



# ANNUAL STATEMENT

For the Year Ended December 31, 2012  
of the Condition and Affairs of the

## The Order Of United Commercial Travelers Of America

NAIC Group Code..... , (Current Period) (Prior Period)	NAIC Company Code..... 56383	Employer's ID Number..... 31-4273120
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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number)</i>
Mail Address	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... 43215 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.uct.org	
Statutory Statement Contact	Kevin C Hecker <i>(Name)</i> khecker@uct.org <i>(E-Mail Address)</i>	800-848-0123-0142 <i>(Area Code) (Telephone Number) (Extension)</i> 614-487-9675 <i>(Fax Number)</i>

### OFFICERS

Name	Title	Name	Title
1. Larry Raymond Pilon #	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
Gordon Paul Woodworth #	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) Larry Raymond Pilon	_____ (Signature) Gerald Edwin Thomas	_____ (Signature) Joseph Henry Hoffman
1. (Printed Name) President	2. (Printed Name) Secretary/Treasurer	3. (Printed Name) Chief Executive Officer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2013

a. Is this an original filing? Yes [X] No [ ]  
b. If no

1. State the amendment number	_____
2. Date filed	_____
3. Number of pages attached	_____

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	15,384,368		15,384,368	15,125,317
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.....	2,224,000		2,224,000	2,362,000
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 (\$.....3,165,686, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....358,073, Schedule DA).....	3,523,759		3,523,759	2,270,858
6. Contract loans (including \$.....0 premium notes).....	915,541		915,541	941,488
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).....	22,047,668	.0	22,047,668	20,699,663
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	127,655		127,655	131,837
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	89,764		89,764	87,130
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	109,728		109,728	107,672
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	412,981		412,981	269,820
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....	63,404		63,404	63,404
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.....	1,007,044	943,028	64,016	106,290
21. Furniture and equipment, including health care delivery assets (\$.....0).....	94,827	94,827	.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.....	809,990	809,990	.0	2,747
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	24,763,061	1,847,845	22,915,216	21,468,563
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	24,763,061	1,847,845	22,915,216	21,468,563

## 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.....			.0	2,747
2502. Other Assets Nonadmitted.....	809,990	809,990	.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).....	809,990	809,990	.0	2,747

## 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).....	3,930,893	4,112,252
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	1,421,551	1,378,658
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	35,015	24,197
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	22,943	40,721
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	1,766,522	2,033,480
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 \$.....262,979 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	268,258	333,240
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).....	322,437	215,585
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....613 ; accident and health \$.....46,508 and deposit-type contract funds \$.....0.....	47,121	91,824
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	565,741	603,074
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).....	63,849	47,169
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	390,361	325,408
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....	62,555	45,004
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).....	56,539	47,928
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) 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.....	3,221,494	1,198,420
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	12,175,279	10,496,960
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	12,175,279	10,496,960
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.....	10,714,937	10,946,603
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	10,739,937	10,971,603
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	22,915,216	21,468,563

## DETAILS OF WRITE-INS

2201. Amounts Payable to Reinsurer.....	1,096,031	723,605
2202. Deferred Income - Reinsurance Assumed.....	415,463	474,815
2203. Trust Fund Payable.....	1,710,000	0
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).....	3,221,494	1,198,420
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).....	11,363,260	11,695,480
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	640,552	706,564
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	99,777	86,670
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).....	17,052,036	22,835,295
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.....	677,282	745,724
9. Totals (Lines 1 to 8.3).....	29,832,907	36,069,733
10. Death benefits.....	191,089	311,041
11. Matured endowments (excluding guaranteed annual pure endowments).....	107	546
12. Annuity benefits.....	258,921	331,994
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	6,906,854	8,382,574
14. Surrender benefits and withdrawals for life contracts.....	82,250	33,944
15. Interest and adjustments on contract or deposit-type contracts funds.....	580	2,110
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	(128,656)	(287,643)
18. Totals (Lines 10 to 17).....	7,311,145	8,774,566
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).....	12,512,332	16,766,981
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).....	9,704,797	10,388,543
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	448,642	458,632
23. Increase in loading on deferred and uncollected premiums.....	1,492	1,151
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).....	29,978,408	36,389,873
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(145,501)	(320,140)
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).....	(145,501)	(320,140)
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....206,631 transferred to the IMR).....		34,757
31. Net income (Lines 29 + 30).....	(145,501)	(285,383)
<b>SURPLUS ACCOUNT</b>		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	10,971,603	11,976,389
33. Net income from operations (Line 31).....	(145,501)	(285,383)
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	3,890	
35. Change in net unrealized foreign exchange capital gain (loss).....	124,005	(49,372)
36. Change in nonadmitted assets.....	(205,449)	(681,233)
37. Change in liability for reinsurance in unauthorized and certified 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.....	(8,611)	11,202
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).....	(231,666)	(1,004,786)
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	10,739,937	10,971,603
<b>DETAILS OF WRITE-INS</b>		
08.301. Donations.....	8,144	12,543
08.302. Supreme Dues.....	421,965	506,365
08.303. Other Income.....	247,173	226,816
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).....	677,282	745,724
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
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	11,292,097	11,703,886
2. Net investment income.....	644,734	697,717
3. Miscellaneous income.....	17,958,630	26,419,720
4. Total (Lines 1 through 3).....	29,895,461	38,821,323
5. Benefit and loss related payments.....	7,738,182	9,350,019
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	22,311,459	27,877,852
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).....	30,049,641	37,227,871
11. Net cash from operations (Line 4 minus Line 10).....	(154,180)	1,593,452
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	4,917,202	6,701,917
12.2 Stocks.....		556,953
12.3 Mortgage loans.....	138,000	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).....	5,055,202	7,396,375
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	4,955,102	7,373,887
13.2 Stocks.....		53,540
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,955,102	7,427,427
14. Net increase (decrease) in contract loans and premium notes.....	(25,947)	118,146
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	126,047	(149,198)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	1,281,034	(1,033,049)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	1,281,034	(1,033,049)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	1,252,901	411,205
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,270,856	1,859,651
19.2 End of year (Line 18 plus Line 19.1).....	3,523,757	2,270,856

