



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code.....	NAIC Company Code..... 56383	Employer's ID Number..... 31-4273120
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... October 4, 1890	Commenced Business..... January 16, 1888	
Statutory Home Office	1801 Watermark Drive Suite 100..... Columbus OH 43215	
	(Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	1801 Watermark Drive Suite 100..... Columbus OH 43215	800-848-0123
	(Street and Number) (City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Mail Address	1801 Watermark Drive Suite 100..... Columbus OH 43215	
	(Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	1801 Watermark Drive Suite 100..... Columbus OH 43215	800-848-0123
	(Street and Number) (City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.uct.org	
Statutory Statement Contact	Kevin C Hecker	800-848-0123-0142
	(Name)	(Area Code) (Telephone Number) (Extension)
	khecker@uct.org	614-487-9675
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Randy Charles Young #	President	2. Gerald Edwin Thomas	Secretary/Treasurer
3. Joseph Henry Hoffman	Chief Executive Officer	4.	

OTHER

Ronald Allen Ives	Vice-President	Kevin Clare Hecker #	Senior Vice-President & CFO
John Michael Marshall #	Vice-President	Benjamin Michael Cohen FSA, MAAA	Consulting Actuary

DIRECTORS OR TRUSTEES

David Leonard Burt	Thomas David Hoffman #	Jerry George Giff	Randy Charles Young
Stewart Allen Wagner	George Ira Bohn	Gerald Edwin Thomas	Robert James Kellogg
Larry Raymond Pilon			

State of..... Ohio
County of..... Franklin

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)	(Signature)	(Signature)
Randy Charles Young #	Gerald Edwin Thomas	Joseph Henry Hoffman
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Chief Executive Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2012	b. If no	1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	15,125,317		15,125,317	14,415,087
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	482,218
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	2,362,000		2,362,000	2,500,000
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
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 (\$.....2,101,009, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....169,849, Sch. DA).....	2,270,858		2,270,858	1,859,651
6. Contract loans (including \$.....0 premium notes).....	941,488		941,488	823,342
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	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	20,699,663	.0	20,699,663	20,080,298
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	131,837		131,837	158,937
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	87,130		87,130	135,129
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	107,672		107,672	107,896
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	269,820		269,820	2,073,381
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....	63,404		63,404	432,882
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.....	971,426	865,136	106,290	17,138
21. Furniture and equipment, including health care delivery assets (\$.....0).....	183,542	183,542	.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.....	596,465	593,718	2,747	9,312
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	23,110,959	1,642,396	21,468,563	23,014,973
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	23,110,959	1,642,396	21,468,563	23,014,973

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. Other Assets.....	2,747		2,747	9,312
2502. Other Assets Nonadmitted.....	593,718	593,718	.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).....	596,465	593,718	2,747	9,312

The Order Of United Commercial Travelers Of America
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).....	4,112,252	4,321,963
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	1,378,658	1,484,313
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	24,197	26,883
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	40,721	22,715
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	2,033,480	2,308,887
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.....		
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....326,686 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	333,240	371,368
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).....	215,585	129,492
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....826 ; accident and health \$.....90,998 and deposit-type contract funds \$.....0.....	91,824	161,023
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	603,074	1,018,770
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).....	47,169	88,926
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	325,408	387,604
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....	45,004	65,353
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).....	47,928	59,130
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.....	1,198,420	592,157
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	10,496,960	11,038,584
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	10,496,960	11,038,584
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	25,000	25,000
29. Unassigned funds.....	10,946,603	11,951,389
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	10,971,603	11,976,389
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	21,468,563	23,014,973

DETAILS OF WRITE-INS		
2201. Amounts Payable to Reinsurer.....	723,605	57,990
2202. Deferred Income - Reinsurance Assumed.....	474,815	534,167
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).....	1,198,420	592,157
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. Fraternal Fund.....	25,000	25,000
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).....	25,000	25,000

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).....	11,695,480	13,851,568
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	706,564	764,578
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	86,670	31,554
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).....	22,835,295	34,505,512
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.....	745,724	981,472
9. Totals (Lines 1 to 8.3).....	36,069,733	50,134,684
10. Death benefits.....	311,041	195,034
11. Matured endowments (excluding guaranteed annual pure endowments).....	546	7,548
12. Annuity benefits.....	331,994	121,776
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	8,382,574	10,784,107
14. Surrender benefits and withdrawals for life contracts.....	33,944	39,585
15. Interest and adjustments on contract or deposit-type contracts funds.....	2,110	36
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	(287,643)	(123,838)
18. Totals (Lines 10 to 17).....	8,774,566	11,024,248
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).....	16,766,981	25,779,068
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).....	10,388,543	11,859,388
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	458,632	449,214
23. Increase in loading on deferred and uncollected premiums.....	1,151	(918)
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).....	36,389,873	49,111,000
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(320,140)	1,023,684
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....		
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(320,140)	1,023,684
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....172,762 transferred to the IMR).....	34,757	
31. Net income (Lines 29 + 30).....	(285,383)	1,023,684
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	11,976,389	10,644,159
33. Net income from operations (Line 31).....	(285,383)	1,023,684
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		
35. Change in net unrealized foreign exchange capital gain (loss).....	(49,372)	229,854
36. Change in nonadmitted assets.....	(681,233)	102,548
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.....	11,202	(23,856)
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).....	(1,004,786)	1,332,230
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	10,971,603	11,976,389
DETAILS OF WRITE-INS		
08.301. Donations.....	12,543	11,134
08.302. Supreme Dues.....	506,365	674,083
08.303. Other Income.....	226,816	296,255
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).....	745,724	981,472
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. Change to beginning surplus resulting from an adjustment to ceded LAE.....		
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.....	11,703,886	13,887,973
2. Net investment income.....	697,717	810,174
3. Miscellaneous income.....	26,419,720	33,485,041
4. Total (Lines 1 through 3).....	38,821,323	48,183,188
5. Benefit and loss related payments.....	9,350,019	11,129,302
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	27,877,852	38,327,144
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	37,227,871	49,456,446
11. Net cash from operations (Line 4 minus Line 10).....	1,593,452	(1,273,258)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	6,701,917	3,482,478
12.2 Stocks.....	556,953	
12.3 Mortgage loans.....	138,000	
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	(495)	
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	7,396,375	3,482,478
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	7,373,887	3,412,836
13.2 Stocks.....	53,540	160,970
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		9,548
13.7 Total investments acquired (Lines 13.1 to 13.6).....	7,427,427	3,583,354
14. Net increase (decrease) in contract loans and premium notes.....	118,146	3,535
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(149,198)	(104,411)
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).....	(1,033,049)	150,032
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(1,033,049)	150,032
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).....	411,205	(1,227,637)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,859,651	3,087,288
19.2 End of year (Line 18 plus Line 19.1).....	2,270,856	1,859,651

