



# ANNUAL STATEMENT

For the Year Ended December 31, 2013

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  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

1801 Watermark Drive Suite 100..... Columbus ..... OH ..... 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

800-848-0123

(Area Code) (Telephone Number)

Mail Address

1801 Watermark Drive Suite 100..... Columbus ..... OH ..... 43215  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1801 Watermark Drive Suite 100..... Columbus ..... OH ..... 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

800-848-0123

(Area Code) (Telephone Number)

Internet Web Site Address

www.uct.org

800-848-0123-0142

Statutory Statement Contact

Kevin C Hecker  
(Name)  
khecker@uct.org  
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(Area Code) (Telephone Number) (Extension)  
614-487-9675  
(Fax Number)

### OFFICERS

Name  
1. Robert James Kellogg #  
3. Joseph Henry Hoffman

Title  
President  
Chief Executive Officer

Name  
2. Gerald Edwin Thomas  
4.

Title  
Secretary/Treasurer

Ronald Allen Ives  
John Michael Marshall

Vice-President  
Vice-President

Kevin Clare Hecker  
Benjamin Michael Cohen FSA, MAAA

Senior Vice-President & CFO  
Consulting Actuary

### OTHER

David Leonard Burt  
George Ira Bohn  
Kevin Harold Stinson #

Thomas David Hoffman  
Gerald Edwin Thomas

Jerry George Giff  
Robert James Kellogg

Gordon Paul Woodworth  
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)  
Robert James Kellogg  
1. (Printed Name)  
President  
(Title)

(Signature)  
Gerald Edwin Thomas  
2. (Printed Name)  
Secretary/Treasurer  
(Title)

(Signature)  
Joseph Henry Hoffman  
3. (Printed Name)  
Chief Executive Officer  
(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

\_\_\_\_\_

**The Order Of United Commercial Travelers Of America**  
**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).....	16,570,871		16,570,871	15,384,368
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	2,224,000
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 (\$.....1,946,918, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....244,515, Schedule DA).....	2,191,433		2,191,433	3,523,759
6. Contract loans (including \$.....0 premium notes).....	936,503		936,503	915,541
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).....	19,698,807	0	19,698,807	22,047,668
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	129,512		129,512	127,655
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	36,892		36,892	89,764
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	100,319		100,319	109,728
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,121,640		1,121,640	412,981
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.....	169,290	157,733	11,557	64,016
21. Furniture and equipment, including health care delivery assets (\$.....0).....	29,721	29,721	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.....	742,042	742,042	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	22,091,627	929,496	21,162,131	22,915,216
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	22,091,627	929,496	21,162,131	22,915,216

**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 Nonadmitted.....	742,042	742,042	0	
2502. ....			0	
2503. ....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	742,042	742,042	0	0

**The Order Of United Commercial Travelers Of America**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	3,806,006	3,930,893
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	1,460,217	1,421,551
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	72,630	35,015
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	29,281	22,943
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	1,613,339	1,766,522
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 \$....275,401 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	279,570	268,258
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).....	312,692	322,437
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$....201 ; accident and health \$....14,904 and deposit-type contract funds \$.....0.....	15,105	47,121
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	613,311	565,741
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).....	67,348	63,849
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	200,659	390,361
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....	34,868	62,555
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).....	58,193	56,539
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.....	3,095,262	3,221,494
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	11,658,481	12,175,279
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	11,658,481	12,175,279
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.....	9,478,650	10,714,937
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	9,503,650	10,739,937
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	21,162,131	22,915,216

**DETAILS OF WRITE-INS**

2201. Amounts Payable to Reinsurer.....	2,134,018	1,096,031
2202. Deferred Income - Reinsurance Assumed.....	356,111	415,463
2203. Trust Fund Payable.....		1,710,000
2298. Summary of remaining write-ins for Line 22 from overflow page.....	605,133	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	3,095,262	3,221,494
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

