# AMENDED FILING EXPLANATION

This filing has been amended to reflect an accurate Exhibit of Life Insurance Part 2. The NAIC requested the following information for filing:

## *MISSING ROWS OR TABLES*

The information listed in this category is missing from the submitted electronic filing.

1. Missing required table
   Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
   State: Indiana
2. Missing required table
   Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
   State: Kentucky
3. Missing required table
   Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
   State: Michigan
4. Missing required table
   Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
   State: Ohio
5. Missing required table
   Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
   State: Indiana
6. Missing required table
   Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
   State: Kentucky
7. Missing required table
   Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
   State: Michigan
8. Missing required table
   Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
   State: Ohio

**FRATERNAL ORDERS - ASSOCIATION EDITION**

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# ANNUAL STATEMENT

**For the Year Ended December 31, 2013**

of the Condition and Affairs of the

# Catholic Ladies of Columbia

NAIC Group Code..... , NAIC Company Code..... 56316 Employer's ID Number..... 31-4144574
(Current Period) (Prior Period)

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Incorporated/Organized..... March 12, 1897 Commenced Business..... March 12, 1897

Statutory Home Office 700 Taylor Road, Suite 280….. Gahanna ..... OH ..... US ..... 43230
*(Street and Number) (City or Town, State, Country and Zip Code)*

Main Administrative Office 700 Taylor Road, Suite 280….. Gahanna ..... OH ..... US..... 43230 800-845-0494
*(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)*

Mail Address 700 Taylor Road, Suite 280….. Gahanna ..... OH ..... US ..... 43230
*(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*

Primary Location of Books and Records 700 Taylor Road, Suite 280….. Gahanna ..... OH ..... US ..... 43230 800-845-0494
*(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)*

Internet Web Site Address www.TheCLC.org

Statutory Statement Contact Sharon Calvelage 800-845-0494
*(Name) (Area Code) (Telephone Number) (Extension)*
sharoncalvelage@yahoo.com 614-944-4748
*(E-Mail Address) (Fax Number)*

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. SHARON CALVELAGE | PRESIDENT | 2. LONI A. PERKINS | VICE PRESIDENT OF OPERATIONS |
| 3. FAIRY WAGNER | SECRETARY | 4. DEBORAH EVERS | VICE PRESIDENT |

## OTHER

## DIRECTORS OR TRUSTEES

ALICE TEYNOR HELEN RALL IRENE BORROR HARRIET AMENDOLA

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

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

| (Signature) | (Signature) | (Signature) |
|---|---|---|
| SHARON CALVELAGE | LONI A. PERKINS | FAIRY WAGNER |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| PRESIDENT | VICE PRESIDENT OF OPERATIONS | SECRETARY |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This _____ day of _____ 2014

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 _____