,374)	
48. Net change in capital and surplus (Line 34 to Line 47)	(415,164)	177,224	(74,176)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	2,372,639	3,057,884	2,787,803
DETAILS OF WRITE-INS			
4701. Change in estimate from prior year - decrease in accrued expenses		(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)	

STATEMENT AS OF JUNE 30, 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
Cash from Operations			
1. Premiums collected net of reinsurance	2,576,057	2,162,038	4,275,255
2. Net investment income	43,665	50,347	95,380
3. Miscellaneous income			
4. Total (Line 1 through Line 3)	2,619,722	2,212,385	4,370,635
5. Benefit and loss related payments	2,069,307	1,738,409	4,407,473
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	386,804	315,606	679,563
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Line 5 through Line 9)	2,456,111	2,054,015	5,087,036
11. Net cash from operations (Line 4 minus Line 10)	163,611	158,370	(716,401)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		100,000	402,600
12.2 Stocks	468,335	395,099	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		33,655	35,388
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	468,335	528,754	1,723,143
13. Cost of investments acquired (long-term only):			
13.1 Bonds	26,375	120,454	244,011
13.2 Stocks	395,097	311,334	698,844
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)	421,472	431,788	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)	46,863	96,966	780,288
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(12,888)	(12,374)	
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(12,888)	(12,374)	
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	197,586	242,962	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)	290,575	272,064	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			

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	637		626		11					
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
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	2,547,779		2,547,779							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,463,461		2,463,461							
18. Amount Incurred for Provision of Health Care Services	2,463,461		2,463,461							

(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
0399999 - Aggregate accounts not individually listed-covered	418,905	82,495	93,409	76,441	78,750	750,000
0499999 - Subtotals	418,905	82,495	93,409	76,441	78,750	750,000
0799999 - Total claims unpaid						750,000

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)	405,597	1,882,864	15,671	734,329	421,268	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)	405,597	1,882,864	15,671	734,329	421,268	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)	405,597	1,882,864	15,671	734,329	421,268	575,000

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Accounting Policies

Basis of Accounting

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

Cash and Cash Equivalents

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

Investment Valuations and Income Recognition

As of 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

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
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	<u>11,022,513</u>	<u>11,022,513</u>
Total Postretirement Benefit Obligations	<u>12,761,730</u>	<u>12,761,730</u>
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	<u>(20,796,483)</u>	<u>(20,796,483)</u>
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

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)

NOTES TO FINANCIAL STATEMENTS

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 JUNE 30, 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	(447,497)	8,273
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3)	OH	(447,497)	8,273
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	OH	2,372,639	2,787,803
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7)	OH	2,372,639	2,787,803

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

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 P.O. Box 1558 Columbus, Ohio 43216

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes () No (X)

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

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
---	--------------	--------------

106139..... Bahl & Gaynor 212 East 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&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 (X)

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

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

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

SCHEDULE 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	2,547,779						2,547,779
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	2,547,779						2,547,779
59. Subtotal	XXX	2,547,779						2,547,779
60. Reporting entity contributions for Employee Benefit Plans	XXX	2,547,779						2,547,779
61. Total (Direct Business)	(a) 1	2,547,779						2,547,779
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

NON

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-temporar ..		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of cu ..		
Line 1 plus Line 2 plus Line 3 plus Line 4 minus ..		
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	2,744,100	3,287,812
2. Cost of bonds and stocks acquired	421,472	934,021
3. Accrual of discount	271	558
4. Unrealized valuation increase (decrease)	(101,174)	(82,864)
5. Total gain (loss) on disposals	119,706	297,553
6. Deduct consideration for bonds and stocks disposed of	468,335	1,687,755
7. Deduct amortization of premium	1,619	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 ..	2,714,421	2,744,100
Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,714,421	2,744,100

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
BONDS								
1. NAIC 1 (a)	799,637				799,637	799,637	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	799,637				799,637	799,637	799,637	773,928
PREFERRED STOCK								
8. NAIC 1	254,250	143,995	152,345		254,250	245,900	245,900	272,870
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock	254,250	143,995	152,345		254,250	245,900	245,900	272,870
15. Total Bonds and Preferred Stock	1,053,887	143,995	152,345		1,053,887	1,045,537	1,045,537	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 \$.....

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	88,020	XXX	88,020	20	

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	94,584	2,309
2. Cost of short-term investments acquired	148,985	1,172,079
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	155,549	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)	88,020	94,584
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	88,020	94,584

STATEMENT AS OF JUNE 30, 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 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)
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)									
46625H-10-0	JP Morgan Chase		04/01/2015	CAP Institutional Services	825.000	49,513			
437076-10-2	Home Depot Company		04/01/2015	Strategas Securities LLC	95.000	10,753			
478366-10-7	Johnson CTLS		04/15/2015	Strategas Securities LLC	660.000	33,180			
384802-10-4	Grainger W W		04/23/2015	CAP Institutional Services	120.000	29,268			
Y04865-10-4	Avago Technologies LTD		05/21/2015	CAP Institutional Services	165.000	21,281			
8499999	Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)					143,995			
8999997	Subtotal - Preferred Stocks - Part 3					143,995			
8999999	Subtotal - Preferred Stocks					143,995			
9899999	Subtotal - Preferred and Common Stocks					143,995			
9999999	TOTALS					143,995			