**The Order Of United Commercial Travelers Of America**  
**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).....	12,103,684	11,363,260
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	558,845	640,552
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	81,764	99,777
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).....	12,924,157	17,052,036
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.....	952,893	677,282
9. Totals (Lines 1 to 8.3).....	26,621,343	29,832,907
10. Death benefits.....	15,446	191,089
11. Matured endowments (excluding guaranteed annual pure endowments).....	34	107
12. Annuity benefits.....	163,449	258,921
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	8,097,566	6,906,854
14. Surrender benefits and withdrawals for life contracts.....	89,941	82,250
15. Interest and adjustments on contract or deposit-type contracts funds.....	146	580
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	(135,655)	(128,656)
18. Totals (Lines 10 to 17).....	8,230,927	7,311,145
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).....	9,836,771	12,512,332
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).....	9,979,915	9,704,797
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	442,650	448,642
23. Increase in loading on deferred and uncollected premiums.....	824	1,492
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).....	28,491,087	29,978,408
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(1,869,744)	(145,501)
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).....	(1,869,744)	(145,501)
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....72,019 transferred to the IMR).....		
31. Net income (Lines 29 + 30).....	(1,869,744)	(145,501)
<b>SURPLUS ACCOUNT</b>		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	10,739,937	10,971,603
33. Net income from operations (Line 31).....	(1,869,744)	(145,501)
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	1,824	3,890
35. Change in net unrealized foreign exchange capital gain (loss).....	(285,059)	124,005
36. Change in nonadmitted assets.....	918,350	(205,449)
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.....		
39. Change in asset valuation reserve.....	(1,654)	(8,611)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statement.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Change in surplus as a result of reinsurance.....		
45. Aggregate write-ins for gains and losses in surplus.....	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	(1,236,283)	(231,666)
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	9,503,654	10,739,937

**DETAILS OF WRITE-INS**

08.301. Donations.....	7,402	8,144
08.302. Sprreme Dues.....	584,629	421,965
08.303. Other Income.....	360,862	247,173
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).....	952,893	677,282
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
4501. ....		
4502. ....		
4503. ....		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0

# The Order Of United Commercial Travelers Of America

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	12,176,451	11,292,097
2. Net investment income.....	645,765	644,734
3. Miscellaneous income.....	14,204,524	17,958,630
4. Total (Lines 1 through 3).....	27,026,740	29,895,461
5. Benefit and loss related payments.....	8,426,641	7,738,182
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	19,204,102	22,311,459
7. Commissions, expenses paid and aggregate write-ins for deductions.....	.....	.....
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).....	27,630,743	30,049,641
11. Net cash from operations (Line 4 minus Line 10).....	(604,003)	(154,180)
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:	.....	.....
12.1 Bonds.....	3,800,376	4,917,202
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	2,224,000	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.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,024,376	5,055,202
13. Cost of investments acquired (long-term only):	.....	.....
13.1 Bonds.....	5,278,159	4,955,102
13.2 Stocks.....	.....	.....
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).....	5,278,159	4,955,102
14. Net increase (decrease) in contract loans and premium notes.....	20,962	(25,947)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	725,255	126,047
<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).....	(1,453,576)	1,281,034
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(1,453,576)	1,281,034
<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).....	(1,332,324)	1,252,901
19. Cash, cash equivalents and short-term investments:	.....	.....
19.1 Beginning of year.....	3,523,757	2,270,856
19.2 End of year (Line 18 plus Line 19.1).....	2,191,433	3,523,757

