



ANNUAL STATEMENT

For the Year Ended December 31, 2011
of the Condition and Affairs of the
CZECH CATHOLIC UNION

NAIC Group Code.....0000, 0000
(Current Period) (Prior Period)

Organized under the Laws of OHIO

Incorporated/Organized..... January 1, 1899

Statutory Home Office

NAIC Company Code..... 56324

Employer's ID Number..... 34-0105780

5349 DOLLOFF ROAD..... CLEVELAND OH 44127
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

5349 DOLLOFF ROAD..... CLEVELAND OH 44127
(Street and Number) (City or Town, State and Zip Code)

216-341-0444-
(Area Code) (Telephone Number)

Mail Address

5349 DOLLOFF ROAD..... CLEVELAND OH 44127
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

5349 DOLLOFF ROAD..... CLEVELAND OH 44127
(Street and Number) (City or Town, State and Zip Code)

216-341-0444-
(Area Code) (Telephone Number)

Internet Web Site Address

www.czechccu.org

216-341-0444-

Statutory Statement Contact

ELSIE T. MALEC

216-341-0444-

(Name)
insurance@czechccu.org
(E-Mail Address)

(Area Code) (Telephone Number) (Extension)
216-341-0711-
(Fax Number)

OFFICERS

Name
1. ELSIE T. MALEC
3. THERESA M. POKORNY

Title
PRESIDENT
SECRETARY

LORETTA MORAVECEK

1ST VICE PRESIDENT

Name
2. ROBERT CERMAK
4. STEIMLA & ASSOCIATES, INC.

Title
TREASURER
ACTUARY

OTHER

EDWARD P. BABOR

2ND VICE PRESIDENT

DIRECTORS OR TRUSTEES

MARYANN LANGEVIN
JOSEPH A. KOCAB

CINDY KVETON

LILLIAN KOPECKY

DOLORES JACKLIN

State of..... OHIO
County of.... CUYAHOGA

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

(Signature) ELSIE T. MALEC 1. (Printed Name) PRESIDENT (Title)	(Signature) ROBERT CERMAK 2. (Printed Name) TREASURER (Title)	(Signature) THERESA M. POKORNY 3. (Printed Name) SECRETARY (Title)
Subscribed and sworn to before me		
This _____ day of _____	2012	a. Is this an original filing? b. If no 1. State the amendment number 2. Date filed 3. Number of pages attached
		Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	8,742,128		8,742,128	8,510,963
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	692,058		692,058	254,609
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	21,128		21,128	21,128
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....2,736,981, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....0, Sch. DA).....	2,736,981		2,736,981	2,481,850
6. Contract loans (including \$.....0 premium notes).....	130,413		130,413	127,072
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	2,181,720		2,181,720	2,003,000
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,504,428	0	14,504,428	13,398,621
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	88,038		88,038	84,570
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	4,196		4,196	(15,052)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	14,596,661	0	14,596,661	13,468,139
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	14,596,661	0	14,596,661	13,468,139

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

CZECH CATHOLIC UNION
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	11,649,295	10,455,658
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	.....	.....
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	.....	.....
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	31,961	31,818
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	.....	.....
5. Refunds due and unpaid (Exhibit 4, Line 10).....	.....	.....
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	100,000	100,000
6.2 Not yet apportioned.....	.....	.....
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	.....	.....
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	.....	.....
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	.....	.....
8.3 Interest Maintenance Reserve (IMR, Line 6).....	50,183	51,508
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	.....	.....
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	1,000	1,000
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	.....	.....
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	846	846
14. Unearned investment income.....	.....	.....
15. Amounts withheld or retained by Society as agent or trustee.....	22,906	2,981
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	.....	.....
17. Remittances and items not allocated.....	.....	.....
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....	.....
19. Liability for benefits for employees and fieldworkers if not included above.....	.....	.....
20. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	115,709	123,210
21.2 Reinsurance in unauthorized companies.....	.....	.....
21.3 Funds held under reinsurance treaties with unauthorized reinsurers.....	.....	.....
21.4 Payable to subsidiaries and affiliates.....	.....	.....
21.5 Drafts outstanding.....	.....	.....
21.6 Funds held under coinsurance.....	.....	.....
21.7 Derivatives.....	.....	.....
21.8 Payable for securities.....	.....	.....
21.9 Payable for securities lending.....	.....	.....
22. Aggregate write-ins for liabilities.....	1,712	1,712
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	11,973,612	10,768,733
24. From Separate Accounts statement.....	.....	.....
25. Total liabilities (Lines 23 and 24).....	11,973,612	10,768,733
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	.....	.....
28. Aggregate write-ins for surplus funds.....	125,000	125,000
29. Unassigned funds.....	2,498,049	2,574,406
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	2,623,049	2,699,406
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	14,596,661	13,468,139

DETAILS OF WRITE-INS

2201. Fraternal.....	1,712	1,712
2202. .....	.....	.....
2203. .....	.....	.....
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	1,712	1,712
2601. .....	.....	.....
2602. .....	.....	.....
2603. .....	.....	.....
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801. Contingency Reserve.....	125,000	125,000
2802. .....	.....	.....
2803. .....	.....	.....
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	125,000	125,000

CZECH CATHOLIC UNION

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	1,406,595	1,310,314
2. Considerations for supplementary contracts with life contingencies.....	562,205	586,489
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,881	4,227
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts..		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	(202)	5,463
9. Totals (Lines 1 to 8.3).....	1,973,479	1,906,493
10. Death benefits.....	195,338	193,976
11. Matured endowments (excluding guaranteed annual pure endowments).....		1,920
12. Annuity benefits.....	256,374	206,537
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....		
14. Surrender benefits and withdrawals for life contracts.....	42,923	69,786
15. Interest and adjustments on contract or deposit-type contracts funds.....		
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	1,193,637	1,227,384
18. Totals (Lines 10 to 17).....	1,688,272	1,699,603
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....	956	485
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	295,391	315,910
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	11,784	9,175
23. Increase in loading on deferred and uncollected premiums.....		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		
25. Aggregate write-ins for deductions.....	0	0
26. Totals (Lines 18 to 25).....	1,996,404	2,025,173
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(22,924)	(118,680)
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	74,795	74,955
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(97,719)	(193,635)
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....3,557 transferred to the IMR).....		
31. Net income (Lines 29 + 30).....	(97,719)	(193,635)
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	2,699,406	2,113,052
33. Net income from operations (Line 31).....	(97,719)	(193,635)
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	13,864	69,253
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....		718,991
37. Change in liability for reinsurance in unauthorized companies.....		
38. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4).....		
39. Change in asset valuation reserve.....	7,499	(8,256)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statement.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Change in surplus as a result of reinsurance.....		
45. Aggregate write-ins for gains and losses in surplus.....	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	(76,356)	586,353
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	2,623,049	2,699,406