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

20.0001 .....		
---------------	--	--



**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
<b>Involving Life or Disability Contingencies (Reserves)</b>				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	4,112,252	2,760,735	1,320,463	31,054
2. Tabular net premiums or considerations.....	586,218	558,920	27,298	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	173,775	128,895	43,814	1,066
5. Tabular less actual reserve released.....	1,113			1,113
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	4,873,358	3,448,550	1,391,575	33,233
9. Tabular cost.....	536,336	536,336		XXX
10. Reserves released by death.....	63,074	63,074	XXX	XXX
11. Reserves released by other terminations (net).....	338,230	48,934	289,296	
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).....	942,464	648,344	289,296	4,824
15. Reserve December 31, current year.....	3,930,894	2,800,206	1,102,279	28,409

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....24,213	.....23,756
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....510,649	.....506,920
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....103,444
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....14,278
6. Cash, cash equivalents and short-term investments.....	(e).....	.....68,417
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....534,862	.....716,815
11. Investment expenses.....	.....	(g).....76,263
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).....	.....	.....76,263
17. Net investment income (Line 10 minus Line 16).....	.....	.....640,552

**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 \$.....5,083 accrual of discount less \$.....92,758 amortization of premium and less \$.....20,221 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 \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....10,569	.....	.....10,569	.....3,890	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....180,594	.....15,468	.....196,062	.....	.....98,284
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....191,163	.....15,468	.....206,631	.....3,890	.....98,284

**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**

	Insurance					7 Fraternal	8 Expense
	1 Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business		
<b>FIRST YEAR (other than single)</b>							
1. Uncollected.....	0					0	
2. Deferred and accrued.....	13,924	13,924				13,924	
3. Deferred, accrued & uncollected:							
3.1 Direct.....	15,493	15,493				15,493	
3.2 Reinsurance assumed.....	0					0	
3.3 Reinsurance ceded.....	1,569	1,569				1,569	
3.4 Net (Line 1 + Line 2).....	13,924	13,924	0	0	0	13,924	0
4. Advance.....	25	25				25	
5. Line 3.4 - Line 4.....	13,899	13,899	0	0	0	13,899	0
6. Collected during year:							
6.1 Direct.....	30,200	30,200				30,200	
6.2 Reinsurance assumed.....	0					0	
6.3 Reinsurance ceded.....	6,301	6,301				6,301	
6.4 Net.....	23,899	23,899	0	0	0	23,899	0
7. Line 5 + Line 6.4.....	37,798	37,798	0	0	0	37,798	0
8. Prior year (uncollected + deferred and accrued - advance).....	10,838	10,838				10,838	
9. First year premiums and considerations:							
9.1 Direct.....	34,805	34,805				34,805	
9.2 Reinsurance assumed.....	0					0	
9.3 Reinsurance ceded.....	7,845	7,845				7,845	
9.4 Net (Line 7 - Line 8).....	26,960	26,960	0	0	0	26,960	0
<b>SINGLE</b>							
10. Single premiums and considerations:							
10.1 Direct.....	273,679	273,679				273,679	
10.2 Reinsurance assumed.....	0					0	
10.3 Reinsurance ceded.....	203,909	203,909				203,909	
10.4 Net.....	69,770	69,770	0	0	0	69,770	0
<b>RENEWAL</b>							
11. Uncollected.....	92,138	2,374		89,764		92,138	
12. Deferred and accrued.....	83,064	83,064				83,064	
13. Deferred, accrued & uncollected:							
13.1 Direct.....	1,120,556	471,577		648,979		1,120,556	
13.2 Reinsurance assumed.....	0					0	
13.3 Reinsurance ceded.....	945,354	386,139		559,215		945,354	
13.4 Net (Line 11 + Line 12).....	175,202	85,438	0	89,764	0	175,202	0
14. Advance.....	268,232	5,253		262,979		268,232	
15. Line 13.4 - Line 14.....	(93,030)	80,185	0	(173,215)	0	(93,030)	0
16. Collected during year:							
16.1 Direct.....	95,191,224	1,251,295	69,289	93,870,640		95,191,224	
16.2 Reinsurance assumed.....	0					0	
16.3 Reinsurance ceded.....	83,992,797	1,051,778	35,910	82,905,109		83,992,797	
16.4 Net.....	11,198,427	199,517	33,379	10,965,531	0	11,198,427	0
17. Line 15 + Line 16.4.....	11,105,397	279,702	33,379	10,792,316	0	11,105,397	0
18. Prior year (uncollected + deferred and accrued - advance).....	(161,133)	78,423		(239,556)		(161,133)	
19. Renewal premiums and considerations:							
19.1 Direct.....	95,471,060	1,210,149	69,289	94,191,622		95,471,060	
19.2 Reinsurance assumed.....	0					0	
19.3 Reinsurance ceded.....	84,204,530	1,008,870	35,910	83,159,750		84,204,530	
19.4 Net (Line 17 - Line 18).....	11,266,530	201,279	33,379	11,031,872	0	11,266,530	0
<b>TOTAL</b>							
20. Total premiums and annuity considerations:							
20.1 Direct.....	95,779,544	1,518,633	69,289	94,191,622	0	95,779,544	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	84,416,284	1,220,624	35,910	83,159,750	0	84,416,284	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	11,363,260	298,009	33,379	11,031,872	0	11,363,260	0