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

20.0001 .....	.....	.....
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts.....	12,103,684	213,028	53,800		11,836,856		12,103,684		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	558,845	235,832	51,973		271,040		558,845		
4. Amortization of interest maintenance reserve (IMR).....	81,764	34,504	7,604		39,656		81,764		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	12,924,157	194,904	3,717		12,725,536		12,924,157		
7. Reserve adjustments on reinsurance ceded.....	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0						0		
8.2 Charges and fees for deposit-type contracts.....	0						0		
8.3 Aggregate write-ins for miscellaneous income.....	952,893	0	0	0	193,024	0	193,024	759,869	0
9. Totals (Lines 1 to 8.3).....	26,621,343	678,268	117,094	0	25,066,112	0	25,861,474	759,869	0
10. Death benefits.....	15,446	15,446					15,446		
11. Matured endowments (excluding guaranteed annual pure endowments).....	34	34					34		
12. Annuity benefits.....	163,449		163,449				163,449		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....	8,097,566				8,097,566		8,097,566		
14. Surrender benefits and withdrawals for life contracts.....	89,941	89,941					89,941		
15. Interest and adjustments on contract or deposit-type contract funds.....	146	146					146		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	(135,655)	(103,363)	(41,866)		9,574		(135,655)		
18. Totals (Lines 10 to 17).....	8,230,927	2,204	121,583	0	8,107,140	0	8,230,927	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	9,836,771	128,271	30		9,708,470		9,836,771		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	9,979,915	627,801	16,834		8,307,451		8,952,086	1,027,829	
22. Insurance taxes, licenses and fees.....	442,650	27,523	737		364,212		392,472	50,178	
23. Increase in loading on deferred and uncollected premiums.....	824	824					824		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0						0		
25. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0
26. Totals (Lines 18 to 25).....	28,491,087	786,623	139,184	0	26,487,273	0	27,413,080	1,078,007	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(1,869,744)	(108,355)	(22,090)	0	(1,421,161)	0	(1,551,606)	(318,138)	0
28. Refunds to members.....	0						0		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	(1,869,744)	(108,355)	(22,090)	0	(1,421,161)	0	(1,551,606)	(318,138)	0

## DETAILS OF WRITE-INS

DETAILS OF WRITE-INS										
08.301. Miscellaneous Income.....	.....	360,862	.....	.....	.....	.....	193,024	.....	193,024	.....
08.302. Donations.....	.....	7,402	.....	.....	.....	.....	.....	.....	0	.....
08.303. Membership Dues.....	.....	584,629	.....	.....	.....	.....	.....	.....	0	.....
08.398. Summary of remaining write-ins for Item 8.3 from overflow page.....	.....	0	.....	0	.....	0	.....	0	.....	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above).....	.....	952,893	.....	0	.....	0	193,024	.....	193,024	.....
2501. ....	.....	0	.....	.....	.....	.....	.....	.....	0	.....
2502. ....	.....	0	.....	.....	.....	.....	.....	.....	0	.....
2503. ....	.....	0	.....	.....	.....	.....	.....	.....	0	.....
2598. Summary of remaining write-ins for Item 25 from overflow page.....	.....	0	.....	0	.....	0	.....	0	.....	0
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above).....	.....	0	.....	0	.....	0	.....	0	.....	0

**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.....	3,930,894	2,800,206	1,102,279	28,409
2. Tabular net premiums or considerations.....	494,724	443,614	51,110	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	196,549	127,909	66,956	1,684
5. Tabular less actual reserve released.....	1,268			1,268
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	4,623,435	3,371,729	1,220,345	31,361
9. Tabular cost.....	569,577	569,577		XXX
10. Reserves released by death.....	69,194	69,194	XXX	XXX
11. Reserves released by other terminations (net).....	173,835	36,116	137,719	
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).....	817,430	674,887	137,719	4,824
15. Reserve December 31, current year.....	3,806,005	2,696,842	1,082,626	26,537