DETAILS OF WRITE-INS

08.301. Miscellaneous Income (Expense).....	(202)	5,463
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	(202)	5,463
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
4501.		
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,387,347	1,283,953
2. Net investment income.....	567,043	591,776
3. Miscellaneous income.....	(202)	5,463
4. Total (Lines 1 through 3).....	1,954,188	1,881,192
5. Benefit and loss related payments.....	494,492	475,974
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	308,131	325,570
8. Dividends paid to policyholders.....	74,795	74,955
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	.....
10. Total (Lines 5 through 9).....	877,419	876,499
11. Net cash from operations (Line 4 minus Line 10).....	1,076,769	1,004,693
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	850,392	2,092,299
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	372,280	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,222,672	2,092,299
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,065,001	1,211,398
13.2 Stocks.....	444,891	3,368
13.3 Mortgage loans.....	.....	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	551,000	1,502,000
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,060,892	2,716,766
14. Net increase (decrease) in contract loans and premium notes.....	3,341	14,641
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(841,561)	(639,109)
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).....	19,923	457
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	19,923	457
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).....	255,132	366,041
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,481,850	2,115,808
19.2 End of year (Line 18 plus Line 19.1).....	2,736,981	2,481,850

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

20.0001
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Insurance						8 Fraternal	9 Expense
		2 Life Insurance	3 Individual Annuities	4 Supplementary Contracts	5 Accident and Health	6 Aggregate of All Other Lines of Business	7 Total (Columns 2 through 6)		
1. Premiums and annuity considerations for life and accident and health contracts.....	1,406,595	114,460	1,292,135				1,406,595		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	562,205	354,137	208,068				562,205		
4. Amortization of interest maintenance reserve (IMR).....	4,881	4,881					4,881		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	0						0		
7. Reserve adjustments on reinsurance ceded.....	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0						0		
8.2 Charges and fees for deposit-type contracts.....	0						0		
8.3 Aggregate write-ins for miscellaneous income.....	(202)	(202)	0	0	0	0	(202)	0	0
9. Totals (Lines 1 to 8.3).....	1,973,479	473,276	1,500,203	0	0	0	1,973,479	0	0
10. Death benefits.....	195,338	195,338					195,338		
11. Matured endowments (excluding guaranteed annual pure endowments).....	0						0		
12. Annuity benefits.....	256,374		256,374				256,374		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....	0						0		
14. Surrender benefits and withdrawals for life contracts.....	42,923	42,923					42,923		
15. Interest and adjustments on contract or deposit-type contract funds.....	0						0		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	1,193,637	35,688	1,157,949				1,193,637		
18. Totals (Lines 10 to 17).....	1,688,272	273,949	1,414,323	0	0	0	1,688,272	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	956	956					956		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	295,391	250,891	44,500				295,391		
22. Insurance taxes, licenses and fees.....	11,784	11,784					11,784		
23. Increase in loading on deferred and uncollected premiums.....	0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0						0		
25. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0
26. Totals (Lines 18 to 25).....	1,996,403	537,580	1,458,823	0	0	0	1,996,403	0	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(22,924)	(64,304)	41,380	0	0	0	(22,924)	0	0
28. Refunds to members.....	74,795	74,795					74,795		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	(97,719)	(139,099)	41,380	0	0	0	(97,719)	0	0

DETAILS OF WRITE-INS

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	10,455,658	6,473,269	3,982,389	
2. Tabular net premiums or considerations.....	1,394,664	102,529	1,292,135	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	411,389	276,381	135,008	
5. Tabular less actual reserve released.....	(12,820)		(12,820)	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	12,248,891	6,852,179	5,396,712	0
9. Tabular cost.....	183,096	183,096		XXX
10. Reserves released by death.....	117,203	117,203	XXX	XXX
11. Reserves released by other terminations (net).....	42,923	42,923		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	256,374		256,374	
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	599,596	343,222	256,374	0
15. Reserve December 31, current year.....	11,649,295	6,508,957	5,140,338	0

CZECH CATHOLIC UNION
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....112,930	112,343
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....345,865	350,843
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....14,352	13,961
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....3,105	3,105
5. Contract loans.....	.....7,870	7,870
6. Cash, cash equivalents and short-term investments.....	(e).....27,161	26,631
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....53,149	53,149
9. Aggregate write-ins for investment income.....	.....0	0
10. Total gross investment income.....	.....564,432	567,902
11. Investment expenses.....	(g).....4,000	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....1,697	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	.....
15. Aggregate write-ins for deductions from investment income.....	.....0	.....
16. Total deductions (Lines 11 through 15).....	.....5,697	.....
17. Net investment income (Line 10 minus Line 16).....	.....562,205	.....

