

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1. Bonds				575,363
2. Stocks:				
2.1 Preferred stocks				37,016
2.2 Common stocks				877,312
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 (\$ 435,968), cash equivalents (\$) and short-term investments (\$)	435,968		435,968	7,165
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)	435,968		435,968	1,496,856
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued				6,923
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	51,390	49,381	2,009	34,662
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 (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	37,262		37,262	280,506
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)	524,620	49,381	475,239	1,818,947
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	524,620	49,381	475,239	1,818,947

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
	200,000		200,000	750,000
1. Claims unpaid (less \$ reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				50,000
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	2,922		2,922	23,487
9. General expenses due or accrued	3,950		3,950	48,953
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)	206,872		206,872	872,440
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	268,367	946,506
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	268,367	946,506
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	475,239	1,818,946
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.				
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)	XXX	XXX		
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page				
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	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	XXX	7,079	11,658	15,535
2. Net premium income (including \$ non-health premium income)	XXX	2,319,390	3,763,914	5,009,256
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	1,004		
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Line 2 to Line 7)	XXX	2,320,394	3,763,914	5,009,256
Hospital and Medical:				
9. Hospital/medical benefits		2,424,030	2,877,512	4,259,136
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area		91,207	341,666	353,148
13. Prescription drugs		557,579	1,020,133	1,258,136
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		3,072,816	4,239,311	5,870,420
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Line 16 minus Line 17)		3,072,816	4,239,311	5,870,420
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses				
21. General administrative expenses		502,424	580,441	780,845
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(600,000)	225,000	225,000
23. Total underwriting deductions (Line 18 through Line 22)		2,975,240	5,044,752	6,876,265
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	(654,846)	(1,280,838)	(1,867,009)
25. Net investment income earned		22,704	59,013	70,936
26. Net realized capital gains (losses) less capital gains tax of \$		(23,985)	(22,532)	337,388
27. Net investment gains (losses) (Line 25 plus Line 26)		(1,281)	36,481	408,324
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	(656,127)	(1,244,357)	(1,458,685)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Line 30 minus Line 31)	XXX	(656,127)	(1,244,357)	(1,458,685)
DETAILS OF WRITE-INS				
0601. Exit Assessment	XXX	1,004		
0602.	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	1,004		
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	946,506	2,787,803	2,787,803
34. Net income or (loss) from Line 32	(656,127)	(1,244,357)	(1,458,685)
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		(77,566)	(366,086)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(22,012)	(18,000)	(16,526)
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)	(678,139)	(1,339,923)	(1,841,297)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	268,367	1,447,880	946,506
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	2,309,466	3,793,149	5,029,303
2. Net investment income	30,226	66,096	74,207
3. Miscellaneous income	1,004		
4. Total (Line 1 through Line 3)	2,340,696	3,859,245	5,103,510
5. Benefit and loss related payments	2,779,572	3,796,974	5,646,621
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	597,871	580,441	757,381
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)	3,377,443	4,377,415	6,404,002
11. Net cash from operations (Line 4 minus Line 10)	(1,036,747)	(518,170)	(1,300,492)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	564,929	35,060	225,395
12.2 Stocks	1,110,886	1,064,736	1,651,029
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		303,663	
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	1,675,815	1,403,459	1,876,424
13. Cost of investments acquired (long-term only):			
13.1 Bonds		26,375	26,375
13.2 Stocks	193,339	506,427	622,495
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	16,925	296,702	
13.7 Total investments acquired (Line 13.1 through Line 13.6)	210,264	829,504	648,870
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)	1,465,551	573,955	1,227,554
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)		5,118	(12,887)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		5,118	(12,887)
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)	428,804	60,903	(85,825)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	7,164	92,989	92,989
19.2 End of period (Line 18 plus Line 19.1)	435,968	153,892	7,164

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

20.001			
20.002			
20.003			
20.004			
20.005			
20.006			
20.007			
20.008			
20.009			
20.010			

STATEMENT AS OF SEPTEMBER 30, 2016 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	660		650	10						
2. First Quarter	529		519	10						
3. Second Quarter	518		509	9						
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/Casually Premiums Written										
15. Health Premiums Earned	2,319,390		2,319,390							
16. Property/Casually Premiums Earned										
17. Amount Paid for Provision of Health Care Services	3,072,816		3,072,816							
18. Amount Incurred for Provision of Health Care Services	3,072,816		3,072,816							

(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.....			83,104	32,365	84,531	200,000
0499999 - Subtotals.....			83,104	32,365	84,531	200,000
0799999 - Total claims unpaid.....						200,000

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	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,046,538	2,591,278	13,818	186,182	1,060,356	750,000
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)	1,046,538	2,591,278	13,818	186,182	1,060,356	750,000
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)	1,046,538	2,591,278	13,818	186,182	1,060,356	750,000

(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, 2015, 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, 2015 and 2014.