**The Order Of United Commercial Travelers Of America**  
**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	19,566	19,494
1.1 Bonds exempt from U.S. tax.....	(a).....	0	0
1.2 Other bonds (unaffiliated).....	(a).....	463,330	465,285
1.3 Bonds of affiliates.....	(a).....	0	0
2.1 Preferred stocks (unaffiliated).....	(b).....	0	0
2.11 Preferred stocks of affiliates.....	(b).....	0	0
2.2 Common stocks (unaffiliated).....	(c).....	0	0
2.21 Common stocks of affiliates.....	(c).....	0	0
3. Mortgage loans.....	(c).....	73,241	73,241
4. Real estate.....	(d).....	0	0
5. Contract loans.....		65,262	65,262
6. Cash, cash equivalents and short-term investments.....	(e).....	6,698	6,698
7. Derivative instruments.....	(f).....	0	0
8. Other invested assets.....		0	0
9. Aggregate write-ins for investment income.....		0	0
10. Total gross investment income.....		628,097	629,980
11. Investment expenses.....			(g).....71,135
12. Investment taxes, licenses and fees, excluding federal income taxes.....			(g).....0
13. Interest expense.....			(h).....0
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).....			71,135
17. Net investment income (Line 10 minus Line 16).....			558,845

**DETAILS OF WRITE-INS**

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

(a) Includes \$....4,040 accrual of discount less \$....90,941 amortization of premium and less \$....22,462 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 \$....869 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.....	10,934		10,934	1,824	
1.1 Bonds exempt from U.S. tax.....			0		
1.2 Other bonds (unaffiliated).....	63,348	(2,263)	61,085		(278,195)
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).....	74,282	(2,263)	72,019	1,824	(278,195)

**DETAILS OF WRITE-INS**

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

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

	1 Total	Insurance				7 Fraternal	8 Expense
		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.....	4,355	4,355				4,355	
3. Deferred, accrued & uncollected:							
3.1 Direct.....	4,811	4,811				4,811	
3.2 Reinsurance assumed.....	.0					.0	
3.3 Reinsurance ceded.....	.457	.457				.457	
3.4 Net (Line 1 + Line 2).....	4,355	4,355	.0	.0	.0	4,355	.0
4. Advance.....	.0					.0	
5. Line 3.4 - Line 4.....	4,355	4,355	.0	.0	.0	4,355	.0
6. Collected during year:							
6.1 Direct.....	.21,707	.21,707				.21,707	
6.2 Reinsurance assumed.....	.0					.0	
6.3 Reinsurance ceded.....	.2,434	.2,434				.2,434	
6.4 Net.....	19,273	19,273	.0	.0	.0	19,273	.0
7. Line 5 + Line 6.4.....	23,628	23,628	.0	.0	.0	23,628	.0
8. Prior year (uncollected + deferred and accrued - advance).....	13,899	13,899				13,899	
9. First year premiums and considerations:							
9.1 Direct.....	.11,075	.11,075				.11,075	
9.2 Reinsurance assumed.....	.0					.0	
9.3 Reinsurance ceded.....	.1,346	.1,346				.1,346	
9.4 Net (Line 7 - Line 8).....	9,729	9,729	.0	.0	.0	9,729	.0
<b>SINGLE</b>							
10. Single premiums and considerations:							
10.1 Direct.....	174,782	174,782				174,782	
10.2 Reinsurance assumed.....	.0					.0	
10.3 Reinsurance ceded.....	130,337	130,337				130,337	
10.4 Net.....	44,445	44,445	.0	.0	.0	44,445	.0
<b>RENEWAL</b>							
11. Uncollected.....	.36,895				.36,895	.36,895	
12. Deferred and accrued.....	.86,423	.86,423				.86,423	
13. Deferred, accrued & uncollected:							
13.1 Direct.....	.627,061	.430,538			.196,523	.627,061	
13.2 Reinsurance assumed.....	.0					.0	
13.3 Reinsurance ceded.....	.503,744	.344,115			.159,629	.503,744	
13.4 Net (Line 11 + Line 12).....	.123,318	.86,423	.0		.36,895	.123,318	.0
14. Advance.....	.279,569	.3,850			.275,719	.279,569	
15. Line 13.4 - Line 14.....	(156,251)	.82,573	.0		(238,824)	0	(156,251)
16. Collected during year:							
16.1 Direct.....	84,772,430	.1,155,151			.83,503,638	84,772,430	
16.2 Reinsurance assumed.....	.0					.0	
16.3 Reinsurance ceded.....	.72,659,697	.998,686			.71,601,170	.72,659,697	
16.4 Net.....	.12,112,733	.156,465			.11,902,468	.12,112,733	.0
17. Line 15 + Line 16.4.....	11,956,482	.239,038			.11,663,644	.11,956,482	.0
18. Prior year (uncollected + deferred and accrued - advance).....	(93,030)	.80,185			(173,215)	(93,030)	
19. Renewal premiums and considerations:							
19.1 Direct.....	84,192,793	.1,115,761			.82,963,391	84,192,793	
19.2 Reinsurance assumed.....	.0					.0	
19.3 Reinsurance ceded.....	.72,143,281	.956,908			.71,126,532	.72,143,281	
19.4 Net (Line 17 - Line 18).....	12,049,512	.158,853			.11,836,859	12,049,512	.0
<b>TOTAL</b>							
20. Total premiums and annuity considerations:							
20.1 Direct.....	84,378,650	.1,301,618			.82,963,391	84,378,650	.0
20.2 Reinsurance assumed.....	.0	.0			.0	.0	.0
20.3 Reinsurance ceded.....	.72,274,964	.1,088,591			.71,126,532	.72,274,964	.0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	12,103,686	.213,027			.11,836,859	12,103,686	.0