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

20.0001		
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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	4,321,961	2,762,974	1,525,644	33,343
2. Tabular net premiums or considerations.....	481,335	435,945	45,390	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	204,503	127,275	75,519	1,709
5. Tabular less actual reserve released.....	826			826
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	5,008,625	3,326,194	1,646,553	35,878
9. Tabular cost.....	437,739	437,739		XXX
10. Reserves released by death.....	104,780	104,780	XXX	XXX
11. Reserves released by other terminations (net).....	349,030	22,940	326,090	
12. Annuity, supplementary contract and disability payments involving life contingencies.....	4,824			4,824
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	896,373	565,459	326,090	4,824
15. Reserve December 31, current year.....	4,112,252	2,760,735	1,320,463	31,054

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....103,165	.....96,399
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....508,279	.....487,943
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....9,773	.....(3,787)
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....119,072	.....109,697
6. Cash, cash equivalents and short-term investments.....	(e).....71,002	.....71,002
7. Derivative instruments.....	(f).....17,536	.....17,536
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....828,827	.....778,790
11. Investment expenses.....	.....	(g).....72,226
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
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).....	.....	.....72,226
17. Net investment income (Line 10 minus Line 16).....	.....	.....706,564

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
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....0

- (a) Includes \$.....7,986 accrual of discount less \$.....43,933 amortization of premium and less \$.....35,929 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 \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....720 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.....	.....92,329	.....	.....92,329	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....80,926	.....	.....80,926	.....	.....(99,042)
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....34,759	.....	.....34,759	.....	.....
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.....	.....(495)	.....	.....(495)	.....	.....
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).....	.....207,519	.....0	.....207,519	.....0	.....(99,042)

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				6 Total (Columns 2 through 5)	7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business			
FIRST YEAR (other than single)								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	10,838	10,838				10,838		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	10,838	10,838				10,838		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	10,838	10,838	0	0	0	10,838	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	10,838	10,838	0	0	0	10,838	0	0
6. Collected during year:								
6.1 Direct.....	28,206	28,206				28,206		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	28,206	28,206	0	0	0	28,206	0	0
7. Line 5 + Line 6.4.....	39,044	39,044	0	0	0	39,044	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	6,132	6,132				6,132		
9. First year premiums and considerations:								
9.1 Direct.....	32,912	32,912				32,912		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	32,912	32,912	0	0	0	32,912	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	192,139	192,139				192,139		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	131,436	131,436				131,436		
10.4 Net.....	60,703	60,703	0	0	0	60,703	0	0
RENEWAL								
11. Uncollected.....	89,671	2,541		87,130		89,671		
12. Deferred and accrued.....	82,436	82,436				82,436		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	1,269,224	515,457		753,767		1,269,224		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	1,097,117	430,480		666,637		1,097,117		
13.4 Net (Line 11 + Line 12).....	172,107	84,977	0	87,130	0	172,107	0	0
14. Advance.....	333,240	6,554		326,686		333,240		
15. Line 13.4 - Line 14.....	(161,133)	78,423	0	(239,556)	0	(161,133)	0	0
16. Collected during year:								
16.1 Direct.....	111,830,751	1,365,167	84,037	110,381,547		111,830,751		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	100,215,296	1,157,519	34,352	99,023,425		100,215,296		
16.4 Net.....	11,615,455	207,648	49,685	11,358,122	0	11,615,455	0	0
17. Line 15 + Line 16.4.....	11,454,322	286,071	49,685	11,118,566	0	11,454,322	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(147,543)	82,246		(229,789)		(147,543)		
19. Renewal premiums and considerations:								
19.1 Direct.....	111,499,317	1,324,126	84,037	110,091,154		111,499,317		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	99,897,452	1,120,301	34,352	98,742,799		99,897,452		
19.4 Net (Line 17 - Line 18).....	11,601,865	203,825	49,685	11,348,355	0	11,601,865	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	111,724,368	1,549,177	84,037	110,091,154	0	111,724,368	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	100,028,888	1,251,737	34,352	98,742,799	0	100,028,888	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	11,695,480	297,440	49,685	11,348,355	0	11,695,480	0	0

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

10

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	0					0		
22. All other.....	0					0		
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	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	0
25. Renewal:								
25.1 Reinsurance ceded.....	22,835,294	221,344	3,504	22,610,446		22,835,294		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	22,835,294	221,344	3,504	22,610,446	0	22,835,294	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	22,835,294	221,344	3,504	22,610,446	0	22,835,294	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	22,835,294	221,344	3,504	22,610,446	0	22,835,294	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	25,665	24,080	1,585			25,665		
28. Single.....	34,585	34,585				34,585		
29. Renewal.....	16,706,731	88,400		16,618,331		16,706,731		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	16,766,981	147,065	1,585	16,618,331	0	16,766,981	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Rent.....	5,837		411,062				416,899
2.	Salaries and wages.....	49,980		3,519,993		16,000	368,385	3,954,358
3.11	Insured benefit plans for employees.....	6,673		469,953			91,359	567,984
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.....	1,827		128,642			248	130,717
3.32	Other fieldworker welfare.....							0
4.1	Legal fees and expenses.....	694		48,888				49,583
4.2	Medical examination fees.....	93		6,517				6,610
4.3	Inspection report fees.....	6,948		489,355				496,303
4.4	Fees of public accountants and consulting actuaries.....	6,813		479,796				486,609
4.5	Expense of investigation and settlement of certificate claims.....							0
5.1	Traveling expenses.....	962		67,743			68,302	137,008
5.2	Advertising.....							0
5.3	Postage, express, telegraph and telephone.....	7,797		549,107			2,569	559,473
5.4	Printing and stationery.....	2,248		158,304				160,552
5.5	Cost or depreciation of furniture and equipment.....	1,546		108,906				110,452
5.6	Rental of equipment.....	7,526		530,042				537,568
5.7	Cost or depreciation of EDP equipment and software.....	4,113		289,704				293,818
5.8	Lodge supplies less \$.....0 from sales.....						26,770	26,770
6.1	Books and periodicals.....							0
6.2	Bureau and association dues.....	819		57,700			647	59,166
6.3	Insurance, except on real estate.....	1,140		80,301				81,441
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....	3,217		226,537				229,753
6.6	Sundry general expenses.....	230		16,209				16,439
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.....						129,678	129,678
8.2	Expense of Supreme Lodge Meetings.....						184,145	184,145
9.1	Real estate expenses.....	230		16,216				16,446
9.2	Investment expenses not included elsewhere.....					56,226		56,226
9.3	Aggregate write-ins for expenses.....	22,975	0	1,618,105	0	0	111,691	1,752,772
10.	General Expenses Incurred.....	131,666	0	9,273,082	0	72,226	(a).....983,795	(b).....10,460,769
11.	General expenses unpaid December 31, prior year.....	12,243		929,507		5,630	71,391	1,018,770
12.	General expenses unpaid December 31, current year.....	7,591		534,603		4,164	56,717	603,074
13.	General expenses paid during year (Lines 10 + 11 - 12).....	136,319	0	9,667,986	0	73,692	998,468	10,876,465