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

	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			
<b>REFUNDS APPLIED (included in Part 1)</b>								
21. To pay renewal premiums.....	.0					.0		
22. All other.....	.0					.0		
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>								
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.....	17,052,036	231,790	3,279	16,816,967		17,052,036		
25.2 Reinsurance assumed.....	.0					.0		
25.3 Net ceded less assumed.....	17,052,036	231,790	3,279	16,816,967	.0	17,052,036	.0	.0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	17,052,036	231,790	3,279	16,816,967	.0	17,052,036	.0	.0
26.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
26.3 Net ceded less assumed.....	17,052,036	231,790	3,279	16,816,967	.0	17,052,036	.0	.0
<b>COMMISSIONS INCURRED (direct business only)</b>								
27. First year (other than single).....	1,315,182	27,320	1,077	1,286,785		1,315,182		
28. Single.....	49,262	49,262				49,262		
29. Renewal.....	11,147,888	81,271		11,066,617		11,147,888		
30. Deposit-type contract funds.....	.0					.0		
31. Totals (to agree with Page 6, Line 19).....	12,512,332	157,853	1,077	12,353,402	.0	12,512,332	.0	.0

**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance				5 Investment	6 Fraternal	7 Total
	1 Life	2 Accident and Health		4 Aggregate of All Other Lines of Business			
		2 Cost Containment	3 All Other				
1. Rent.....	21,676		409,388				431,064
2. Salaries and wages.....	168,048		3,173,898		8,000	419,095	3,769,041
3.11 Insured benefit plans for employees.....	24,618		464,949			103,936	593,502
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.....	6,279		118,587			385	125,251
3.32 Other fieldworker welfare.....							0
4.1 Legal fees and expenses.....	3,650		68,930				72,580
4.2 Medical examination fees.....	1,491		28,153				29,644
4.3 Inspection report fees.....	19,333		365,134				384,467
4.4 Fees of public accountants and consulting actuaries.....	23,898		451,349				475,246
4.5 Expense of investigation and settlement of certificate claims.....							0
5.1 Traveling expenses.....	4,902		92,577			86,748	184,227
5.2 Advertising.....							0
5.3 Postage, express, telegraph and telephone.....	26,890		507,858			3,173	537,921
5.4 Printing and stationery.....	4,469		84,411			5,815	94,695
5.5 Cost or depreciation of furniture and equipment.....	5,552		104,855				110,407
5.6 Rental of equipment.....	32,721		617,995				650,716
5.7 Cost or depreciation of EDP equipment and software.....	25,973		490,539				516,511
5.8 Lodge supplies less \$.....0 from sales.....						17,584	17,584
6.1 Books and periodicals.....							0
6.2 Bureau and association dues.....	1,782		33,656			506	35,944
6.3 Insurance, except on real estate.....	4,561		86,147				90,709
6.4 Miscellaneous losses.....							0
6.5 Collection and bank service charges.....	2,342		44,230				46,572
6.6 Sundry general expenses.....	465		8,790			4,378	13,633
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.....						57,204	57,204
8.2 Expense of Supreme Lodge Meetings.....						222,827	222,827
9.1 Real estate expenses.....	812		15,333				16,145
9.2 Investment expenses not included elsewhere.....					68,263		68,263
9.3 Aggregate write-ins for expenses.....	57,479	0	1,085,602	0	0	93,828	1,236,909
10. General Expenses Incurred.....	436,938	0	8,252,382	0	76,263	(a)...1,015,478	(b)...9,781,061
11. General expenses unpaid December 31, prior year.....	7,591		534,603		4,164	56,717	603,074
12. General expenses unpaid December 31, current year.....	25,273		477,322		4,411	58,736	565,741
13. General expenses paid during year (Lines 10 + 11 - 12 ).....	419,256	0	8,309,663	0	76,016	1,013,459	9,818,394

**DETAILS OF WRITE-INS**

09.301 Board Expenses.....	2,956		55,830				58,786
09.302 Professional Fees.....	4,620		87,261				91,881
09.303 Membership Promotion.....						24,410	24,410
09.398 Summary of remaining write-ins for Line 9.3 from overflow page.....	49,903	0	942,511	0	0	69,418	1,061,832
09.399 Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	57,479	0	1,085,602	0	0	93,828	1,236,909

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

1. Charitable \$.....68,725; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0  
 5. Religious \$.....0; 6. Membership \$.....81,614; 7. Other \$.....865,139; 8. Total \$.....1,015,478

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

**EXHIBIT 3 - TAXES, LICENSES AND FEES**

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health				
		2 Cost Containment	3 All Other			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	6,844		78,177			85,021
3. Other state taxes, including \$.....0 for employee benefits.....	3,872		44,226			48,098
4. U.S. Social Security taxes.....	25,400		290,122			315,522
5. All other taxes.....						0
6. Taxes, licenses and fees Incurred.....	36,117		412,524	0	0	448,641
7. Taxes, licenses and fees unpaid December 31, prior year.....	660		46,509			47,169
8. Taxes, licenses and fees unpaid December 31, current year.....	5,140		58,709			63,849
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	31,637		400,324	0	0	431,961

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums.....	
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
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