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

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<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.....	12,924,157	194,904	3,717	12,725,536		12,924,157		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	12,924,157	194,904	3,717	12,725,536	0	12,924,157	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	12,924,157	194,904	3,717	12,725,536	0	12,924,157	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	12,924,157	194,904	3,717	12,725,536	0	12,924,157	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>								
27. First year (other than single).....	2,019,974	20,672		1,999,302		2,019,974		
28. Single.....	31,038	31,038				31,038		
29. Renewal.....	7,785,758	76,560	.30	7,709,168		7,785,758		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	9,836,770	128,270	.30	9,708,470	0	9,836,770	0	0

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**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance			5	6	7	
	1 Life	Accident and Health			6	7	
		2 Cost Containment	3 All Other				
1. Rent.....	33,924		437,176			471,100	
2. Salaries and wages.....	247,579		3,190,560	8,000	444,337	3,890,476	
3.11 Insured benefit plans for employees.....	40,380		520,378		.71,126	631,885	
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.....	10,990		141,635			152,625	
3.32 Other fieldworker welfare.....						0	
4.1 Legal fees and expenses.....	3,706		47,756			51,462	
4.2 Medical examination fees.....	3,993		.51,455			55,448	
4.3 Inspection report fees.....	22,787		293,653			316,440	
4.4 Fees of public accountants and consulting actuaries.....	32,740		421,918			454,657	
4.5 Expense of investigation and settlement of certificate claims.....						0	
5.1 Traveling expenses.....	6,696		86,292		.92,644	185,632	
5.2 Advertising.....						0	
5.3 Postage, express, telegraph and telephone.....	37,112		478,262		2,523	517,897	
5.4 Printing and stationery.....	6,346		.81,778		.26,781	114,904	
5.5 Cost or depreciation of furniture and equipment.....	4,711		.60,706			65,417	
5.6 Rental of equipment.....	40,995		528,307			569,302	
5.7 Cost or depreciation of EDP equipment and software.....	63,579		819,341			882,920	
5.8 Lodge supplies less \$.0 from sales.....					.19,032	19,032	
6.1 Books and periodicals.....						0	
6.2 Bureau and association dues.....	3,143		40,506		1,530	45,179	
6.3 Insurance, except on real estate.....	6,323		.81,486			87,810	
6.4 Miscellaneous losses.....						0	
6.5 Collection and bank service charges.....	3,376		43,506			46,882	
6.6 Sundry general expenses.....	1,105		14,243			15,348	
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.....					.78,593	.78,593	
8.2 Expense of Supreme Lodge Meetings.....					.174,397	174,397	
9.1 Real estate expenses.....	1,098		.14,147			15,245	
9.2 Investment expenses not included elsewhere.....	360		4,638		.63,135	68,133	
9.3 Aggregate write-ins for expenses.....	73,695	0	949,707	0	.0	116,867	
10. General Expenses Incurred.....	644,635	0	8,307,451	0	.71,135	(a)...1,027,829	
11. General expenses unpaid December 31, prior year.....	25,273		477,322		.4,411	.58,736	
12. General expenses unpaid December 31, current year.....	39,335		506,917		.4,341	.62,718	
13. General expenses paid during year (Lines 10 + 11 - 12).....	630,572	0	8,277,855	0	.71,205	1,023,847	