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.

NOTES TO FINANCIAL STATEMENTS

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 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

NOTES TO FINANCIAL STATEMENTS

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.

Following is a summary of benefit obligations as of December 31:

	2015	2014
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 750,000	\$ 575,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	78,872	1,780,502
Other participants fully eligible for benefits	0	2,062,967
Participants not yet fully eligible for benefits	0	20,194,450
Total Postretirement Benefit Obligations	78,872	24,037,919
Less: Contributions expected to be received in the future from retirees	(78,872)	(24,037,919)
Net Postretirement Benefit Obligation	0	0
Plan's Total Benefit Obligations	\$ 750,000	\$ 575,000

NOTES TO FINANCIAL STATEMENTS

The change in actuarial present value of plan benefits were as follows at December 31:

	2015	2014
Amounts Currently Payable To Or For Participants, Beneficiaries, And Dependents		
Balance at beginning of year	\$ 66,652	\$ 110,484
Claims reported and approved for payment	6,095,419	3,984,269
Claims paid	<u>(5,752,923)</u>	<u>(4,028,101)</u>
Balance at end of year	<u>409,148</u>	<u>66,652</u>
Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts		
Balance at beginning of year	508,348	464,516
Net change during the year	<u>(167,496)</u>	<u>43,832</u>
Balance at end of year	<u>340,852</u>	<u>508,348</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	24,037,919	12,761,730
Increases (decreases) in postretirement benefits	(23,959,047)	11,276,189
Less: Contributions to be received in the future from retirees	<u>(78,872)</u>	<u>(24,037,919)</u>
Balance at end of year	<u>0</u>	<u>0</u>
Plan's Total Benefit Obligations At End Of Year	<u>\$ 750,000</u>	<u>\$ 575,000</u>

Benefit Obligations

For measurement purposes, a 6.5% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2016; the rate was assumed to decrease in diminishing decrements to 4.0% in 2064.

The following were other significant assumptions used in the valuation as of December, 31 2015 and 2014:

Weighted-average discount rate	4.54 % - 2015; 4.12% - 2014
Mortality	RP 2014 Blue Collar Mortality Table

The foregoing assumptions are based on the presumption that the Fund will continue indefinitely. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Health cost incurred by participants and their beneficiaries and dependents are covered by insurance contracts maintained by the Fund. It is present intention of the Fund to continue obtaining insurance coverage for benefits. Insurance premiums for future years in respect of the Fund's postretirement benefit obligation will be funded by participant contributions to the Fund in those later years.

NOTES TO FINANCIAL STATEMENTS

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. Using the respective assumptions for each year, if the assumed rates increased by 1 percentage point in each year, it would have no effect on the obligation as of December 31, 2015, and it would decrease the obligation as of December 31, 2014 by \$5,699,887. If the assumed rates decreased by 1 percentage point in each year, it would have no effect on the obligation as of December 31, 2015, and it would increase the obligation as of December 31, 2014 by \$4,389,460.

During the February 2016 trustee meeting, the trustees voted to terminate retiree health coverage effective December 31, 2016.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
None

14. Contingencies
None

15. Leases
None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
None

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

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)

NOTES TO FINANCIAL STATEMENTS

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2-Ceded Reinsurance Report-Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

- a. \$0
- b. \$0

(2) Does the reporting entity have any reinsurance agreement in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3-Ceded Reinsurance Report-Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreement other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 Above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. Not applicable.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance
None
- C. Commutation of Ceded Reinsurance
None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not applicable
- B. Not applicable

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHIO GRAPHIC ARTS HEALTH FUND
NOTES TO FINANCIAL STATEMENTS

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 SEPTEMBER 30, 2016 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 of 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 and Going Concern

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 & 4)	OH	(656,127)	(1,458,685)
01A04 - Net Income, NAIC SAP (1 - 2 - 3 = 4)	OH	(656,127)	(1,458,685)
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 & 4)	OH	268,367	946,506
01A08 - Surplus, NAIC SAP (5 - 6 - 7 = 8)	OH	268,367	946,506

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes () No (X)

1.2 If yes, has the report been filed with the domiciliary state? Yes () No ()

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes () No (X)
If yes, complete Schedule Y, Parts 1 and 1A