**NONE**

**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

## EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
<b>Life Insurance:</b>					
0100001. A.E. 3.5% NLP ANB CRF.....	2,000		2,000		
0100002. 41 CSO 2.5% CRVM ANB CRF.....	45,948		45,948		
0100003. 41 CSO 2.5% NLP ANB CRF.....	76,244		76,244		
0100004. 58 CSO 2.5% NJ ALB CFT.....	113,200		113,200		
0100005. 58 CSO 2.5% NLP ALB CFT.....	49,650		49,650		
0100006. 58 CET 2.5% NJ ALB CFT.....	7,464		7,464		
0100007. 58 CSO ALB NL 4%.....	106,469		106,469		
0100008. 80 CSO ALB CRVM 5.0%.....	310,810		310,810		
0100009. 80 CSO ALB NL 5.0%.....	516,899		516,899		
0100010. 80 CSO ALB CRVM 4.5%.....	11,224,127		11,224,127		
0100011. 80 CSO ALB NL 4.5%.....	2,740,872		2,740,872		
0100012. 80 ALB CRVM 4.0%.....	218,127		218,127		
0100013. 80 CSO ALB NL 4.0%.....	111,685		111,685		
0100014. 01 CSO ALB CRVM 4.0%.....	37,575		37,575		
0100015. 01 CSO ALB NL 4.0%.....	971,771		971,771		
0100016. 01 CSO XXX 4.0%.....	17,544		17,544		
0199997. Totals (Gross).....	16,550,385	0	16,550,385	0	0
0199998. Reinsurance ceded.....	13,797,393		13,797,393		
0199999. Totals (Net).....	2,752,992	0	2,752,992	0	0
<b>Annuities (excluding supplementary contracts with life contingencies):</b>					
0200001. Deferred (Net Premium Accum).....	3,456,403	XXX	3,456,403	XXX	
0200002. Immediate (2000 Annuity 5.25%).....	28,409	XXX	28,409	XXX	
0299997. Totals (Gross).....	3,484,812	XXX	3,484,812	XXX	0
0299998. Reinsurance ceded.....	2,354,125	XXX	2,354,125	XXX	
0299999. Totals (Net).....	1,130,687	XXX	1,130,687	XXX	0
<b>Accidental Death Benefits:</b>					
0400001. ADB.....	91		91		
0499997. Totals (Gross).....	91	0	91	0	0
0499998. Reinsurance ceded.....	88		88		
0499999. Totals (Net).....	3	0	3	0	0
<b>Disability - Active Lives:</b>					
0500001. WP-Active.....	643		643		
0599997. Totals (Gross).....	643	0	643	0	0
0599999. Totals (Net).....	643	0	643	0	0
<b>Miscellaneous Reserves:</b>					
0700001. Deficiency.....	11,528		11,528		
0700002. Non-Deduction.....	120,012		120,012		
0700003. CV Reserves.....	0				
0700004. Immediate Payment of Claims.....	33,277		33,277		
0700005. Substandard.....	170		170		
0700006. Waiver of Premium.....	0				
0700007. Additional Reserve.....	0				
0799997. Totals (Gross).....	164,987	0	164,987	0	0
0799998. Reinsurance ceded.....	118,419		118,419		
0799999. Totals (Net).....	46,568	0	46,568	0	0
9999999. Totals (Net) - Page 3, Line 1.....	3,930,893	0	3,930,893	0	0

**EXHIBIT 5 - INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [ ] No [X]
- 1.2 If not, state which kind is issued Yes [ ] No [X]  
  - non-participating
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [ ] No [X]
- 2.2 If not, state which kind is issued Yes [X] No [ ]  
  - non-participating
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No [ ]  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
  
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [ ] No [X]
  - 4.1 Amount of insurance: \$.....
  - 4.2 Amount of reserve: \$.....
  - 4.3 Basis of reserve: \$.....
  
  - 4.4 Basis of regular assessments: \$.....
  
  - 4.5 Basis of special assessments: \$.....
  
  - 4.6 Assessments collected during year: \$.....
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
  
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [ ] No [X]
  - 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....
  
  - 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....  
 Attach statement of methods employed in their valuation.
  
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [ ] No [X]
  - 7.1 If yes, state the total dollar amount of assets covered by these 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.
  
- 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [ ] No [X]
  - 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements. \$.....
  - 8.2 State the amount of reserves established for this business. \$.....
  - 8.3 Identify where the reserves are reported in the blank.
  
- 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [ ] No [X]
  - 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. \$.....
  - 9.2 State the amount of reserves established for this business. \$.....
  - 9.3 Identify where the reserves are reported in the blank.

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

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

NONE

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Collectively Renewable	Other Individual Contracts				7 All Other
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	
<b>ACTIVE LIFE RESERVE</b>							
1. Unearned premium reserves.....	4,859,096		23	4,611,608		247,371	94
2. Additional contract reserves (a).....	14,390,262		313	14,091,885		297,990	74
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).....	19,249,358	0	336	18,703,493	0	545,361	168
7. Reinsurance ceded.....	17,827,805			17,827,805			
8. Totals (Net).....	1,421,553	0	336	875,688	0	545,361	168
<b>CLAIM RESERVE</b>							
9. Present value of amounts not yet due on claims.....	0						
10. Additional actuarial reserves-Asset/Liability analysis.....	0						
11. Reserve for future contingent benefits.....	0						
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0						
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	1,421,553	0	336	875,688	0	545,361	168
17. TABULAR FUND INTEREST.....	59,504		14	36,655		22,828	7

**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.....	24,197		5,902		18,295	
2. Deposits received during the year.....	16,162		16,162			
3. Investment earnings credited to the account.....	858		559		299	
4. Other net change in reserves.....	(3,641)				(3,641)	
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	2,560		2,560			
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).....	35,016	0	20,063	0	14,953	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).....	35,016	0	20,063	0	14,953	0

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

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	4,118,135		118,141								3,999,994
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	3,763,905		112,234								3,651,671
2.24 Net.....	354,230	0	(b).....5,907	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....348,323
3. Incurred but unreported:											
3.1 Direct.....	10,994,873		149,258								10,845,615
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	9,559,638		132,220								9,427,418
3.4 Net.....	1,435,235	0	(b).....17,038	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....1,418,197
4. Totals:											
4.1 Direct.....	15,113,008	0	267,399	0	0	0	0	0	0	0	14,845,609
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	13,323,543	0	244,454	0	0	0	0	0	0	0	13,079,089
4.4 Net.....	1,789,465	(a).....0	(a).....22,945	0	0	0	(a).....0	0	0	0	1,766,520