## DETAILS OF WRITE-INS

09.301 BOARD EXPENSES.....	4,907		.63,237			.68,144
09.302 PROFESSIONAL FEES.....	7,986		102,916			110,902
09.303 MEMBERSHIP PROMOTION.....						.55,923
09.398 Summary of remaining write-ins for Line 9.3 from overflow page.....	60,802	0	783,554	0	.0	.60,944
09.399 Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	73,695	0	949,707	0	.0	1,140,268

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

1. Charitable \$.60,304; 2. Institutional \$.0; 3. Recreational and Health \$.0; 4. Educational \$.0  
 5. Religious \$.0; 6. Membership \$.134,516; 7. Other \$.833,010; 8. Total \$.1,027,829

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

## EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	6,750	.86,992				.93,743
3. Other state taxes, including \$.0 for employee benefits.....	2,330	.30,025				.32,355
4. U.S. Social Security taxes.....	19,180	247,194			.43,743	.310,117
5. All other taxes.....					.6,435	.6,435
6. Taxes, licenses and fees Incurred.....	.28,260	.364,212	0	.0	.50,178	.442,649
7. Taxes, licenses and fees unpaid December 31, prior year.....	5,140	.58,709				.63,849
8. Taxes, licenses and fees unpaid December 31, current year.....	4,300	.55,414			.7,634	.67,348
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	.29,100	.367,507	0	.0	.42,543	.439,150

## 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

## DETAILS OF WRITE-INS

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

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

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 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.....	40,560		40,560		
0100003. 41 CSO 2.5% NLP ANB CRF.....	65,710		65,710		
0100004. 58 CSO 2.5% NJ ALB CFT.....	115,383		115,383		
0100005. 58 CSO 2.5% NLP ALB CFT.....	46,384		46,384		
0100006. 58 CET 2.5% NJ ALB CFT.....	7,149		7,149		
0100007. 58 CSO ALB NL 4%.....	100,980		100,980		
0100008. 80 CSO ALB CRVM 5.0%.....	279,955		279,955		
0100009. 80 CSO ALB NL 5.0%.....	460,969		460,969		
0100010. 80 CSO ALB CRVM 4.5%.....	10,530,430		10,530,430		
0100011. 80 CSO ALB NL 4.5%.....	2,428,920		2,428,920		
0100012. 80 ALB CRVM 4.0%.....	247,862		247,862		
0100013. 80 CSO ALB NL 4.0%.....	114,105		114,105		
0100014. 01 CSO ALB CRVM 4.0%.....	57,204		57,204		
0100015. 01 CSO ALB NL 4.0%.....	843,972		843,972		
0100016. 01 CSO XXX 4.0%.....	31,866		31,866		
0100017. 01 CSO ALB CRVM 3.5%.....	1,839		1,839		
0100018. 01 CSO ALB NL 3.5%.....	143,684		143,684		
0100019. 01 CSO XXX 3.5%.....	579		579		
0199997. Totals (Gross).....	15,519,551	0	15,519,551	0	0
0199998. Reinsurance ceded.....	12,867,207		12,867,207		
0199999. Totals (Net).....	2,652,344	0	2,652,344	0	0
<b>Annuities (excluding supplementary contracts with life contingencies):</b>					
0200001. Deferred (Net Premium Accumulation).....	3,418,610	XXX	3,418,610	XXX	
0200002. Immediate (2000 Annuity 5.25%).....	26,537	XXX	26,537	XXX	
0299997. Totals (Gross).....	3,445,147	XXX	3,445,147	XXX	0
0299998. Reinsurance ceded.....	2,335,985	XXX	2,335,985	XXX	
0299999. Totals (Net).....	1,109,162	XXX	1,109,162	XXX	0
<b>Accidental Death Benefits:</b>					
0400001. ADB.....	.116		.116		
0499997. Totals (Gross).....	.116	0	.116	0	0
0499999. Totals (Net).....	.116	0	.116	0	0
<b>Disability - Active Lives:</b>					
0500001. WP-Active.....	.636		.636		
0599997. Totals (Gross).....	.636	0	.636	0	0
0599999. Totals (Net).....	.636	0	.636	0	0
<b>Miscellaneous Reserves:</b>					
0700001. Deficiency.....	10,693		10,693		
0700002. Non-Deduction.....	112,926		112,926		
0700003. CV Reserves.....	0				
0700004. Immediate Payment of Claims.....	26,741		26,741		
0700005. Substandard.....	.197		.197		
0700006. Waiver of Premium.....	0				
0700007. Additional Reserve.....	0				
0799997. Totals (Gross).....	150,557	0	150,557	0	0
0799998. Reinsurance ceded.....	106,812		106,812		
0799999. Totals (Net).....	.43,745	0	.43,745	0	0
9999999. Totals (Net) - Page 3, Line 1.....	3,806,003	0	3,806,003	0	0