DETAILS OF WRITE-INS

09.301	Board Expenses.....	1,117		78,673				79,790
09.302	Professional Fees.....	1,863		131,188			15,381	148,432
09.303	Membership Promotion.....						29,772	29,772
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	19,995	0	1,408,244	0	0	66,538	1,494,778
09.399	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	22,975	0	1,618,105	0	0	111,691	1,752,772

(a) Show the distribution of this amount in the following categories:
1. Charitable \$....66,538; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0
5. Religious \$.....0; 6. Membership \$....159,450; 7. Other \$....757,807; 8. Total \$....983,795
(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Real estate taxes.....						.....0
2.	State insurance department licenses and fees.....	1,119	78,825				79,944
3.	Other state taxes, including \$.....0 for employee benefits.....	627	44,139				44,766
4.	U.S. Social Security taxes.....	4,675	329,247				333,922
5.	All other taxes.....						.....0
6.	Taxes, licenses and fees Incurred.....	6,421	452,211	0	0	0	458,632
7.	Taxes, licenses and fees unpaid December 31, prior year.....	1,156	87,770				88,926
8.	Taxes, licenses and fees unpaid December 31, current year.....	660	46,509				47,169
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	6,917	493,472	0	0	0	500,389

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	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.....		
4.	Applied to provide paid-up annuities.....		
5.	Total (Lines 1 to 4).....	0	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).....	0	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).....	0	0
16.	Total from prior year.....		
17.	Total dividends or refunds (Line 9 + 15 - 16).....	0	0

DETAILS OF WRITE-INS

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

The Order Of United Commercial Travelers Of America
EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. A.E. 3.5% NLP ANB CRF.....	.....2,000	.....	.....2,000	.....	.....
0100002. 41 CSO 2.5% CRVM ANB CRF.....	.....47,437	.....	.....47,437	.....	.....
0100003. 41 CSO 2.5% NLP ANB CRF.....	.....83,819	.....	.....83,819	.....	.....
0100004. 58 CSO 2.5% NJ ALB CFT.....	.....128,490	.....	.....128,490	.....	.....
0100005. 58 CSO 2.5% NLP ALB CFT.....	.....52,131	.....	.....52,131	.....	.....
0100006. 58 CET 2.5% NJ ALB CFT.....	.....7,720	.....	.....7,720	.....	.....
0100007. 58 CSO ALB NL 4%.....	.....120,401	.....	.....120,401	.....	.....
0100008. 80 CSO ALB CRVM 5.0%.....	.....319,940	.....	.....319,940	.....	.....
0100009. 80 CSO ALB NL 5.0%.....	.....551,137	.....	.....551,137	.....	.....
0100010. 80 CSO ALB CRVM 4.5%.....	.....11,730,475	.....	.....11,730,475	.....	.....
0100011. 80 CSO ALB NL 4.5%.....	.....2,720,528	.....	.....2,720,528	.....	.....
0100012. 80 ALB CRVM 4.0%.....	.....186,749	.....	.....186,749	.....	.....
0100013. 80 CSO ALB NL 4.0%.....	.....109,119	.....	.....109,119	.....	.....
0100014. 01 CSO ALB CRVM 4.0%.....	.....19,804	.....	.....19,804	.....	.....
0100015. 01 CSO ALB NL 4.0%.....	.....729,037	.....	.....729,037	.....	.....
0100016. 01 CSO XXX 4.0%.....	.....6,882	.....	.....6,882	.....	.....
0199997. Totals (Gross).....	.....16,815,669	.....0	.....16,815,669	.....0	.....0
0199998. Reinsurance ceded.....	.....14,101,538	.....	.....14,101,538	.....	.....
0199999. Totals (Net).....	.....2,714,131	.....0	.....2,714,131	.....0	.....0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. DEFERRED.....	.....3,888,831	.....XXX.....	.....3,888,831	.....XXX.....	.....
0200002. IMMEDIATE (2000 ANNUITY 5.25%).....	.....31,054	.....XXX.....	.....31,054	.....XXX.....	.....
0299997. Totals (Gross).....	.....3,919,885	.....XXX.....	.....3,919,885	.....XXX.....	.....0
0299998. Reinsurance ceded.....	.....2,568,368	.....XXX.....	.....2,568,368	.....XXX.....	.....
0299999. Totals (Net).....	.....1,351,517	.....XXX.....	.....1,351,517	.....XXX.....	.....0
Accidental Death Benefits:					
0400001. ADB.....	.....58	.....	.....58	.....	.....
0499997. Totals (Gross).....	.....58	.....0	.....58	.....0	.....0
0499999. Totals (Net).....	.....58	.....0	.....58	.....0	.....0
Disability - Active Lives:					
0500001. WP-ACTIVE.....	.....711	.....	.....711	.....	.....
0599997. Totals (Gross).....	.....711	.....0	.....711	.....0	.....0
0599999. Totals (Net).....	.....711	.....0	.....711	.....0	.....0
Miscellaneous Reserves:					
0700001. DEFICIENCY.....	.....12,850	.....	.....12,850	.....	.....
0700002. NON-DEDUCTION.....	.....121,781	.....	.....121,781	.....	.....
0700003. CV RESERVES.....	.....0	.....	.....	.....	.....
0700004. IMMEDIATE PAYMENT OF CLAIMS.....	.....33,800	.....	.....33,800	.....	.....
0700005. SUBSTANDARD.....	.....138	.....	.....138	.....	.....
0700006. WAIVER OF PREMIUM.....	.....0	.....	.....	.....	.....
0700007. ADDITONAL RESERVE.....	.....0	.....	.....	.....	.....
0799997. Totals (Gross).....	.....168,569	.....0	.....168,569	.....0	.....0
0799998. Reinsurance ceded.....	.....122,734	.....	.....122,734	.....	.....
0799999. Totals (Net).....	.....45,835	.....0	.....45,835	.....0	.....0
9999999. Totals (Net) - Page 3, Line 1.....	.....4,112,252	.....0	.....4,112,252	.....0	.....0

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?

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

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

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

3. Does the reporting entity at present issue or have in force policies that contain non-guaranteed elements?
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:
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?
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?
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.