15

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

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

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

### PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary		6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities		5 Supplementary Contracts	7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)
1. Settlements during the year:										
1.1 Direct.....	72,702,044		2,362,678	625,132						69,714,234
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	64,969,570		2,068,442	356,047						62,545,081
1.4 Net.....	(d) 7,732,474	0	294,236	269,085	0	0	0	0	0	7,169,153
2. Liability December 31, current year from Part 1:										
2.1 Direct.....	15,113,008		267,399							14,845,609
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	13,323,543		244,454							13,079,089
2.4 Net.....	1,789,465	0	22,945	0	0	0	0	0	0	1,766,520
3. Amounts recoverable from reinsurers December 31, current year.....	412,981		412,981							
4. Liability December 31, prior year:										
4.1 Direct.....	18,119,740		390,248							17,729,492
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	16,045,539		349,526							15,696,013
4.4 Net.....	2,074,201	0	40,722	0	0	0	0	0	0	2,033,479
5. Amounts recoverable from reinsurers December 31, prior year.....	269,820		269,820							
6. Incurred benefits:										
6.1 Direct.....	69,695,312	0	2,239,829	625,132	0	0	0	0	0	66,830,351
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	62,390,735	0	2,106,531	356,047	0	0	0	0	0	59,928,157
6.4 Net.....	7,304,577	0	133,298	269,085	0	0	0	0	0	6,902,194

(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.....	943,028	865,136	(77,892)
21. Furniture and equipment, including health care delivery assets.....	94,827	183,542	88,715
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.....	809,990	593,718	(216,272)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	1,847,845	1,642,396	(205,449)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	1,847,845	1,642,396	(205,449)

## 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.....	289,530	327,476	37,946
2502. Commission Advances.....	388,873	131,511	(257,362)
2503. Supply Inventory.....	131,587	134,731	3,144
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).....	809,990	593,718	(216,272)

## 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 2012, (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 balance in the deferred income account at December 31, 2012 was \$ 474,815. \$59,352 was recognized in 2012.

## 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	(\$ 696)
2. 12 months or longer	\$ 0
  - b. The aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 months	\$228,323
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 \$2,000 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.

## 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 \$83,207.68 and \$82,631.93 for 2012 and 2011, respectively. The company did not make a voluntary pension contribution for 2012. At December 31, 2012, the fair value of plan assets was \$3,192,752. The company paid RRSP contributions of \$4,540.79 during 2012.

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.

A reinsurer has asserted that UCT owes them for portions of policy fees collected. UCT strongly disagrees with the reinsurer's position, asserts that nothing is owed, and will vigorously oppose any action by the reinsurer to pursue such a claim. The range of potential loss is zero to \$205,000.00.

### 15. LEASES

The company leases equipment under various non-cancelable operating lease agreements that expire through December 2016. Rental expense for 2012, and 2011 was approximately \$92,137 and \$111,611, respectively.

The company leases real estate under non-cancelable operating lease agreements that expire through December 2016. Rental expense for 2012 and 2011 was approximately \$473,048 and \$478,972, respectively.

At January 1, 2013, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
2013	\$ 634,636
2014	\$ 245,718
2015	\$ 142,190
2016	\$ 131,107
Thereafter	\$ 58,577

### 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 PORTION OF PARTIALLY INSURED PLANS.

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

## NOTES TO FINANCIAL STATEMENTS

### 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.

### 20. FAIR VALUE MEASUREMENTS

The company holds bonds at amortized cost.

### 21. OTHER ITEMS

In 2012, the company received \$1,710,000.00 as a bequest restricted for secondary education scholarships. At December 31, 2012, these funds are held as "Trust Fund Payable" in Miscellaneous Liabilities pending their ultimate disposition to an appropriate scholarship fund.

### 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**

##### 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? **NO**

##### 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**

**NOTES TO FINANCIAL STATEMENTS**

**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, 2012, the company had liabilities of \$5,106 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 \$ 1,092,150 of insurance in force for which the gross premiums are less than the net premiums with a deficiency reserve of \$ 5,106.
- 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).

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)	\$ 3,456,403	100%
B. Not subject to discretionary withdrawal	0	
C. Total (gross)	\$ 3,456,403	100%
D. Reinsurance ceded	\$ 2,354,125	
E. Total (net)* (C)-(D)	\$ 1,102,278	

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

**NOTES TO FINANCIAL STATEMENTS**

Life & Accident & Health Annual Statement	(1)
	<u>Amount</u>
1. Exhibit 5 Annuities Section, Total net	\$1, 130,687
2. Exhibit 5, Supplementary Contracts with Life Contingencies Section, Total net	-0-
3. Exhibit 7, Deposit-Type Contracts	\$35,015
Subtotal	\$1,165,702
Separate Accounts	-0-
Total	\$1,165,702

**33. PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED**

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2012, were as follows:

<u>Type</u>	(1)	(2)	
		<u>Gross</u>	<u>Net of Loading</u>
(1) Industrial		\$	\$
(2) Ordinary new business		13,924	3,537
(3) Ordinary renewal		85,734	106,163
(4) Credit Life		0	0
(5) Group Life		0	0
(6) Group Annuity		0	0
(7) Totals		\$ 99,658	\$ 109,730

**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, 2012 and December 31, 2011 was \$ 26,476 and \$ 29,771, respectively.

**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? Yes [ ] No [ ] N/A [ X ]
- 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: 07/02/2012
- 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. 12/31/2010
- 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). 03/27/2012
- 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 Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 9. 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

## GENERAL INTERROGATORIES

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.

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 where the issuing or confirming bank is not on the SVO Bank List? 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 \$.....11,909

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

24.01 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 24.03)? Yes [ ] No [X]

24.02 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

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.03 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).

24.04 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 ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. ....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. ....