DETAILS OF WRITE-INS

0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$....5,919 accrual of discount less \$....14,225 amortization of premium and less \$....9,112 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$....3,000 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	0	.....	.....
1.1 Bonds exempt from U.S. tax.....	0	.....	.....
1.2 Other bonds (unaffiliated).....	3,557	.....	3,557	.....21,305	.....
1.3 Bonds of affiliates.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	0	.....	.....
2.11 Preferred stocks of affiliates.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	0	.....(7,441)	.....
2.21 Common stocks of affiliates.....	0	.....	.....
3. Mortgage loans.....	0	.....	.....
4. Real estate.....	0	.....	.....
5. Contract loans.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	0	.....	.....
7. Derivative instruments.....	0	.....	.....
8. Other invested assets.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	3,557	0	3,557	.....13,864	0

DETAILS OF WRITE-INS

0901.....			0		
0902.....			0		
0903.....			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1	Total	Insurance					7	8
			2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
FIRST YEAR (other than single)									
1. Uncollected.		0					0		
2. Deferred and accrued.		0					0		
3. Deferred, accrued & uncollected:									
3.1 Direct.		0					0		
3.2 Reinsurance assumed.		0					0		
3.3 Reinsurance ceded.		0					0		
3.4 Net (Line 1 + Line 2).		0	0	0	0	0	0	0	0
4. Advance.		0					0		
5. Line 3.4 - Line 4.		0	0	0	0	0	0	0	0
6. Collected during year:									
6.1 Direct.		1,290,325	20,009	1,270,317			1,290,325		
6.2 Reinsurance assumed.		0					0		
6.3 Reinsurance ceded.		0					0		
6.4 Net.		1,290,325	20,009	1,270,317	0	0	1,290,325	0	0
7. Line 5 + Line 6.4.		1,290,325	20,009	1,270,317	0	0	1,290,325	0	0
8. Prior year (uncollected + deferred and accrued - advance).		0					0		
9. First year premiums and considerations:									
9.1 Direct.		1,290,325	20,009	1,270,317			1,290,325		
9.2 Reinsurance assumed.		0					0		
9.3 Reinsurance ceded.		0					0		
9.4 Net (Line 7 - Line 8).		1,290,325	20,009	1,270,317	0	0	1,290,325	0	0
SINGLE									
10. Single premiums and considerations:									
10.1 Direct.		.81,610	.81,610				.81,610		
10.2 Reinsurance assumed.		0					0		
10.3 Reinsurance ceded.		0					0		
10.4 Net.		.81,610	.81,610	0	0	0	.81,610	0	0
RENEWAL									
11. Uncollected.		0					0		
12. Deferred and accrued.		0					0		
13. Deferred, accrued & uncollected:									
13.1 Direct.		0					0		
13.2 Reinsurance assumed.		0					0		
13.3 Reinsurance ceded.		0					0		
13.4 Net (Line 11 + Line 12).		0	0	0	0	0	0	0	0
14. Advance.		0					0		
15. Line 13.4 - Line 14.		0	0	0	0	0	0	0	0
16. Collected during year:									
16.1 Direct.		.34,659	12,841	.21,818			.34,659		
16.2 Reinsurance assumed.		0					0		
16.3 Reinsurance ceded.		0					0		
16.4 Net.		.34,659	12,841	.21,818	0	0	.34,659	0	0
17. Line 15 + Line 16.4.		.34,659	12,841	.21,818	0	0	.34,659	0	0
18. Prior year (uncollected + deferred and accrued - advance).		0					0		
19. Renewal premiums and considerations:									
19.1 Direct.		.34,659	12,841	.21,818			.34,659		
19.2 Reinsurance assumed.		0					0		
19.3 Reinsurance ceded.		0					0		
19.4 Net (Line 17 - Line 18).		.34,659	12,841	.21,818	0	0	.34,659	0	0
TOTAL									
20. Total premiums and annuity considerations:									
20.1 Direct.		1,406,595	114,460	1,292,135	0	0	1,406,595	0	0
20.2 Reinsurance assumed.		0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.		0	0	0	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).		1,406,595	114,460	1,292,135	0	0	1,406,595	0	0

**EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE
ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1	Total	Insurance				7	8
			2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business		
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....		0					0	
22. All other.....		74,795	74,795				74,795	
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....		0					0	
23.2 Reinsurance assumed.....		0					0	
23.3 Net ceded less assumed.....		0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....		0					0	
24.2 Reinsurance assumed.....		0					0	
24.3 Net ceded less assumed.....		0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....		0					0	
25.2 Reinsurance assumed.....		0					0	
25.3 Net ceded less assumed.....		0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....		0	0	0	0	0	0	0
26.2 Reinsurance assumed.....		0	0	0	0	0	0	0
26.3 Net ceded less assumed.....		0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....		956	956				956	
28. Single.....		0					0	
29. Renewal.....		0					0	
30. Deposit-type contract funds.....		0					0	
31. Totals (to agree with Page 6, Line 19).....		956	956	0	0	0	956	0

CZECH CATHOLIC UNION

EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7			
	1	Accident and Health							
		2 Life	3 Cost Containment						
1. Rent.....	2,985					2,985			
2. Salaries and wages.....	94,453				10,000	104,453			
3.11 Insured benefit plans for employees.....						0			
3.12 Insured benefit plans for fieldworkers.....						0			
3.21 Uninsured benefit plans for employees.....						0			
3.22 Uninsured benefit plans for fieldworkers.....						0			
3.31 Other employee welfare.....						0			
3.32 Other fieldworker welfare.....						0			
4.1 Legal fees and expenses.....						0			
4.2 Medical examination fees.....						0			
4.3 Inspection report fees.....						0			
4.4 Fees of public accountants and consulting actuaries.....	71,365					71,365			
4.5 Expense of investigation and settlement of certificate claims.....						0			
5.1 Traveling expenses.....	2,655					2,655			
5.2 Advertising.....	9,508					9,508			
5.3 Postage, express, telegraph and telephone.....	4,630					4,630			
5.4 Printing and stationery.....	3,474					3,474			
5.5 Cost or depreciation of furniture and equipment.....						0			
5.6 Rental of equipment.....	3,221					3,221			
5.7 Cost or depreciation of EDP equipment and software.....						0			
5.8 Lodge supplies less \$.....0 from sales.....	315					315			
6.1 Books and periodicals.....						0			
6.2 Bureau and association dues.....	175					175			
6.3 Insurance, except on real estate.....	7,359					7,359			
6.4 Miscellaneous losses.....						0			
6.5 Collection and bank service charges.....						0			
6.6 Sundry general expenses.....	10,382					10,382			
7.1 Field expense allowance.....						0			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....						0			
7.3 Field conferences other than local meetings.....						0			
8.1 Official publications.....					14,190	14,190			
8.2 Expense of Supreme Lodge Meetings.....					5,186	5,186			
9.1 Real estate expenses.....	11,159				4,000	15,159			
9.2 Investment expenses not included elsewhere.....	1,534					1,534			
9.3 Aggregate write-ins for expenses.....	20,480	0	0	0	22,322	42,802			
10. General Expenses Incurred.....	243,694	0	0	0	4,000	(a) 51,698 (b) 299,391			
11. General expenses unpaid December 31, prior year.....	1,000					1,000			
12. General expenses unpaid December 31, current year.....	1,000					1,000			
13. General expenses paid during year (Lines 10 + 11 - 12).....	243,694	0	0	0	4,000	51,698 299,391			