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.I.A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B.A.C.V.								
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																						
478160-10-4	Johnson & Johnson		04/01/2015	CAP Institutional Services	255,000	25,327		17,668	26,665	(1,339)			(1,339)		25,327		7,658	7,658				
718172-10-9	Philip Morris Intl		04/01/2015	Strategas Securities	320,000	24,134		22,361	26,064	(1,930)			(1,930)		24,134		1,773	1,773				
501044-10-1	The Kroger Co.		04/01/2015	Strategas Securities	200,000	15,165		7,499	12,842	2,323			2,323		15,165		7,666	7,666				
907818-10-8	Union Pacific Corp		04/15/2015	Strategas Securities	140,000	15,261		8,785	16,678	(1,417)			(1,417)		15,261		6,476	6,476				
03073E-10-5	Amerisource Bergen		04/15/2015	Strategas Securities	185,000	21,065		12,635	16,680	4,385			4,385		21,065		8,430	8,430				
311621-00-	Amgen Inc.		04/15/2015	Strategas Securities	80,000	13,093		5,438	12,743	349			349		13,093		7,654	7,654				
452308-10-9	Illinois Tool Works		04/23/2015	CAP Institutional Services	440,000	41,504		21,642	41,668	(164)			(164)		41,504		19,862	19,862				
8499999	Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)				155,549		96,029	153,340		2,209			2,209		155,549		59,520	59,520				
8999997	Subtotal - Preferred Stocks - Part 4				155,549		96,029	153,340		2,209			2,209		155,549		59,520	59,520				
8999999	Subtotal - Preferred Stocks				155,549		96,029	153,340		2,209			2,209		155,549		59,520	59,520				
8999999	Subtotal - Preferred and Common Stocks				155,549		96,029	153,340		2,209			2,209		155,549		59,520	59,520				
9999999	TOTALS				155,549		96,029	153,340		2,209			2,209		155,549		59,520	59,520				

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9
					6 First Month	7 Second Month	8 Third Month	
Name	Location and Supplemental Information							
Open Depositories								
Huntington Bank	Cash in Bank				543,750	570,486	202,555	
0199999 - TOTAL - Open Depositories					543,750	570,486	202,555	
0399999 - TOTAL Cash on Deposit					543,750	570,486	202,555	
0599999 - TOTALS					543,750	570,486	202,555	

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

	<u>6.30.15</u>
Paid Claims per Lag Report	2,668,868
Dental Claims	66,012
Pharmaceutical rebate	(10,973)
Claims included on Lag report not released	(245,549)
Medical Refunds received but not removed from Lag Report	<u>(11,171)</u>
	<u>2,467,187</u>
Adjusted Total per Statutory Report	<u>2,463,461</u>
Difference	<u>3,726</u>

Ohio Graphic Arts Health Fund
Paid Claims Lag
 January 2015 - June 2015



Incurred Month	Sum of Paid												Grand Total
	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	
Prior	\$1,548	\$2,080	\$5,607	\$1,376	\$805	\$2,925	\$411	\$6	(\$81)	\$0	\$6	(\$98)	\$14,586
Jan-14	\$2,814	\$1,318	\$2,059	\$192	\$155	\$122	\$0	\$263	\$2	\$0	\$0	\$0	\$6,965
Feb-14	\$111,814	\$3,087	\$5,967	\$240	\$952	\$146	\$0	(\$18)	\$0	\$0	\$1,483	\$3	\$123,675
Mar-14	\$4,600	\$4,599	\$55,662	\$6,008	\$265	\$8	\$0	\$83	\$136	\$60	\$0	\$0	\$72,420
Apr-14	\$6,594	\$337	\$24,214	\$1,429	\$2,268	\$13,433	\$612	\$841	\$205	\$165	\$128	\$0	\$50,525
May-14	\$100,078	\$2,594	\$6,904	\$1,547	\$51,952	\$788	(\$552)	\$566	(\$127)	\$1,067	\$99	\$0	\$164,915
Jun-14	\$224,100	\$22,208	\$2,480	\$15,682	\$657	\$1,517	\$2,558	\$0	\$6,633	\$3,325	\$1,601	(\$1,168)	\$279,592
Jul-14	\$62,467	\$126,314	\$21,684	\$7,654	\$102,993	\$5,596	\$650	\$1,249	\$986	\$1,086	\$1,175	\$7,455	\$342,310
Aug-14	\$59,580	\$227,192	\$31,674	\$53,341	\$143,512	\$3,552	\$193	\$59	\$1,224	\$21	\$21	\$20,369	
Sep-14		\$56,347	\$202,396	\$12,071	\$18,052	\$2,694	(\$302)	\$1,528	\$1,548	\$337	\$0	\$294,669	
Oct-14													\$658,314
Nov-14													
Dec-14													
Jan-15													
Feb-15													
Mar-15													
Apr-15													
May-15													
Jun-15													
Grand Total	\$514,315	\$222,115	\$409,156	\$348,118	\$436,030	\$886,330	\$253,860	\$54,368	\$870,791	\$467,927	\$539,248	\$482,614	\$5,484,932

Includes Claims Admin

Lag Factor*: 1.65

***Lag Factor Disclaimer:**

The lag factor presented above can be used by clients as an estimation method and resource for calculating Incurred But Not Received (IBNR) claims.

While we believe that our analysis is reliable, Meritain Health makes no representation or warranty regarding the accuracy of the lag factor, and we are not responsible for advising clients on the amount to be held in reserves for claims outstanding. We advise all of our clients to consult with independent experts when estimating IBNR claims.