Yes [] No [X]

Yes [] No [X]

Yes [X] No []

Yes [] No [X]

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

Yes [] No [X]

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

Yes [] No [X]

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

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	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	5,511,950		28	5,248,254		263,540	128
2. Additional contract reserves (a).....	14,740,350		439	14,430,478		309,346	87
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).....	20,252,300	0	467	19,678,732	0	572,886	215
7. Reinsurance ceded.....	18,878,308			18,878,308			
8. Totals (Net).....	1,373,992	0	467	800,424	0	572,886	215
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	9,332			9,332			
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).....	9,332	0	0	9,332	0	0	0
14. Reinsurance ceded.....	4,666			4,666			
15. Totals (Net).....	4,666	0	0	4,666	0	0	0
16. TOTAL (Net).....	1,378,658	0	467	805,090	0	572,886	215
17. TABULAR FUND INTEREST.....	60,838		21	35,527		25,281	9

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	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	26,883		8,189		18,694	
2. Deposits received during the year.....	0					
3. Investment earnings credited to the account.....	281		281			
4. Other net change in reserves.....	(399)				(399)	
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	2,568		2,568			
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).....	24,197	0	5,902	0	18,295	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)....	24,197	0	5,902	0	18,295	0

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct.....0	.....0										
1.2 Reinsurance assumed.....0	.....0										
1.3 Reinsurance ceded.....0	.....0										
1.4 Net.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....0	.....0										
2.12 Reinsurance assumed.....0	.....0										
2.13 Reinsurance ceded.....0	.....0										
2.14 Net.....0	.....0	.....0	(b).....0	(b).....0	.....0	(b).....0	(b).....0	.....0	.....0	.....0	.....0
2.2 Other:											
2.21 Direct.....528,762	.....528,762		.....225,816								.....302,946
2.22 Reinsurance assumed.....0	.....0										
2.23 Reinsurance ceded.....480,838	.....480,838		.....207,457								.....273,381
2.24 Net.....47,924	.....47,924	.....0	(b).....18,359	(b).....0	.....0	(b).....0	(b).....0	.....0	(b).....0	(b).....0	(b).....29,565
3. Incurred but unreported:											
3.1 Direct.....17,590,978	.....17,590,978		.....164,432								.....17,426,546
3.2 Reinsurance assumed.....0	.....0										
3.3 Reinsurance ceded.....15,564,701	.....15,564,701		.....142,069								.....15,422,632
3.4 Net.....2,026,277	.....2,026,277	.....0	(b).....22,363	(b).....0	.....0	(b).....0	(b).....0	.....0	(b).....0	(b).....0	(b).....2,003,914
4. Totals:											
4.1 Direct.....18,119,740	.....18,119,740	.....0	.....390,248	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....17,729,492
4.2 Reinsurance assumed.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4.3 Reinsurance ceded.....16,045,539	.....16,045,539	.....0	.....349,526	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....15,696,013
4.4 Net.....2,074,201	.....2,074,201	(a).....0	(a).....40,722	.....0	.....0	.....0	(a).....0	.....0	.....0	.....0	.....2,033,479

(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	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	93,364,519		2,421,364	564,674							90,378,481
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	84,083,330		2,124,166	238,672							81,720,492
1.4 Net..... (d)	9,281,189	0	297,198	326,002	0	0	0	0	0	0	8,657,989
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	18,119,740		390,248								17,729,492
2.2 Reinsurance assumed.....	0										
2.3 Reinsurance ceded.....	16,045,539		349,526								15,696,013
2.4 Net.....	2,074,201	0	40,722	0	0	0	0	0	0	0	2,033,479
3. Amounts recoverable from reinsurers December 31, current year.....	269,820		269,820								
4. Liability December 31, prior year:											
4.1 Direct.....	21,001,561		253,791								20,747,770
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	18,669,959		231,076								18,438,883
4.4 Net.....	2,331,602	0	22,715	0	0	0	0	0	0	0	2,308,887
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	90,482,698	0	2,557,821	564,674	0	0	0	0	0	0	87,360,203
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	81,728,730	0	2,512,436	238,672	0	0	0	0	0	0	78,977,622
6.4 Net.....	8,753,968	0	45,385	326,002	0	0	0	0	0	0	8,382,581

(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.....	.....865,136	.....222,798	.....(642,338)
21. Furniture and equipment, including health care delivery assets.....	.....183,542	.....286,097	.....102,555
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.....	.....593,718	.....452,267	.....(141,451)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....1,642,396	.....961,162	.....(681,234)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0
28. TOTALS (Lines 26 and 27).....	.....1,642,396	.....961,162	.....(681,234)

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. Other Assets Nonadmitted.....	.....327,476	.....277,308	.....(50,168)
2502. Commission Advances.....	.....131,511	.....58,094	.....(73,417)
2503. Supply Inventory.....	.....134,731	.....116,865	.....(17,866)
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).....	.....593,718	.....452,267	.....(141,451)

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The financial statements of The Order of United Commercial Travelers of America (UCT) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 2011, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. UCT has no transactions that fall outside the NAIC's practices and procedures.

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The company has no dividend paying life insurance policies.

In addition, the company uses the following accounting practices:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (3) Common Stocks are stated at market. The Company has no subsidiaries or affiliates.
- (4) The Company has no preferred stock.
- (5) Mortgage loans on real estate are stated at carrying value.
- (6) Bonds backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (7) The Company does not carry any Non-insurance companies.
- (8) The Company has no interests in joint ventures.
- (9) The Company has no derivatives.
- (10) The Company has no individual Accident and Health contracts for which a deficiency reserve is required.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes that amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company does not have pharmaceutical rebate receivables.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The company does not have any changes or corrections of errors.

3. BUSINESS COMBINATIONS AND GOOD WILL

The company is not involved in any business combination or acquisitions.

C. Assumption Reinsurance - In December of 2010, the Company assumed 100% of all assets and liabilities of National Masonic Provident Association, NAIC Company Code 66702. The Company booked deferred income of \$ 593,519 of which \$59,352 was recognized in 2010 and 2011.

NOTES TO FINANCIAL STATEMENTS

4. DISCONTINUED OPERATIONS

The company has not entered into any agreements to sell, discontinue or dispose of any operations.

5. INVESTMENTS

The company sold its home office building on December 9, 2008. As part of the transaction the company accepted a promissory note in the amount of \$2,500,000 at 4.5%, interest only for two years, principle and interest starting in year three and a balloon payment at the end of year five. The promissory note is collateralized by the building and guaranteed.

The Company is not involved in any debt restructuring, reverse mortgages or repurchase agreements. The Company does not hold any real estate investments or carry any investments in low income housing tax credits.