DETAILS OF WRITE-INS

09.301 SCHOLARSHIPS - HIGH SCHOOL GRANTS.....					17,500	17,500
09.302 DONATIONS.....					4,822	4,822
09.303 COPIER SUPPLIES & COMPUTER REPAIRS.....	20,480					20,480
09.398 Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399 Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	20,480	0	0	0	22,322	42,802

(a) Show the distribution of this amount in the following categories:

 1. Charitable \$....4,822; 2. Institutional \$....5,186; 3. Recreational and Health \$.....0; 4. Educational \$....17,500
 5. Religious \$....1,650; 6. Membership \$....14,190; 7. Other \$....8,350; 8. Total \$....51,698

(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
1. Real estate taxes.....					1,697	1,697
2. State insurance department licenses and fees.....	2,074					2,074
3. Other state taxes, including \$.....0 for employee benefits.....						0
4. U.S. Social Security taxes.....	7,637					7,637
5. All other taxes.....	2,073					2,073
6. Taxes, licenses and fees Incurred.....	11,784	0	0	1,697	0	13,481
7. Taxes, licenses and fees unpaid December 31, prior year.....	846					846
8. Taxes, licenses and fees unpaid December 31, current year.....	846					846
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	11,784	0	0	1,697	0	13,481

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		74,795
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	74,795	0
6. Paid-in cash.....		
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	74,795	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total (Lines 10 through 14).....	100,000	0
16. Total from prior year.....	100,000	
17. Total dividends or refunds (Line 9 + 15 - 16).....	74,795	0

DETAILS OF WRITE-INS

0801.....		
0802.....		
0803.....		
0898. Summary of remaining write-ins for Line 8 from overflow page.....		0
0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....		0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance:					
0100001. A AMERICAN EXPERIENCE.....AE 4%	26,746		.26,746		
0100002. B AMERICAN EXPERIENCE.....AE 3.5%	103,291		103,291		
0100003. C AMERICAN EXPERIENCE.....AE 3%	976,215		976,215		
0100004. D 1958 CSO.....1958 CSO 2.5%	677,733		677,733		
0100005. E 1980 CSO.....1980 CSO 5%	2,769,481		2,769,481		
0100006. F 1980 CSO.....1980 CSO 4.5%, 4%	1,678,508		1,678,508		
0100007. G 2001 CSO.....2001 CSO 4%	135,545		135,545		
0199997. Totals (Gross)	6,367,519	0	6,367,519	0	0
0199999. Totals (Net)	6,367,519	0	6,367,519	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. ACCUMULATION AT 4.5%	5,140,338	XXX	5,140,338	XXX	
0299997. Totals (Gross)	5,140,338	XXX	5,140,338	XXX	0
0299999. Totals (Net)	5,140,338	XXX	5,140,338	XXX	0
Accidental Death Benefits:					
0400001. 1959 ADB & 1980 CSO AT 5%	.741		.741		
0499997. Totals (Gross)	.741	0	.741	0	0
0499999. Totals (Net)	.741	0	.741	0	0
Miscellaneous Reserves:					
0700001. UNIFORM DISTRIBUTION	.437		.437		
0700002. NDDFP	.407		.407		
0700003. IPDC	89,853		89,853		
0700004. EXTRA MORTALITY	50,000		50,000		
0799997. Totals (Gross)	140,697	0	140,697	0	0
0799999. Totals (Net)	140,697	0	140,697	0	0
9999999. Totals (Net) - Page 3, Line 1	11,649,295	0	11,649,295	0	0

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No [X]

1.2 If not, state which kind is issued..... PARTICIPATING

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No [X]

2.2 If not, state which kind is issued..... PARTICIPATING

3. Does the reporting entity at present issue or have in force policies that contain non-guaranteed elements? Yes [] No [X]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [] No [X]
4.1 Amount of insurance? \$.....
4.2 Amount of reserve? \$.....
4.3 Basis of reserve:
4.4 Basis of regular assessments:
4.5 Basis of special assessments:
4.6 Assessments collected during year: \$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5 %, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]
6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....
Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC policies, contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
7.1 If yes, state the total dollar amount of assets covered by these policies, contracts or agreements? \$.....
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount: \$.....

7.3 State the amount of reserves established for this business: \$.....
7.4 Identify where the reserves are reported in the blank.

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Collectively Renewable	Other Individual Contracts				
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	0						
2. Additional contract reserves (a).....	0						
3. Additional actuarial reserves-Asset/Liability analysis.....	0						
4. Reserve for future contingent benefits.....	0						
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	0	0	0	0	0	0	0
7. Reinsurance ceded.....	0						
8. Totals (Net).....	0	0	0	0	0	0	0

CLAIM RESERVE

9. Present value of amounts not yet due on claims.....	0						
10. Additional actuarial reserves-Asset/Liability analysis.....	0						
11. Reserve for future contingent benefits.....	0						
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0						
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	0	0	0	0	0	0	0
17. TABULAR FUND INTEREST.....	0						

DETAILS OF WRITE-INS

0501.....	0						
0502.....	0						
0503.....	0						
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 + 0598) (Line 5 above)	0	0	0	0	0	0	0
1201.....	0						
1202.....	0						
1203.....	0						
1298. Summary of remaining write-ins for Line 12 from overflow page.....	0	0	0	0	0	0	0
1299. Totals (Lines 1201 thru 1203 + 1298) (Line 12 above)	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	0					
2. Deposits received during the year.....	0					
3. Investment earnings credited to the account.....	0					
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	0					
8. Other net transfers to or (from) Separate Accounts.....	0					
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	0	0	0	0	0	0
10. Reinsurance balance at the beginning of the year.....	0					
11. Net change in reinsurance assumed.....	0					
12. Net change in reinsurance ceded.....	0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	0	0	0	0	0	0