24.07 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 [ X ]

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

24.09 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 [ X ]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

24.103 Total payable for securities lending reported on the liability page. ....

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 24.03) Yes [ ] No [ X ]

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

25.21 Subject to repurchase agreements .....

25.22 Subject to reverse repurchase agreements .....

25.23 Subject to dollar repurchase agreements .....

25.24 Subject to reverse dollar repurchase agreements .....

25.25 Pledged as collateral .....

25.26 Placed under option agreements .....

25.27 Letter stock or securities restricted as to sale .....

25.28 On deposit with state or other regulatory body .....

25.29 Other .....

25.3 For category (25.27) provide the following:

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

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

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

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

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

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ ] No [ X ]

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

1 Name of Custodian(s)	2 Custodian's Address
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 Name(s)	2 Location(s)	3 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 [ X ]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
107680	Jason Gingerich; Prime Advisors	22635 NE Marketplace Drive Suite 160; Redmon
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 [ X ]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	15,742,442	16,970,577	1,228,135
30.2 Preferred stocks.....			0
30.3 Totals.....	15,742,442	16,970,577	1,228,135

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

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.  
 The 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 [X] 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? \$.....14,450
- 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
A M Best	13,200

- 34.1 Amount of payments for legal expenses, if any? \$.....72,608
- 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
Ice Miller LLP	70,976

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

## GENERAL INTERROGATORIES

## PART 2 - FRATERNAL INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes  No
- 1.2 If yes, indicate premium earned on U.S. business only \$.....91,574,309
- 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. \$.....65,693,648
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$.....4,069,790
- 1.62 Total incurred claims \$.....3,243,022
- 1.63 Number of covered lives .....1,927
- All years prior to most current three years:
- 1.64 Total premium earned \$.....87,504,519
- 1.65 Total incurred claims \$.....62,450,626
- 1.66 Number of covered lives .....31,816
- 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
- 2.2 If yes, has a Separate Accounts statement been filed with this Department? Yes  No  N/A
- 2.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? .....
- 2.4 State the authority under which Separate Accounts are maintained:
- 
- 2.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes  No
- 2.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes  No
- 2.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" .....
3. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes  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? June 30-July 3, 2012,
- 7.3 When and where will the next regular or special meeting of the governing body be held?  
July 14-17, 2013, Schaumburg, IL
- 
- 7.4 How many members of the governing body attended the last regular meeting? .....326
- 7.5 How many of the same were delegates of the subordinate branches? .....137
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  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
- 15.1 Are notices of the payments required sent to the members? Yes  No  N/A
- 15.2 If yes, do the notices state the purpose for which the money is to be used? Yes  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? Yes [ ] No [X]  
 17.2 If so, what amount and for what purpose? .....

18.1 Does the reporting entity pay an old age disability benefit? Yes [ ] No [X]  
 18.2 If yes, at what age does the benefit commence? .....  
 19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [X] No [ ]  
 19.2 If yes, when?  
 7/2/2012

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and of all the laws, rules and regulations in force at the present time? If not, please do so. Yes [X] No [ ]  
 21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [ ] No [X]  
 21.2 If so, was an additional reserve included in Exhibit 5? Yes [ ] No [ ] N/A [X]  
 21.3 If yes, explain

22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [ ] No [X]  
 22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, or on account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [ ] No [ ] N/A [X]  
 23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [ ] No [X]  
 24.1 Does the company have variable annuities with guaranteed benefits? Yes [ ] No [X]  
 24.2 If 24.1 is yes, complete the following table for each type of guaranteed benefit.

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

25. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:  
 25.1 Amount of loss reserves established by these annuities during the current year? \$.....0  
 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? Yes [ ] No [X]  
 26.2 If yes, please provide the amount of custodial funds held as of the reporting date. ....  
 26.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]  
 26.4 If yes, please provide the balance of the funds administered as of the reporting date. ....  
 27.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [ ] No [X]  
 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 2012	2 2011	3 2010	4 2009	5 2008
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Total (Line 21, Column 2).....	65,350	69,830	71,478	76,183	81,218
<b>New Business Issued (Exhibit of Life Insurance)</b>					
2. Total (Line 2, Column 2).....	2,189	3,843	1,250	1,240	604
<b>Premium Income (Exhibit 1, Part 1)</b>					
3. Life insurance - first year (Line 9.4, Column 2).....	26,960	32,912	12,997	12,814	23,978
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	271,049	264,528	259,220	332,033	250,184
5. Annuity (Line 20.4, Column 3).....	33,379	49,685	32,036	38,643	166,016
6. Accident and health (Line 20.4, Column 4).....	11,031,872	11,348,355	13,547,315	13,624,619	10,078,924
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	11,363,260	11,695,480	13,851,568	14,008,109	10,519,102
<b>Balance Sheet Items (Pages 2 and 3)</b>					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	22,915,216	21,468,563	23,014,973	22,563,531	20,818,222
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	12,175,279	10,496,960	11,038,584	11,919,372	13,159,007
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	3,930,893	4,112,252	4,321,963	3,843,721	3,585,117
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	1,421,551	1,378,658	1,484,313	1,698,428	1,475,594
13. Deposit-type contract funds (Page 3, Line 3).....	35,015	24,197	26,883	12,138	3,870
14. Asset valuation reserve (Page 3, Line 21.1).....	56,539	47,928	59,130	35,274	31,878
15. Surplus (Page 3, Line 30).....	10,739,937	10,971,603	11,976,389	10,644,159	7,659,215
<b>Cash Flow (Page 5)</b>					
16. Net cash from operations (Line 11).....	(154,180)	1,593,452	(1,273,258)	1,165,198	(675,615)
<b>Risk-Based Capital Analysis</b>					
17. Total Adjusted Capital.....	10,796,476	11,019,531	12,035,519	10,679,433	7,691,093
18. 50% of the Calculated RBC Amount.....	722,178	828,912	957,836	997,570	764,217
<b>Percentage Distribution of Cash, Cash Equivalent and Invested Assets</b> (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	69.8	73.1	71.8	68.0	64.8
20. Stocks (Lines 2.1 and 2.2).....			2.4	1.5	
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	10.1	11.4	12.5	11.9	12.5
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....	16.0	11.0	9.3	14.7	18.9
24. Contract loans (Line 6).....	4.2	4.5	4.1	3.9	3.8
25. Derivatives (Line 7).....				XXX	XXX
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....				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
<b>Investments in Subsidiaries and Affiliates</b>					
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
38. Total investment in parent included in Lines 31 to 36 above.....					
<b>Total Nonadmitted Assets and Admitted Assets</b>					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	1,847,845	1,642,396	961,163	1,063,711	1,300,368
40. Total admitted assets (Page 2, Line 28, Col. 3).....	22,915,216	21,468,563	23,014,973	22,563,531	20,818,222
<b>Investment Data</b>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	640,552	706,564	764,582	789,005	566,408
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....		34,757			
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	3,890				
44. Total of above Lines 41, 42 and 43.....	644,442	741,321	764,582	789,005	566,408