D. Loan-Backed Securities

1. Prepayment assumptions for loan-backed securities are obtained from Bloomberg.

2. N/A – There are not any impairments

3. N/A – There are not any impairments

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 months\$-3,425

2. 12 months or longer\$0

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months\$350,298

2. 12 months or longer\$0

5. The Company has an “Other Than Temporary Impaired” policy in place that utilizes industry information, investment managers expertise and rating agencies to identify securities that may be other than temporarily impaired.
6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES
- The company has no investments in joint ventures, partnerships or limited liability companies.
7. INVESTMENT INCOME
- There was no investment income due and accrued over 90 days past due requiring exclusion from the financial statements.
8. DERIVATIVE INSTRUMENTS
- The company does not invest in any derivative instruments.
9. INCOME TAXES
- The company is an Internal Revenue Code Section 501(c) (8) non-profit corporation and is not required to calculate or pay Federal or State income tax.
10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES
- UCT Charities is a 501(c) (3) corporation for which the Company provides management services for a nominal fee of \$1,500 a quarter. The Company’s Board of Governors indirectly oversees the charity. The company does not participate in any net income or losses of the corporation, nor does it have any ownership interest.
11. DEBT
- The company does not have any outstanding debt obligations.
- 18.1

NOTES TO FINANCIAL STATEMENTS

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

The company does not have a defined benefit plan.

The company sponsors a qualified defined contribution plan (401K Profit Sharing Plan) that covers all eligible U. S. employees. Eligible Canadian employees participate in individual RRSP accounts in Canada.

The company provides a 401K match of \$.75 per deferred \$ 1 up to 5% of defined compensation. The company’s contribution for the plan was \$82,631.93 and \$71,741.03 for 2011 and 2010, respectively. The company did not make a voluntary pension contribution for 2011. At December 31, 2011, the fair value of plan assets was \$3,045,889.00. The company paid RRSP contributions of \$4,405.07 during 2011.

The company does not have any postemployment benefit arrangements.

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

The company is a Fraternal Benefit Society and does not issue or maintain any type of stock.

The company has not participated in any surplus note transactions.

14. CONTINGENCIES

The company does not have any liabilities, deficiencies or impairments that require contingences to be established.

15. LEASES

The company leases equipment under various non-cancelable operating lease agreements that expire through December 2015. Rental expense for 2011, and 2010 was approximately \$111,611 and \$119,142, respectively.

The company leases real estate under non-cancelable operating lease agreements that expire through December 2015. Rental expense for 2011 and 2010 was approximately \$478,972 and \$474,592, respectively.

At January 1, 2012, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
2012	\$ 587,028
2013	\$ 539,410
2014	\$ 113,098
201	\$ 10,214
Thereafter	\$ 0.00

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

The company does not have any financial instruments with off-balance sheet risk.

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

The company did not have any transactions relating to the sale of receivables, the transferring and servicing of financial assets, the extinguishment of liabilities or wash sales.

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

The company did not administer any Administrative Services Only (ASO) or Administrative Services Contract (ASC) businesses.

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

The company did not receive any direct premium written through managing general agents or third party administrators.

NOTES TO FINANCIAL STATEMENTS

20. FAIR VALUE MEASUREMENTS

A (1) Fair Value Measurements at Reporting Date

(1) Description		(2) (Level 1)		(3) (Level 2)		(4) (Level 3)		(5) (Total)
a. Assets at fair value								
Perpetual Preferred stock								
Industrial and Misc	\$		\$		\$		\$	
Parent, Subsidiaries and Affiliates								
Total Perpetual Preferred Stocks	\$		\$		\$		\$	
Bonds								
U.S. Governments	\$	2,805,052	\$		\$		\$	
Industrial and Misc		13,468,952						
Hybrid Securities								
Parent, Subsidiaries and Affiliates								
Total Bonds	\$	16,274,004	\$		\$		\$	
Common Stock								
Industrial and Misc	\$		\$		\$		\$	
Parent, Subsidiaries and Affiliates								
Total Common Stocks	\$		\$		\$		\$	
Derivative assets								
Interest rate contracts	\$		\$		\$		\$	
Foreign exchange contracts								
Credit contracts								
Commodity futures contracts								
Commodity forward contracts								
Total Derivatives	\$		\$		\$		\$	
Separate account assets	\$		\$		\$		\$	
Total assets at fair value	\$		\$		\$		\$	
b. Liabilities at fair value								
Derivative liabilities	\$		\$		\$		\$	
Total liabilities at fair value	\$		\$		\$		\$	

A (2). There were no transfers to or from Levels 1 and 2 and there were no Level 3 items.

21. OTHER ITEMS

NONE

22. EVENTS SUBSEQUENT

The company has no subsequent events to report.

23. REINSURANCE

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by a representative, officer, trustee, or director of the company? **NO**
2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? **NO**

NOTES TO FINANCIAL STATEMENTS

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? **NO**
2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? **YES**

Section 3 Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **NONE**
2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? **NO**

B. Uncollectible Reinsurance

The Company has written off in the current year reinsurance balances due from the companies listed below, the amount of: **NONE**

C. Commutation of Reinsurance Reflected in Income and Expenses.

The company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as: **NONE**

24. THE COMPANY DOES NOT HAVE ANY RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION.

25. THE COMPANY DID NOT HAVE A CHANGE IN THE PROVISION FOR CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES.

26. THE COMPANY DOES NOT HAVE INTERCOMPANY POOLING ARRANGEMENTS.

27. THE COMPANY DOES NOT HAVE STRUCTURED SETTLEMENTS.

28. THE COMPANY DOES NOT HAVE HEALTH CARE RECEIVABLES.

29. THE COMPANY DOES NOT HAVE PARTICIPATING POLICIES.

30. PREMIUM DEFICIENCY RESERVES

As of December 31, 2011, the company had liabilities of \$ 5,325 related to premium deficiency reserves. The company did not consider anticipated investment income when calculating its premium deficiency reserves.

31. RESERVES FOR LIFE CONTRACTS AND DEPOSIT-TYPE CONTRACTS.

Life and Annuities Reserves

- a. The company waives deductions 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. The company issued no substandard business prior to January 1, 1993. Policies issued after January 1, 1993, for substandard lives, are charged an extra premium plus the regular premium for the true age. Mean reserves are based on appropriate multiples of standard rates of mortality.
- c. The company has \$ 1,262,500 of insurance in force for which the gross premiums are less than the net premiums with a deficiency reserve of \$ 5,325.
- d. The Tabular Interest (Page 7, Part A, Line 4) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of policy reserves).

NOTES TO FINANCIAL STATEMENTS

The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 (or, alternatively, from the basic data for the calculation of reserves and the actual reserves released).

The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7 (or, alternatively, from the basic data for calculation of policy reserves).

- e. For the determination of Tabular Interest on funds not involving life contingencies under Exhibit 7, for each valuation rate of interest the tabular interest is calculated monthly as the product of the mean amount of funds times the valuation rate of 4.0%.
- f. There were no significant other increases.