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	6,961		6,961								
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	6,961	0	6,961	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	0	0	0
2.2 Other:											
2.21 Direct.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 0
3. Incurred but unreported:											
3.1 Direct.....	25,000		25,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	25,000	0	(b) 25,000	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 0
4. Totals:											
4.1 Direct.....	31,961	0	31,961	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	31,961	(a) 0	(a) 31,961	0	0	0	(a) 0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	451,569		195,195	256,374							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 451,569	0	195,195	256,374	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	31,961		31,961								
2.2 Reinsurance assumed.....	0										
2.3 Reinsurance ceded.....	0										
2.4 Net.....	31,961	0	31,961	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers December 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	31,818		31,818								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	31,818	0	31,818	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	451,712	0	195,338	256,374	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	451,712	0	195,338	256,374	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.....0		
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	.....0		
2.2 Common stocks.....	.....0		
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	.....0		
3.2 Other than first liens.....	.....0		
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	.....0		
4.2 Properties held for the production of income.....	.....0		
4.3 Properties held for sale.....	.....0		
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.....0		
6. Contract loans.....	.....0		
7. Derivatives (Schedule DB).....	.....0		
8. Other invested assets (Schedule BA).....	.....0		
9. Receivables for securities.....	.....0		
10. Securities lending reinvested collateral assets (Schedule DL).....	.....0		
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	.....0		
14. Investment income due and accrued.....	.....0		
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....0		
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.....0		
15.3 Accrued retrospective premiums.....	.....0		
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	.....0		
16.2 Funds held by or deposited with reinsured companies.....	.....0		
16.3 Other amounts receivable under reinsurance contracts.....	.....0		
17. Amounts receivable relating to uninsured plans.....	.....0		
18.1 Current federal and foreign income tax recoverable and interest thereon.....	.....0		
18.2 Net deferred tax asset.....	.....0		
19. Guaranty funds receivable or on deposit.....	.....0		
20. Electronic data processing equipment and software.....	.....0		
21. Furniture and equipment, including health care delivery assets.....	.....0		
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....0		
23. Receivables from parent, subsidiaries and affiliates.....	.....0		
24. Health care and other amounts receivable.....	.....0		
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....0		
28. TOTALS (Lines 26 and 27).....	0	0	0

NONE**DETAILS OF WRITE-INS**

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501.....			0
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The accompanying financial statements of the Union have been prepared in conformity with accounting practices prescribed or permitted by the NAIC and the State of Ohio.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

In 2009, a correction was made to surplus in the amount of \$718,991. Due to the 2009 Ohio Insurance Department Audit. This was caused because the Union was over the investment limit on Federal Home Loan Mortgages. Subsequently, the Union sold these securities and now comply with the Departments' limits.

3. BUSINESS COMBINATIONS AND GOODWILL

Not Applicable.

4. DISCONTINUED OPERATIONS

Not Applicable.

5. INVESTMENTS

Asset values are generally stated as follows: Bonds at amortized cost using the scientific method; Preferred Stock at cost; Common Stocks at market value; Real Estate at depreciated cost; and Policy Loans are stated at the aggregate unpaid balance. The Union uses the straight-line depreciation on its real estate holdings.

- A. Mortgage Loans- None
- B. Debt Restructuring- None
- C. Reverse Mortgages- None
- D. Loan-Backed Securities- None

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not Applicable.

7. INVESTMENT INCOME

Due and accrued income was excluded from Investment Income from Bonds where collection of the amount is uncertain.

The amount excluded is \$0.

8. DERIATIVE INSTRUMENTS

None.

9. INCOME TAXES

Not Applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

Not Applicable.

11. DEBT

None.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A. Employee Retirement Plan: Not Applicable.
- B. Deferred Compensation Plan: Not Applicable.
- C. Post-Retirement Benefit Plans: Not Applicable.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

Not Applicable.

14. CONTINGENCIES

- A. Contingent Commitments: None.
- B. Assessments: None.
- C. Gain Contingencies: None.
- D. All Other Contingencies: None.

15. LEASES

Non Applicable.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not Applicable.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Not Applicable.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

Not Applicable.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not Applicable.

NOTES TO FINANCIAL STATEMENTS**20. FAIR VALUE MEASUREMENTS**

SSAP 100, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

Level 1 – inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Union has the ability to access.

Level 2 – inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Union believes its valuation methods are appropriate and consistent with other market participants. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Union is in the process of implementing these fair value measurements.

21. OTHER ITEMS

Not Applicable.

22. EVENTS SUBSEQUENT

Not Applicable.

23. REINSURANCE

A. Ceded Reinsurance Report: The amount of aggregate reduction in surplus of a unilateral cancellation by the reinsurer is the Reserve Credit taken on Exhibit 5 totaling \$0.

B. Uncollectible Reinsurance: None.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

Not Applicable.

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Not Applicable.

26. INTERCOMPANY POOLING ARRANGEMENTS

Not Applicable.

27. STRUCTURED SETTLEMENTS

Not Applicable.

28. HEALTH CARE RECEIVABLES

Not Applicable.

29. PARTICIPATING POLICIES

For the reporting year ended 2011, premiums under individual participating policies were 100% of the total individual premiums earned.

30. PREMIUM DEFICIENCY RESERVES

None.

31. RESERVES FOR LIFE CONTRACTS AND DEPOSIT-TYPE CONTRACTS

A. The Union waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.

B. Extra premiums: Not Applicable.

C. As of December 31, 2011, the Union had \$ 0 of insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the state of Ohio. Reserves to cover the above insurance totaled \$ 0 at year-end and are reported in Exhibit 5, Life Insurance and Annuities Sections.

D. The Tabular Interest has been determined from the basic data for the calculation of policy reserves.

The Tabular Less Actual Reserve Released has been determined by formula as described in the instructions.

The Tabular Cost has been determined by formula as described in the instructions.

E. For the determination of Tabular Interest on funds not involving life contingencies for each valuation rate of interest, the tabular interest is calculated as on hundredth of the product as such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation. The total amount of all such products is entered under Exhibit 7.

F. Life reserves are calculated using the tabular mid-terminal, on a continuous basis using age nearest birthday function, Illinois Standard on AE and CRVM on CSO.

32. ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS

Subject to discretionary withdrawal:

1. At book value less surrender charges	\$ 0
2. At book value minimal surrender charges	\$ 5,140,338
Total Annuity Reserves	\$ 5,140,338

The reserves are included as follows in Exhibit 5, Section C and Exhibit 7

NOTES TO FINANCIAL STATEMENTS

Exhibit 5, Section B	\$ 5,140,338
Exhibit 5, Section C	\$ 0
Exhibit 7	\$ 0
Total	\$ 5,140,338

33. PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED

The Union has Uncollected Premiums as of December 31, 2011 as follows:

1. Ordinary New Business	\$ 0
2. Ordinary Renewal Business	\$ 0
Total	\$ 0

34. SEPARATE ACCOUNTS

Not Applicable.

35. LOSS/CLAIM ADJUSTMENT EXPENSES

Not Applicable.

CZECH CATHOLIC UNION

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

<p>1.1 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? <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]</p> <p>1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [] <input type="checkbox"/> N/A [X]</p> <p>1.3 State regulating? _____</p> <p>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? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>2.2 If yes, date of change: _____</p> <p>3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2009</p> <p>3.2 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. _____ 12/31/2009</p> <p>3.3 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). _____ 12/31/2009</p> <p>3.4 By what department or departments? <u>Ohio</u></p> <p>3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>3.6 Have all of the recommendations within the latest financial examination report been complied with? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:</p> <p>4.11 sales of new business? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>4.12 renewals? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:</p> <p>4.21 sales of new business? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>4.22 renewals? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>5.2 If yes, provide the name of the 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">1 Name of Entity</td> <td style="width: 20%;">2 NAIC Co. Code</td> <td style="width: 40%;">3 State of Domicile</td> </tr> </table> <p>6.1 Has the 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? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>6.2 If yes, give full information:</p> <p>7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>7.2 If yes,</p> <p>7.21 State the percentage of foreign control%</p> <p>7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Nationality</td> <td style="width: 50%;">2 Type of Entity</td> </tr> </table> <p>8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>8.2 If response to 8.1 is yes, please identify the name of the bank holding company.</p> <p>8.3 Is the company affiliated with one or more banks, thrifts or securities firms? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Affiliate Name</td> <td style="width: 15%;">2 Location (City, State)</td> <td style="width: 15%;">3 FRB</td> <td style="width: 15%;">4 OCC</td> <td style="width: 15%;">5 OTS</td> <td style="width: 15%;">6 FDIC</td> <td style="width: 15%;">7 SEC</td> </tr> </table> <p>9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Robert J. Sabatka, Certified Public Accountant, P.O. Box 45502, Westlake, OH 44145</p> <p>10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? <input type="checkbox"/> Yes [] <input type="checkbox"/> No []</p> <p>10.2 If the response to 10.1 is yes, provide information related to this exemption:</p> <p>10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? <input type="checkbox"/> Yes [] <input type="checkbox"/> No []</p> <p>10.4 If the response to 10.3 is yes, provide information related to this exemption:</p> <p>10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>10.6 If the answer to 10.5 is no or n/a, please explain.</p> <p>11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Steimla & Associates, Inc., Joseph H. Steimla, Actuary, 2867 Gypsum Circle, Naperville, IL 60564</p> <p>12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>12.11 Name of real estate holding company _____</p> <p>12.12 Number of parcels involved 12.13 Total book/adjusted carrying value</p> <p>12.2 If yes, provide explanation.</p>	1 Name of Entity	2 NAIC Co. Code	3 State of Domicile	1 Nationality	2 Type of Entity	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile											
1 Nationality	2 Type of Entity												
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC							

CZECH CATHOLIC UNION

GENERAL INTERROGATORIES

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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 [] 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No []

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles) Yes [] No []

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$.....0
20.12 To stockholders not officers	\$.....0
20.13 Trustees, supreme or grand (Fraternal only)	\$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$.....0
20.22 To stockholders not officers	\$.....0
20.23 Trustees, supreme or grand (Fraternal only)	\$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	.....
21.22 Borrowed from others	.....
21.23 Leased from others	.....
21.24 Other	.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	.....
22.22 Amount paid as expenses	.....
22.23 Other amounts paid	.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [X] No []

24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A []

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.

24.6 If answer to 24.4 is no, report amount of collateral for other programs.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A []

24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A []

24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A []

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	.....
25.22 Subject to reverse repurchase agreements	.....
25.23 Subject to dollar repurchase agreements	.....
25.24 Subject to reverse dollar repurchase agreements	.....
25.25 Pledged as collateral	.....
25.26 Placed under option agreements	.....
25.27 Letter stock or securities restricted as to sale	.....
25.28 On deposit with state or other regulatory body	.....
25.29 Other	.....

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year:

28. 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 []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
.....

28.02 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)
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No []

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

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

28.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No []

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
29.2999. TOTAL	0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	.....8,742,128	.....9,134,748	.....392,620
30.2 Preferred stocks.....	.....	.....	.....0
30.3 Totals.....	.....8,742,128	.....9,134,748	.....392,620

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D. The fair value was determined using the NAIC VOS CD ROM along with Moody's Bond Index.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

CZECH CATHOLIC UNION**PART 1 - COMMON INTERROGATORIES - OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Steimla & Associates, Inc.	71,365