# The Order Of United Commercial Travelers Of America

## FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>Benefits and Reserve Increases (Page 6)</b>					
45. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	532,367	677,525	363,943	338,202	994,846
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	6,906,854	8,382,574	10,784,107	10,779,738	8,026,363
47. Increase in Life Reserves (Line 17, Column 2).....	39,488	(2,256)	123,399	281,836	(190,086)
48. Increase in Accident and Health Reserves (Line 17, Column 5).....	38,226	(105,655)	(228,647)	222,834	79,776
49. Refunds to Members (Line 28, Column 1).....					
<b>Operating Percentages</b>					
50. 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.....	45.5	36.9	22.6	12.7	22.0
51. 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.....	6.8	5.4	6.9	7.0	8.0
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	61.8	73.3	78.4	80.5	80.1
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....	38.2	32.5	19.5	9.5	18.4
<b>Accident and Health Reserve Adequacy</b>					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....	1,621,735	1,686,572	1,903,631	1,504,634	1,065,409
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....	2,038,145	2,308,888	2,680,384	2,172,594	1,134,096
<b>Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)</b>					
57. Life Insurance (Column 2).....	(82,867)	224,996	176,391	103,696	125,186
58. Annuity (Column 3).....	28,814	(35,164)	(1,863)	160,095	(117,184)
59. Supplementary Contracts (Column 4).....					
60. Accident and Health (Column 5).....	300,196	(197,536)	703,348	1,596,664	1,027,469
61. Aggregate of All Other Lines of Business (Column 6).....			7	7	8
62. Fraternal (Column 8).....	(391,644)	(312,436)	145,808	256,003	410,049
63. Expense (Column 9).....					
64. Total (Column 1).....	(145,501)	(320,140)	1,023,684	2,116,458	1,445,520

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:

**EXHIBIT OF LIFE INSURANCE**

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	5,786	69,830
2. Issued during year.....	68	2,189
3. Reinsurance assumed.....		
4. Revived during year.....	38	1,493
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	106	3,682
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).....	5,892	73,512
Deductions During Year:		
10. Death.....	217	2,008
11. Maturity.....	2	2
12. Disability.....		
13. Expiry.....	5	13
14. Surrender.....	106	980
15. Lapse.....	91	3,622
16. Conversion.....	5	207
17. Decreased (net).....	14	1,330
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	440	8,162
21. In force end of year (b) (Line 9 minus 20).....	5,452	65,350
22. Reinsurance ceded end of year.....	XXX	55,692
23. Line 21 minus Line 22.....	XXX	9,658