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

Withdrawal Characteristics of Annuity Actuarial Reserves and Deposit-Type Contract Funds and other Liabilities Without Life or Disability Contingencies

	(1)	(2)
	<u>Amount</u>	<u>% of Total</u>
A. Subject to discretionary withdrawal:	\$ 0	0%
(Total of 1 through 3)		
(5)At book value without adjustment (minimal or no charge or adjustment)	\$ 3,888,831	100%
B. Not subject to discretionary withdrawal	0	
C. Total (gross)	\$ 3,888,831	100%
D. Reinsurance ceded	\$ 2,568,368	
E. Total (net)* (C)-(D)	\$ 1,320,463	

*Reconciliation of total annuity actuarial reserves and deposit fund liabilities.

Life & Accident & Health Annual Statement	(1)
	<u>Amount</u>
1. Exhibit 5 Annuities Section, Total net	\$1,351,517
2. Exhibit 5, Supplementary Contracts with Life Contingencies Section, Total net	-0-
3. Exhibit 7, Deposit-Type Contracts	\$24,197
Subtotal	\$1,375,714
Separate Accounts	-0-
Total	\$1,375,714

33. PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2011, were as follows:

Type	(1)	(2)	
		<u>Gross</u>	<u>Net of Loading</u>
(1) Industrial		\$	\$
(2) Ordinary new business		7,898	3,319
(3) Ordinary renewal		88,204	104,354
(4) Credit Life		0	0
(5) Group Life		0	0
(6) Group Annuity		0	0
(7) Totals		\$ 96,102	\$ 107,673

34. THE COMPANY DOES NOT HAVE SEPARATE ACCOUNTS.

35. LOSS / CLAIM ADJUSTMENT EXPENSES

The balance in the liability for unpaid accident and health claims adjustment expenses as of December 31, 2011 and December 31, 2010 was \$ 29,771 and \$ 32,905, respectively.

The Order Of United Commercial Travelers Of America
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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?

Yes [☐]

No [☒ X]

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?

Yes [☐]

No [☐]

N/A [☒ X]

1.3

State regulating?

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☒ X]

No [☐]

2.2

If yes, date of change:

07/19/2011

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2010

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.

12/31/2007

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).

11/16/2008

3.4

By what department or departments?

Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [☐]

No [☐]

N/A [☒ X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐]

No [☐]

N/A [☒ X]

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:

4.11

sales of new business?

Yes [☐]

No [☒ X]

4.12

renewals?

Yes [☐]

No [☒ X]

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:

4.21

sales of new business?

Yes [☐]

No [☒ X]

4.22

renewals?

Yes [☐]

No [☒ X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐]

No [☒ X]

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.

1

Name of Entity

2

NAIC Co. Code

3

State of Domicile

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?

Yes [☐]

No [☒ X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [☐]

No [☒ X]

7.2

If yes,

7.21

State the percentage of foreign control

.....%

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)

1

Nationality

2

Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐]

No [☒ X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐]

No [☒ X]

8.4

If response to 8.3 is yes, please provide 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.

1

Affiliate Name

2

Location (City, State)

3

FRB

4

OCC

5

OTS

6

FDIC

7

SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BKD, 312 Walnut Street, Suite 3000, Cincinnati, Ohio 45020

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?

Yes [☐]

No [☒ X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

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?

Yes [☐]

No [☒ X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [☒ X]

No [☐]

N/A [☐]

10.6

If the answer to 10.5 is no or n/a, please explain.

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?
Benjamin M. Cohen, FSA, MAAA, Wakely Actuarial Services Inc., Consulting Actuary, 34125 US Highway 19N, Suite 310, Palm Harbor, FL 34684

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐]

No [☒ X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

.....

12.13

Total book/adjusted carrying value

.....

12.2

If yes, provide explanation.

The Order Of United Commercial Travelers Of America
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 [X]
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes []	No [X]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes []	No [] N/A [X]
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 [X]	No []
	a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;		
	b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;		
	c. Compliance with applicable governmental laws, rules and regulations;		
	d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and		
	e. Accountability for adherence to the code.		

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 [X]
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 [X]
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 [X]
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 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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 [X]
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 [X]	No []
22.2	If answer is yes:		
22.21	Amount paid as losses or risk adjustment	\$.....	11,422
22.22	Amount paid as expenses	\$.....	0
22.23	Other amounts paid	\$.....	0
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes []	No [X]
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 []	No [X]
24.2	If no, give full and complete information relating thereto. US Investments - US Bank National Association by custodial agreement Canadian Investments - Royal Trust by custodial agreement		
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 [X]
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 [☒]

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	2	3
Nature of Restriction	Description	Amount

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [☐]

No [☒]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [☐]

No [☐]

N/A [☒]

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 [☒]

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 [☐]

No [☒]

28.01

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

1	2
Name of Custodian(s)	Custodian's Address
US Bank National Association	1555 N River Center Dr. Ste. 302; Milwaukee, WI 53212
Wachovia Securities	2010 N Tryon St.; Charlotte, NC 28201

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	2	3
Name(s)	Location(s)	Complete Explanation(s)
Royal Trust	Royal Tower, PO Box 7500 Station A; Toronto, ON	Canadian Investments in compliance with OSFI

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	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
Key Private Bank	US Bank National Association	10/17/2011	Insurance company investment experience

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	2	3
Central Registration Depository Number(s)	Name	Address
107680	Jason Gingerich; Prime Advisors, Inc.	22635 NE Marketplace Drive Suite 160; Redmond, WA 98073
N/A	George Benakis; Royal Trust	PO Box 7500 Station A; Toronto, ON

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

29.3

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

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	15,295,165	16,443,852	1,148,687
30.2 Preferred stocks.....			0
30.3 Totals.....	15,295,165	16,443,852	1,148,687

30.4

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

Trust Statements

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 [☒]

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 custodian uses a pricing service which is based on appropriate markets

32.1

Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [☒]

No [☐]

32.2

If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....23,000

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
AM Best	16,600

34.1 Amount of payments for legal expenses, if any? \$.....49,599

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
Schottenstein, Zox, & Dunn	41,770