34.1 Amount of payments for legal expenses, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES**PART 2 - FRATERNAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only	.....
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	.....
1.31	Reason for excluding	.....
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	.....
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	.....
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	.....
1.62	Total incurred claims	.....
1.63	Number of covered lives	.....
	All years prior to most current three years:	
1.64	Total premium earned	.....
1.65	Total incurred claims	.....
1.66	Number of covered lives	.....
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	.....
1.72	Total incurred claims	.....
1.73	Number of covered lives	.....
	All years prior to most current three years:	
1.74	Total premium earned	.....
1.75	Total incurred claims	.....
1.76	Number of covered lives	.....
2.1	Does this reporting entity have Separate Accounts?	Yes [] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department?	Yes [] No [] N/A []
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	.....
2.4	State the authority under which Separate Accounts are maintained:	.....
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [] No []
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [] No []
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	.....
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [X] No []
4.	How often are meetings of the subordinate branches required to be held? <u>Monthly</u>	.....
5.	How are the subordinate branches represented in the supreme or governing body? <u>One delegate and one alternate for each 100 members and fraction thereof</u>	.....
6.	What is the basis of representation in the governing body? <u>Elected by the delegates at the convention</u>	.....
7.1	How often are regular meetings of the governing body held? <u>Every 4 years</u>	.....
7.2	When was the last regular meeting of the governing body held?	August 14-18 2010, C
7.3	When and where will the next regular or special meeting of the governing body be held? <u>Detroit Michigan, 2014</u>	.....
7.4	How many members of the governing body attended the last regular meeting?	.....33
7.5	How many of the same were delegates of the subordinate branches?	.....33
8.	How are the expenses of the governing body defrayed? <u>By the Czech Catholic Union</u>	.....
9.	When and by whom are the officers and directors elected? <u>At Convention by Delegates</u>	.....
10.	What are the qualifications for membership? <u>A member must be of good moral character</u>	.....
11.	What are the limiting ages for admission? <u>One month to 85 years</u>	.....
12.	What is the minimum and maximum insurance that may be issued on any one life? <u>Minimum: \$2,000; Maximum: +\$10,000 - over</u>	.....
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [X] No []
14.	Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?	Yes [] No [X]
15.1	Are notices of the payments required sent to the members?	Yes [X] No [] N/A []
15.2	If yes, do the notices state the purpose for which the money is to be used?	Yes [X] No []
16.	What proportion of first and subsequent years' payments may be used for management expenses? 16.11 First year 16.12 Subsequent years	.....0.0 %0.0 %

GENERAL INTERROGATORIES**PART 2 - FRATERNAL INTERROGATORIES**

17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [X] No []

17.2 If so, what amount and for what purpose? \$.....0

18.1 Does the reporting entity pay an old age disability benefit? Yes [] No [X]

18.2 If yes, at what age does the benefit commence?

19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No [X]

19.2 If yes, when?

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and of all the laws, rules and regulations in force at the present time? If not, please do so. Yes [X] No []

21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [] No [X]

21.2 If so, was an additional reserve included in Exhibit 5? Yes [] No [] N/A []

21.3 If yes, explain

22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No [X]

22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, or on account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [] No [] N/A []

23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [] No [X]

24.1 Does the company have variable annuities with guaranteed benefits? Yes [] No [X]

24.2 If 24.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit							

25. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

\$.....0

25.1 Amount of loss reserves established by these annuities during the current year?

25.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

26.1 Do you act as a custodian for health savings account? Yes [] No []

26.2 If yes, please provide the amount of custodial funds held as of the reporting date.

26.3 Do you act as an administrator for health savings accounts? Yes [] No []

26.4 If yes, please provide the balance of the funds administered as of the reporting date.

27.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []

27.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

Amounts of life insurance in this exhibit should be shown in thousands (omit 000).

	1 2011	2 2010	3 2009	4 2008	5 2007
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	18,745	18,486	18,271	17,711	17,290
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	412	219	406	227	111
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	20,009	26,103	43,750	26,648	3,067
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	94,451	100,787	175,135	148,151	145,520
5. Annuity (Line 20.4, Column 3).....	1,292,135	1,183,423	999,916	125,193	125,144
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	1,406,595	1,310,314	1,218,801	299,992	273,731
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	14,596,661	13,468,139	11,633,117	11,232,578	11,251,182
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	11,973,612	10,768,733	9,520,065	8,326,113	8,147,098
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	11,649,295	10,455,658	9,228,274	8,145,542	7,863,530
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....					
14. Asset valuation reserve (Page 3, Line 21.1).....	115,709	123,210	114,954	23,374	120,862
15. Surplus (Page 3, Line 30).....	2,623,049	2,699,406	2,113,052	2,906,465	3,104,084
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	1,076,769	1,004,693	998,964	255,647	167,780
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	2,788,758	2,872,616	2,278,006	2,979,839	3,274,946
18. 50% of the Calculated RBC Amount.....	346,714	117,809	115,129	70,740	72,051
Percentage Distribution of Cash, Cash Equivalent and Invested Assets					
(Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	60.3	63.5	75.9	82.3	80.7
20. Stocks (Lines 2.1 and 2.2).....	4.8	1.9	1.8	1.9	2.6
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.1	0.2	0.2	0.2	0.2
23. Cash, cash equivalents and short-term investments (Line 5).....	18.9	18.5	17.2	14.8	15.9
24. Contract loans (Line 6).....	0.9	0.9	0.9	0.8	0.7
25. Derivatives (Line 7).....			XXX	XXX	XXX
26. Other invested assets (Line 8).....	15.0	14.9	4.1		
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....			XXX	XXX	XXX
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
Total Nonadmitted Assets and Admitted Assets					
38. Total nonadmitted assets (Page 2, Line 28, Col. 2).....			718,991		
39. Total admitted assets (Page 2, Line 28, Col. 3).....	14,596,661	13,468,139	11,633,117	11,232,578	11,251,182
Investment Data					
40. Net investment income (Exhibit of Net Investment Income, Line 17).....	562,205	586,489	595,078	644,310	590,272
41. Realized capital gains (losses) (Page 4, Line 30, Column 1).....			753		
42. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	13,864	69,253	106,328		
43. Total of above Lines 40, 41 and 42.....	576,069	655,742	702,159	644,310	590,272

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Benefits and Reserve Increases (Page 6)					
44. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	494,635	472,219	418,201	313,698	330,456
45. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....					
46. Increase in Life Reserves (Line 17, Column 2).....	35,688	111,661	104,705	138,699	78,672
47. Increase in Accident and Health Reserves (Line 17, Column 5).....					
48. Refunds to Members (Line 28, Column 1).....	74,795	74,955	146,137	123,758	124,254
Operating Percentages					
49. Insurance Expense Percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	21.1	24.1	20.5	75.9	86.9
50. Lapse Percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	0.5	0.4	0.2	0.2	0.3
51. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
52. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
53. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
54. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....					
55. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
56. Life Insurance (Column 2).....	(139,099)	(207,448)	(135,750)	(3,453)	(12,642)
57. Annuity (Column 3).....	41,380	13,813	45,827	(6,989)	(21,543)
58. Supplementary Contracts (Column 4).....					
59. Accident and Health (Column 5).....					
60. Aggregate of All Other Lines of Business (Column 6).....		0	0	0	0
61. Fraternal (Column 8).....					
62. Expense (Column 9).....					
63. Total (Column 1).....	(97,719)	(193,635)	(89,923)	(10,442)	(34,185)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