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)

3.3 If the response to 3.2 is yes, provide a brief description of those changes. _____

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)

4.2 If the response to 4.1 is yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. _____

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes () No (X) N/A ()

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 11/03/2015

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) 11/03/2015

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 (X) No () N/A ()

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 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 (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
---	--------------	--------------

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis 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.	Active Status	1	Direct Business Only Year to Date							9 Deposit-Type Contracts
			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	2,319,390							2,319,390
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U. S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	XXX								
59. Subtotal		XXX	2,319,390							2,319,390
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Total (Direct Business)	(a)	1	2,319,390							2,319,390

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

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

EXPLANATIONS:

BAR CODE:

Document Identifier 365



SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after ac-		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/ac-		
7. Deduct current year's other-than-tempor-		
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 plus Line 5 minus Line 6 minus Line 7 minus Line 8)		
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 ac-		
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 ac-		
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	1,489,685	2,744,100
2. Cost of bonds and stocks acquired	193,339	648,871
3. Accrual of discount	98	531
4. Unrealized valuation increase (decrease)	(193,202)	(366,014)
5. Total gain (loss) on disposals	186,592	341,675
6. Deduct consideration for bonds and stocks disposed of	1,675,815	1,876,422
7. Deduct amortization of premium	697	3,056
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)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

STATEMENT AS OF SEPTEMBER 30, 2016 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
BONDS								
1. NAIC 1 (a)					425,005			575,363
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds					425,005			575,363
PREFERRED STOCK								
8. NAIC 1					26,070			37,016
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock					26,070			37,016
15. Total Bonds and Preferred Stock					451,075			612,379

(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	NONE				

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	7,891	94,584
2. Cost of short-term investments acquired	1,417,808	966,692
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	1,425,699	1,053,385
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)		7,891
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		7,891

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

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

NONE**SCHEDULE A - PART 3**

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

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Current Year's Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
								9 Current Year's Other-Than-Temporary Impairment Recognized	10 Current Year's Change in Encumbrances	11 Total Change in B/A C.V. /11.4.10/	12 Total Foreign Exchange Change in R/A C.V.	13 Realized Gain (Loss) on Disposal							
	City	State																	

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE B - PART 2

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

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

NONE

E02

SCHEDULE B - PART 3

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

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

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE BA - PART 2

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

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

NONE**SCHEDULE BA - PART 3**

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

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

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 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)
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NONE

STATEMENT AS OF SEPTEMBER 30, 2016 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 Slated 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							

E05

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - PART A - SECTION 1

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

1	2	3	4	5 Exchange, Counterparty or Central Clearinghouse		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/Exhibit Identifier	Type(s) of Risk(s) (a)	Name	LEI	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B /A C V	Current Year's (Amortization) / Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (b)

NONE

EOG

(a)

Code	Description of Hedged Risk(s)
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NONE

(b)

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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

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

NONE

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
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NONE

(a)	Description of Hedged Risk(s)
Code	

NONE

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

NONE

SCHEDULE DB - Part D - Section 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value > 0	6 Contracts With Book/ Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0	10 Exposure Net of Collateral		

NONE

1 Offset per SSAP No. 64
2 Net after right of offset per SSAP No. 64

SCHEDULE DB - Part D - Section 2

Collateral for Derivative Instruments Open as of Current Statement Date

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

NONE

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

NONE

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

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

NONE

General Interrogatories:

1. Total activity for the year to date
2. Average Balance for the year to date
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation
 NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

Book/Adjusted Carrying Value \$

Book/Adjusted Carrying Value \$

**SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

NONE

General Interrogatories:

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

Fair Value \$

Fair Value \$

Book/Adjusted Carrying Value \$

Book/Adjusted Carrying Value \$

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 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				762,066	570,210	435,968	
0199999 - TOTAL - Open Depositories					762,066	570,210	435,968	
0399999 - TOTAL Cash on Deposit					762,066	570,210	435,968	
0599999 - TOTALS					762,066	570,210	435,968	

Ohio Graphic Arts Health Fund

9/30/2016 Loss Reserves -- Summary of Development

Data as of:
Calculation Date:

9/30/16
11/7/16

Service Date	Covered Employees	Claims Paid to Date	Stop Loss Adjustment	Adjusted Paid Claims	Completion Factor	Incurred Claims	Claim Reserve
Jan-15	666	401,384	0	401,384	100.0%	401,384	0
Feb-15	670	565,857	0	565,857	100.0%	565,857	0
Mar-15	664	556,082	0	556,082	100.0%	556,082	0
Apr-15	648	505,644	0	505,644	100.0%	505,644	0
May-15	645	411,711	0	411,711	100.0%	411,711	0
Jun-15	641	1,427,584	(800,000)	627,584	100.0%	627,584	0
Jul-15	671	682,694	(200,000)	482,694	100.0%	482,694	0
Aug-15	658	520,554	0	520,554	100.0%	520,554	0
Sep-15	658	568,954	0	568,954	99.8%	570,289	1,335
Oct-15	659	926,596	0	926,596	99.6%	930,636	4,040
Nov-15	662	479,126	0	479,126	99.4%	482,184	3,058
Dec-15	660	640,194	0	640,194	99.2%	645,579	5,385
Jan-16	534	294,953	0	294,953	98.2%	300,488	5,535
Feb-16	534	206,811	0	206,811	98.8%	209,296	2,485
Mar-16	535	404,612	0	404,612	96.8%	417,892	13,280
Apr-16	537	291,581	0	291,581	94.7%	307,939	16,358
May-16	529	398,470	0	398,470	92.3%	431,524	33,054
Jun-16	526	216,884	0	216,884	87.0%	249,249	32,365
Jul-16	513	230,931	0	230,931	78.9%	292,758	61,827
Total (Jan 15 to date)		9,730,622	-1,000,000	8,730,622		8,909,344	178,722
Estimated Reserve from DCP Dental							0
Specific Stop Loss Pending							0
Net Claim Reserve							178,722
Safe Harbor Margin							5.00%
Total Claims Reserve							188,000
Administrative Expense Allowance							15,000
Total Reserve as of 9/30/2016							203,000

OGA Lag Table

Medical and Rx, NO SSL Adjustments in source data

Incurred Month	Paid Dec-15	Paid Jan-16	Paid Feb-16	Paid Mar-16	Paid Apr-16	Paid May-16	Paid Jun-16	Paid Jul-16	Paid Aug-16	Paid Sep-16	Paid Total	
Sep-14	0	20,536	5,763								319,612	
Oct-14	-199	0			2,126						661,073	
Nov-14	-199	21	410		-40						246,496	
Dec-14	429	528				3,421					465,879	
Jan-15	0	422				0	-500				401,384	
Feb-15	643	59				0	0				565,857	
Mar-15	9,078	6,372	-200	75	1,800	248	0		62	696	556,082	
Apr-15	184	1,853	5,665	4,508	122	33	525		0	0	505,644	
May-15	6,125	1,266	18	1,124	332	20	0		281	-1,709	411,711	
Jun-15	4,089	1,306	144	8,029	-212	64	0		0	0	1,427,584	
Jul-15	14,652	1,229	1,178	1,113	751	-720	10		0	0	682,694	
Aug-15	1,647	5,696	152	4,296	3,857	293	956		573	-152	520,554	
Sep-15	47,165	6,427	11,077	2,009	1,521	480	856	199	3,475	4	568,954	
Oct-15	503,640	35,832	44,712	53,657	2,726	1,032	1,236	893	154	64	926,596	
Nov-15	197,455	81,998	103,732	25,724	2,385	12,278	1,412	860	122	-232	479,126	
Dec-15	72,689	211,925	147,277	67,036	122,685	5,254	2,267	5,239	4,558	1,264	640,194	
Jan-16		11,957	135,400	81,866	24,128	20,505	14,901	4,721	1,230	245	294,953	
Feb-16			48,495	88,939	33,969	11,413	17,812	693	73	5,417	206,811	
Mar-16				54,698	212,903	97,924	-29,422	61,994	2,608	3,907	404,612	
Apr-16					53,536	107,469	105,094	9,043	15,805	634	291,581	
May-16						37,786	199,106	113,036	43,775	4,767	398,470	
Jun-16							55,186	128,496	20,037	13,165	216,884	
Jul-16								75,801	97,148	57,982	230,931	
Aug-16											0	
Sep-16											0	
Oct-16											0	
Nov-16											0	
Dec-16											0	
Total	856,801	387,427	503,823	393,074	462,589	297,500	369,439	400,975	189,901	86,052	0	17,772,564

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

	<u>9.30.16</u>
Paid Claims per Lag Report	3,090,780
Dental Claims	83,308
Pharmaceutical rebate	(38,512)
Claims included on Lag report not released	(37,213)
Medical Refunds received but not removed from Lag Report	0
	<u>3,098,363</u>
Adjusted Total per Statutory Report	<u>3,072,717</u>
Difference	<u>25,646</u>