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 [X]	No []
1.2	If yes, indicate premium earned on U.S. business only	\$.....	109,668,092
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....	0
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.	\$.....	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$.....	86,654,489
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$.....	33,431,415
1.62	Total incurred claims	\$.....	27,438,861
1.63	Number of covered lives	.....	14,780
	All years prior to most current three years:		
1.64	Total premium earned	\$.....	76,236,677
1.65	Total incurred claims	\$.....	59,215,628
1.66	Number of covered lives	.....	28,408
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$.....	0
1.72	Total incurred claims	\$.....	0
1.73	Number of covered lives	.....	0
	All years prior to most current three years:		
1.74	Total premium earned	\$.....	0
1.75	Total incurred claims	\$.....	0
1.76	Number of covered lives	.....	0
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 [X]
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 [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes []	No [X]
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?		
	Monthly		
5.	How are the subordinate branches represented in the supreme or governing body?		
	Subordinate councils elect representatives to the Grand Council. The Grand Councils elect representatives to the Supreme governing body.		
6.	What is the basis of representation in the governing body?		
	One representative for each 750 members or fraction thereof in a Grand Council.		
7.1	How often are regular meetings of the governing body held?		
	Annually		
7.2	When was the last regular meeting of the governing body held?	July 17-20, 2011, Jacl	
7.3	When and where will the next regular or special meeting of the governing body be held?		
	June 30 - July 3, 2012, Calgary, AB		
7.4	How many members of the governing body attended the last regular meeting?	.....	398
7.5	How many of the same were delegates of the subordinate branches?	.....	179
8.	How are the expenses of the governing body defrayed?		
	Reimbursed out of the general funds of the Order as authorized by the Supreme Counselor.		
9.	When and by whom are the officers and directors elected?		
	The President, Secretary/Treasurer and Directors are elected by the membership. The CEO is appointed by the Board. The CEO is responsible for hiring the senior management team.		
10.	What are the qualifications for membership?		
	Any person with good moral character, not under eighteen years of age, with an interest in good citizenship and community service.		
11.	What are the limiting ages for admission?		
	Minimum age of eighteen		
12.	What is the minimum and maximum insurance that may be issued on any one life?		
	Minimum \$1,500; Maximum \$250,000 or amounts higher with approval of reinsurer.		
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	.....	14.0 %
16.12	Subsequent years	.....	9.0 %

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?

17.2 If so, what amount and for what purpose?

18.1 Does the reporting entity pay an old age disability benefit?

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?

19.2 If yes, when?

7/17/2011

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.

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?

21.2 If so, was an additional reserve included in Exhibit 5?

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?

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?

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?

24.1 Does the company have variable annuities with guaranteed benefits?

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

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

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:

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

26.1 Do you act as a custodian for health savings account?

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?

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?

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

The Order Of United Commercial Travelers Of America
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).....	69,830	71,478	76,183	81,218	89,200
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	3,843	1,250	1,240	604	1,282
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	32,912	12,997	12,814	23,978	43,297
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	264,528	259,220	332,033	250,184	261,800
5. Annuity (Line 20.4, Column 3).....	49,685	32,036	38,643	166,016	35,582
6. Accident and health (Line 20.4, Column 4).....	11,348,355	13,547,315	13,624,619	10,078,924	5,529,278
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	11,695,480	13,851,568	14,008,109	10,519,102	5,869,957
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	21,468,563	23,014,973	22,563,531	20,818,222	18,612,494
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	10,496,960	11,038,584	11,919,372	13,159,007	14,616,246
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	4,112,252	4,321,963	3,843,721	3,585,117	4,230,030
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	1,378,658	1,484,313	1,698,428	1,475,594	1,395,820
13. Deposit-type contract funds (Page 3, Line 3).....	24,197	26,883	12,138	3,870	5,478
14. Asset valuation reserve (Page 3, Line 21.1).....	47,928	59,130	35,274	31,878	56,626
15. Surplus (Page 3, Line 30).....	10,971,603	11,976,389	10,644,159	7,659,215	3,996,248
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	1,593,452	(1,273,258)	1,165,198	(675,615)	2,052,719
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	11,019,531	12,035,519	10,679,433	7,691,093	4,052,881
18. 50% of the Calculated RBC Amount.....	828,912	957,836	997,570	764,217	460,716
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).....	73.1	71.8	68.0	64.8	80.0
20. Stocks (Lines 2.1 and 2.2).....		2.4	1.5		
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	11.4	12.5	11.9	12.5	
22. Real estate (Lines 4.1, 4.2 and 4.3).....					2.1
23. Cash, cash equivalents and short-term investments (Line 5).....	11.0	9.3	14.7	18.9	14.0
24. Contract loans (Line 6).....	4.5	4.1	3.9	3.8	3.9
25. Derivatives (Line 7).....			XXX	XXX	XXX
26. Other invested assets (Line 8).....					
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).....	1,642,396	961,163	1,063,711	1,300,368	504,515
39. Total admitted assets (Page 2, Line 28, Col. 3).....	21,468,563	23,014,973	22,563,531	20,818,222	18,612,494
Investment Data					
40. Net investment income (Exhibit of Net Investment Income, Line 17).....	706,564	764,582	789,005	566,408	492,184
41. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	34,757				
42. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
43. Total of above Lines 40, 41 and 42.....	741,321	764,582	789,005	566,408	492,184

The Order Of United Commercial Travelers Of America
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).....	677,525	363,943	338,202	994,846	611,994
45. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	8,382,574	10,784,107	10,779,738	8,026,363	3,562,192
46. Increase in Life Reserves (Line 17, Column 2).....	(2,256)	123,399	281,836	(190,086)	259,028
47. Increase in Accident and Health Reserves (Line 17, Column 5).....	(105,655)	(228,647)	222,834	79,776	48,222
48. Refunds to Members (Line 28, Column 1).....					
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.....	36.9	22.6	12.7	22.0	40.2
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.....	5.4	6.9	7.0	8.0	7.9
51. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	73.3	78.4	80.5	80.1	65.0
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).....	32.5	19.5	9.5	18.4	30.4
Accident and Health Reserve Adequacy					
54. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....	1,686,572	1,903,631	1,504,634	1,065,409	422,992
55. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....	2,308,888	2,680,384	2,172,594	1,134,096	368,246
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
56. Life Insurance (Column 2).....	224,996	176,391	103,696	125,186	(117,896)
57. Annuity (Column 3).....	(35,164)	(1,863)	160,095	(117,184)	139,239
58. Supplementary Contracts (Column 4).....					
59. Accident and Health (Column 5).....	(197,536)	703,348	1,596,664	1,027,469	307,324
60. Aggregate of All Other Lines of Business (Column 6).....		7	7	8	8
61. Fraternal (Column 8).....	(312,436)	145,808	256,003	410,049	481,260
62. Expense (Column 9).....					
63. Total (Column 1).....	(320,140)	1,023,684	2,116,458	1,445,520	809,927

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:

The Order Of United Commercial Travelers Of America
EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	6,058	71,478
2. Issued during year.....	88	3,843
3. Reinsurance assumed.....		
4. Revived during year.....	46	1,595
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	134	5,438
7. Additions by refunds during year.....	XXX	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	6,192	76,916
Deductions During Year:		
10. Death.....	235	2,302
11. Maturity.....	4	5
12. Disability.....		
13. Expiry.....	2	3
14. Surrender.....	70	659
15. Lapse.....	94	3,167
16. Conversion.....	1	49
17. Decreased (net).....		901
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	406	7,086
21. In force end of year (b) (Line 9 minus 20).....	5,786	69,830
22. Reinsurance ceded end of year.....	XXX	59,674
23. Line 21 minus Line 22.....	XXX	10,156