CZECH CATHOLIC UNION
EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	3,851	18,486
2. Issued during year.....	.92	412
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	.92	412
7. Additions by refunds during year.....	XXX.....	271
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	3,943	19,169
Deductions During Year:		
10. Death.....	.57	190
11. Maturity.....		
12. Disability.....		
13. Expiry.....		
14. Surrender.....	.25	100
15. Lapse.....		
16. Conversion.....		
17. Decreased (net).....	7	134
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	.89	424
21. In force end of year (b) (Line 9 minus 20).....	3,854	18,745
22. Reinsurance ceded end of year.....	XXX.....	
23. Line 21 minus Line 22.....	XXX.....	18,745

DETAILS OF WRITE-INS

0801.....		
0802.....		
0803.....		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0
1901.....		
1902.....		
1903.....		
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates), number of certificates.....3,707 , Amount, \$.....17,787,806.

Additional accidental death benefits included in life certificates were in amount, \$.....22,000. Does the society collect any

contributions from members for general expenses of the society under fully paid-up certificates? Yes [X] No []

If not, how are such expenses met?.....

**EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS,
ANNUITIES AND ACCIDENT AND HEALTH INSURANCE**

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....			.357	
2. Issued during year.....			38	
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. TOTALS (Lines 1 to 4).....	0	0	.395	0
Deduction during year:				
6. Decreased during year (net).....			24	
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	0	24	0
9. In force end of year (Line 5 minus Line 8).....	0	0	.371	0
10. Amount on deposit.....				XXX.....
Income now payable:				
11. Amount of income payable.....				XXX.....
Deferred: fully paid:				
12. Deferred: fully paid - account balance.....	XXX.....	XXX.....		XXX.....
Deferred: not fully paid:				
13. Deferred: not fully paid - account balance.....	XXX.....	XXX.....	5,140,338	XXX.....

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business					7 Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5		
		2 Life Insurance Premiums	3 Annuity Considerations					
1. Alabama.....	AL N						0	
2. Alaska.....	AK N						0	
3. Arizona.....	AZ N						0	
4. Arkansas.....	AR N						0	
5. California.....	CA N						0	
6. Colorado.....	CO N						0	
7. Connecticut.....	CT N						0	
8. Delaware.....	DE N						0	
9. District of Columbia.....	DC N						0	
10. Florida.....	FL N						0	
11. Georgia.....	GA N						0	
12. Hawaii.....	HI N						0	
13. Idaho.....	ID N						0	
14. Illinois.....	IL L	3,897	.70,935				74,832	
15. Indiana.....	IN N						0	
16. Iowa.....	IA L	5,897	.12,201				18,098	
17. Kansas.....	KS N						0	
18. Kentucky.....	KY N						0	
19. Louisiana.....	LA N						0	
20. Maine.....	ME N						0	
21. Maryland.....	MD N						0	
22. Massachusetts.....	MA N						0	
23. Michigan.....	MI L	3,593	.354				3,947	
24. Minnesota.....	MN N	264	.62				326	
25. Mississippi.....	MS N						0	
26. Missouri.....	MO N	143	.35,000				.35,143	
27. Montana.....	MT N						0	
28. Nebraska.....	NE N	.19	.776				795	
29. Nevada.....	NV N						0	
30. New Hampshire.....	NH N						0	
31. New Jersey.....	NJ N						0	
32. New Mexico.....	NM N						0	
33. New York.....	NY N	2,914	1,740				4,654	
34. North Carolina.....	NC N						0	
35. North Dakota.....	ND N						0	
36. Ohio.....	OH L	22,889	1,170,350				1,193,239	
37. Oklahoma.....	OK N						0	
38. Oregon.....	OR N						0	
39. Pennsylvania.....	PA N	.41	.717				758	
40. Rhode Island.....	RI N						0	
41. South Carolina.....	SC N						0	
42. South Dakota.....	SD N						0	
43. Tennessee.....	TN N						0	
44. Texas.....	TX N						0	
45. Utah.....	UT N						0	
46. Vermont.....	VT N						0	
47. Virginia.....	VA N						0	
48. Washington.....	WA N						0	
49. West Virginia.....	WV N						0	
50. Wisconsin.....	WI N	8					8	
51. Wyoming.....	WY N						0	
52. American Samoa.....	AS N						0	
53. Guam.....	GU N						0	
54. Puerto Rico.....	PR N						0	
55. US Virgin Islands.....	VI N						0	
56. Northern Mariana Islands.....	MP N						0	
57. Canada.....	CN N						0	
58. Aggregate Other Alien.....	OT XXX	0	0	0	0	0	0	
59. Subtotal.....	(a).....4	39,665	1,292,135	0	0	1,331,800	0	
90. Reporting entity contributions for employee benefit plans	XXX						0	
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX	74,795				74,795		
92. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						0	
93. Premium or annuity considerations waived under disability or other contract provisions.....	XXX						0	
94. Aggregate other amounts not allocable by State.....	XXX	0	0	0	0	0	0	
95. Totals (Direct Business).....	XXX	114,460	1,292,135	0	0	1,406,595	0	
96. Plus Reinsurance Assumed.....	XXX						0	
97. Totals (All Business).....	XXX	114,460	1,292,135	0	0	1,406,595	0	
98. Less Reinsurance Ceded.....	XXX	114,460	1,292,135	(b)	0	1,406,595	0	
99. Totals (All Business) less reinsurance ceded.....	XXX	0	0	0	0	1,406,595	0	

DETAILS OF WRITE-INS

5801.	XXX						0
5802.	XXX						0
5803.	XXX						0
5898. iumm. of remaining write-ins for line 58 from overflow pag	XXX	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above).	XXX	0	0	0	0	0	0
9401.	XXX						0
9402.	XXX						0
9403.	XXX						0
9498. iumm. of remaining write-ins for line 94 from overflow pag	XXX	0	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).	XXX	0	0	0	0	0	0

(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.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

2011 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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