**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.....		1	200	74,019
2. Issued during year.....				5,866
3. Reinsurance assumed.....				
4. Increased during year (net).....		1		
5. TOTALS (Lines 1 to 4).....	0	2	200	79,885
Deduction during year:				
6. Decreased during year (net).....			20	13,689
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	0	20	13,689
9. In force end of year (Line 5 minus Line 8).....	0	2	180	66,196
10. Amount on deposit.....				XXX
<b>Income now payable:</b>				
11. Amount of income payable.....		20,063	28,409	XXX
<b>Deferred: fully paid:</b>				
12. Deferred: fully paid - account balance.....	XXX	XXX	3,479,082	XXX
<b>Deferred: not fully paid:</b>				
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 Accident and Health Insurance Premiums, Including Policy, Mem- bership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts	
		2 Life Insurance Premiums	3 Annuity Considerations					
1. Alabama	AL	L	11,680		1,082,827		1,094,507	
2. Alaska	AK	N	248		9,580		9,828	
3. Arizona	AZ	L	4,480	1,000	2,663,654		2,669,134	
4. Arkansas	AR	L	7,791		2,288,826		2,296,618	
5. California	CA	L	86,239		342,763		429,002	
6. Colorado	CO	L	6,181	2,400	1,967,714		1,976,295	
7. Connecticut	CT	L	2,967		37,865		40,832	
8. Delaware	DE	L	452		12,805		13,257	
9. District of Columbia	DC	L			25		25	
10. Florida	FL	L	103,138	10,000	4,888,061		5,001,199	
11. Georgia	GA	L	47,642		470,959		518,602	
12. Hawaii	HI	N	1,035		4,793		5,828	
13. Idaho	ID	L			4,968,849		4,968,849	
14. Illinois	IL	L	72,103	650	4,522,617		4,595,370	
15. Indiana	IN	L	207,327	319	4,558,403		4,766,048	
16. Iowa	IA	L	40,020		1,479,315		1,519,335	
17. Kansas	KS	L	51,638	11,560	587,455		650,652	
18. Kentucky	KY	L	41,516		333,268		374,785	
19. Louisiana	LA	L	31,827		4,694,452		4,726,278	
20. Maine	ME	N	914	10,000	12,087		23,001	
21. Maryland	MD	L	2,675		62,939		65,614	
22. Massachusetts	MA	L	7,911		69,411		77,322	
23. Michigan	MI	L	139,632		2,338,739		2,478,371	
24. Minnesota	MN	L	9,793		149,970		159,763	
25. Mississippi	MS	L	29,837	16,272	8,791,189		8,837,298	
26. Missouri	MO	L	33,114		803,477		836,592	
27. Montana	MT	L	580		1,935,991		1,936,571	
28. Nebraska	NE	L	34,193	10,000	8,769,937		8,814,129	
29. Nevada	NV	L	5,518		898,777		904,295	
30. New Hampshire	NH	L	1,750		16,128		17,878	
31. New Jersey	NJ	L	27,098		38,474		65,572	
32. New Mexico	NM	N	383		17,756		18,139	
33. New York	NY	L	3,653		137,649		141,302	
34. North Carolina	NC	L	36,943		3,508,891		3,545,835	
35. North Dakota	ND	L	6,675	4,000	4,029,823		4,040,498	
36. Ohio	OH	L	112,542	1,200	830,289		944,031	
37. Oklahoma	OK	L	18,680		834,555		853,235	
38. Oregon	OR	L	20,234		5,776,360		5,796,594	
39. Pennsylvania	PA	L	65,735		885,490		951,225	
40. Rhode Island	RI	L	3,576		16,128		19,704	
41. South Carolina	SC	L	13,611		424,458		438,070	
42. South Dakota	SD	L	12,539	649	1,612,966		1,626,154	
43. Tennessee	TN	L	50,355	400	435,948		486,703	
44. Texas	TX	L	85,932	840	1,576,192		1,662,964	
45. Utah	UT	L	1,244		597,642		598,886	
46. Vermont	VT	L	704		9,148		9,852	
47. Virginia	VA	L	31,179		4,561,859		4,593,038	
48. Washington	WA	N	657		157,979		158,636	
49. West Virginia	WV	L	18,671		2,198,402		2,217,073	
50. Wisconsin	WI	L	22,461		5,845,272		5,867,732	
51. Wyoming	WY	L	1,334		1,373,421		1,374,755	
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	CAN	L	38,564		239,060		277,624	
58. Aggregate Other Alien	OT	XXX	205	0	0	0	205	0
59. Subtotal	(a)	46	1,555,174	69,289	93,870,640	0	95,495,104	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		1,555,174	69,289	93,870,640	0	95,495,104	0
96. Plus Reinsurance Assumed	XXX						0	
97. Totals (All Business)	XXX		1,555,174	69,289	93,870,640	0	95,495,104	0
98. Less Reinsurance Ceded	XXX		1,261,988	35,910	82,905,109		84,203,007	
99. Totals (All Business) less reinsurance ceded	XXX		293,186	33,379	(b) 10,965,531	0	11,292,097	0

### DETAILS OF WRITE-INS

58001. Mexico	XXX		205				205	
58002.	XXX						0	
58003.	XXX						0	
58998. Summ. of remaining write-ins for line 58 from overflow	XXX		0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58)	XXX		205	0	0	0	205	0
9401.	XXX						0	
9402.	XXX						0	
9403.	XXX						0	
9498. Summ. of remaining write-ins for line 94 from overflow	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

---

**2012 ALPHABETICAL INDEX  
FRATERNAL ANNUAL STATEMENT BLANK**

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve (Replications (Synthetic) Assets)	32	Schedule D – Part 3	E13
Asset Valuation Reserve Default Component	27	Schedule D – Part 4	E14
Asset Valuation Reserve Equity Component	29	Schedule D – Part 5	E15
Asset Valuation Reserve	26	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Part 2 – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	14	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 1	15	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2	16	Schedule DB – Part D	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Verification	SI14
Exhibit of Life Insurance	24	Schedule DL – Part 1	E23
Exhibit of Net Investment Income	8	Schedule DL – Part 2	E24
Exhibit of Nonadmitted Assets	17	Schedule E – Part 1 – Cash	E25
Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance	24	Schedule E – Part 2 – Cash Equivalents	E26
Five-Year Historical Data	21	Schedule E – Part 3 – Special Deposits	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	25	Schedule E – Verification Between Years	SI15
General Interrogatories	19	Schedule F	33
Jurat Page	1	Schedule H – Accident and Health Exhibit – Part 1	34
Liabilities, Surplus and Other Funds	3	Schedule H – Part 5 – Health Claims	36
Life Insurance (State Page)	23	Schedule H – Parts – 2, 3, and 4	35
Notes To Financial Statements	18	Schedule S – Part 1 – Section 1	37
Overflow Page For Write-Ins	53	Schedule S – Part 1 – Section 2	38
Schedule A – Part 1	E01	Schedule S – Part 2	39
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 1	40
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 2	41
Schedule A – Verification Between Years	SI02	Schedule S – Part 4	42
Schedule B – Part 1	E04	Schedule S – Part 5	43
Schedule B – Part 2	E05	Schedule S – Part 6	45
Schedule B – Part 3	E06	Schedule S – Part 7	46
Schedule B – Verification Between Years	SI02	Schedule T – Part 2 – Interstate Compact	47
Schedule BA – Part 1	E07	Schedule T – Premiums and Annuity Considerations	48
Schedule BA – Part 2	E08	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	49
Schedule BA – Part 3	E09	Schedule Y – Part 1A – Detail of Insurance Holding Company System	50
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	51
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Summary of Operations	4
Schedule D – Part 1A – Section 2	SI08	Supplemental Exhibits and Schedules Interrogatories	52