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.....0 , Amount, \$.....0.
Additional accidental death benefits included in life certificates were in amount, \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] 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.....		2	216	99,066
2. Issued during year.....				2,669
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. TOTALS (Lines 1 to 4).....	0	2	216	101,735
Deduction during year:				
6. Decreased during year (net).....		1	16	27,716
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	1	16	27,716
9. In force end of year (Line 5 minus Line 8).....	0	1	200	74,019
10. Amount on deposit.....				XXX
Income now payable:				
11. Amount of income payable.....		5,902	31,054	XXX
Deferred: fully paid:				
12. Deferred: fully paid - account balance.....	XXX	XXX	3,893,008	XXX
Deferred: not fully paid:				
13. Deferred: not fully paid - account balance.....	XXX	XXX		XXX

The Order Of United Commercial Travelers Of America
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.		1	Direct Business					
			Life Contracts		4	5	6	7
			2	3				
		Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL L.....	12,770		1,138,131		1,150,901	
2.	Alaska.....	AK N.....	248		10,160		10,409	
3.	Arizona.....	AZ L.....	7,813	1,000	2,938,882		2,947,694	
4.	Arkansas.....	AR L.....	8,279		2,732,025		2,740,304	
5.	California.....	CA L.....	95,037		325,866		420,904	
6.	Colorado.....	CO L.....	7,156	2,400	1,946,126		1,955,682	
7.	Connecticut.....	CT L.....	2,206		40,784		42,990	
8.	Delaware.....	DE L.....	452		9,297		9,748	
9.	District of Columbia.....	DC L.....			25		25	
10.	Florida.....	FL L.....	116,863	10,000	5,288,879		5,415,742	
11.	Georgia.....	GA L.....	51,063		530,429		581,492	
12.	Hawaii.....	HI N.....	2,069		8,609		10,678	
13.	Idaho.....	ID L.....			5,774,887		5,774,887	
14.	Illinois.....	IL L.....	78,244	600	5,232,437		5,311,281	
15.	Indiana.....	IN L.....	55,958	2,539	5,075,965		5,134,462	
16.	Iowa.....	IA L.....	22,795		1,573,727		1,596,522	
17.	Kansas.....	KS L.....	18,978	3,760	593,523		616,261	
18.	Kentucky.....	KY L.....	40,074	10,000	370,033		420,107	
19.	Louisiana.....	LA L.....	36,200		5,956,693		5,992,893	
20.	Maine.....	ME N.....	914	10,000	12,531		23,445	
21.	Maryland.....	MD L.....	3,291		59,110		62,401	
22.	Massachusetts.....	MA L.....	9,182		75,300		84,483	
23.	Michigan.....	MI L.....	163,698		3,309,209		3,472,906	
24.	Minnesota.....	MN L.....	9,791		147,995		157,786	
25.	Mississippi.....	MS L.....	26,510	20,491	10,976,046		11,023,046	
26.	Missouri.....	MO L.....	29,686		392,008		421,694	
27.	Montana.....	MT L.....	730		2,185,908		2,186,638	
28.	Nebraska.....	NE L.....	12,505	10,000	10,829,950		10,852,455	
29.	Nevada.....	NV L.....	4,580		1,005,901		1,010,480	
30.	New Hampshire.....	NH L.....	1,735		17,771		19,506	
31.	New Jersey.....	NJ L.....	29,512		40,819		70,332	
32.	New Mexico.....	NM N.....	507		27,925		28,432	
33.	New York.....	NY L.....	3,982		158,778		162,759	
34.	North Carolina.....	NC L.....	196,803		4,610,036		4,806,838	
35.	North Dakota.....	ND L.....	5,524	9,998	4,794,267		4,809,789	
36.	Ohio.....	OH L.....	124,248	2,200	897,588		1,024,036	
37.	Oklahoma.....	OK L.....	22,578		969,963		992,540	
38.	Oregon.....	OR L.....	11,393		6,652,390		6,663,783	
39.	Pennsylvania.....	PA L.....	73,340		985,032		1,058,372	
40.	Rhode Island.....	RI L.....	4,206		22,557		26,763	
41.	South Carolina.....	SC L.....	15,015		406,535		421,550	
42.	South Dakota.....	SD L.....	12,462	649	2,088,171		2,101,281	
43.	Tennessee.....	TN L.....	53,572	400	478,199		532,171	
44.	Texas.....	TX L.....	90,455		1,691,617		1,782,072	
45.	Utah.....	UT L.....	1,244		589,204		590,448	
46.	Vermont.....	VT L.....	352		8,682		9,034	
47.	Virginia.....	VA L.....	43,589		5,435,632		5,479,221	
48.	Washington.....	WA N.....	766		144,177		144,943	
49.	West Virginia.....	WV L.....	9,539		2,557,621		2,567,160	
50.	Wisconsin.....	WI L.....	24,799		7,399,256		7,424,055	
51.	Wyoming.....	WY L.....	1,334		1,601,453		1,602,787	
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 L.....	41,154		263,440		304,594	
58.	Aggregate Other Alien.....	OT XXX.....	308	0	0	0	308	0
59.	Subtotal.....	(a).....46	1,585,509	84,037	110,381,547	0	112,051,093	0
90.	Reporting entity contributions for employee benefit plans.....	XXX.....					0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....					0	
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.....	1,585,509	84,037	110,381,547	0	112,051,093	0
96.	Plus Reinsurance Assumed.....	XXX.....					0	
97.	Totals (All Business).....	XXX.....	1,585,509	84,037	110,381,547	0	112,051,093	0
98.	Less Reinsurance Ceded.....	XXX.....	1,288,955	34,352	99,023,425		100,346,732	
99.	Totals (All Business) less reinsurance ceded.....	XXX.....	296,554	49,685	(b).....11,358,122	0	11,704,361	0

DETAILS OF WRITE-INS								
5801.	MX.....	XXX.....	308				308	
5802.	.....	XXX.....					0	
5803.	.....	XXX.....					0	
5898.	Summ. of remaining write-ins for line 58 from overflow page.....	XXX.....	0	0	0	0	0	0
5899.	Total (Lines 5801 thru 5803 plus 5898) (Line 58 above).....	XXX.....	308	0	0	0	308	0
9401.	.....	XXX.....					0	
9402.	.....	XXX.....					0	
9403.	.....	XXX.....					0	
9498.	Summ. of remaining write-ins for line 94 from overflow page.....	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.

State of Residence

(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: Exhibit 1

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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