**The Order Of United Commercial Travelers Of America**  
**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  
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  
non-participating

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

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				
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
<b>ACTIVE LIFE RESERVE</b>							
1. Unearned premium reserves.....	4,247,124		19	4,032,954		214,057	94
2. Additional contract reserves (a).....	13,813,342		265	13,541,396		271,607	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).....	18,060,466	0	284	17,574,350	0	485,664	168
7. Reinsurance ceded.....	16,629,321			16,629,321			
8. Totals (Net).....	1,431,145	0	284	945,029	0	485,664	168
<b>CLAIM RESERVE</b>							
9. Present value of amounts not yet due on claims.....	58,143			58,143			
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).....	58,143	0	0	58,143	0	0	0
14. Reinsurance ceded.....	29,071			29,071			
15. Totals (Net).....	29,072	0	0	29,072	0	0	0
16. TOTAL (Net).....	1,460,217	0	284	974,101	0	485,664	168
17. TABULAR FUND INTEREST.....	61,237		12	40,851	20,367	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 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	35,016		20,063		14,953	
2. Deposits received during the year.....	48,628		48,628			
3. Investment earnings credited to the account.....	2,384		2,122		262	
4. Other net change in reserves.....	(2,138)				(2,138)	
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	11,260		11,260			
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).....	72,630	0	59,553	0	13,077	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).....	72,630	0	59,553	0	13,077	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.....	797,444		210,512								586,932
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	733,214		199,986								533,228
2.24 Net.....	64,230	0	(b) 10,526	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 53,704
3. Incurred but unreported:											
3.1 Direct.....	11,323,859		196,248								11,127,611
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	9,745,464		177,492								9,567,972
3.4 Net.....	1,578,395	0	(b) 18,756	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 1,559,639
4. Totals:											
4.1 Direct.....	12,121,303	0	406,760	0	0	0	0	0	0	0	11,714,543
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	10,478,678	0	377,478	0	0	0	0	0	0	0	10,101,200
4.4 Net.....	1,642,625	(a) 0	(a) 29,282	0	0	0	(a) 0	0	0	0	1,613,343

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

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

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

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

**EXHIBIT 8 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS****PART 2 - Incurred During the Year**

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	69,671,320		3,069,130	311,377							66,290,813
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	60,901,873		2,687,544	172,151							58,042,178
1.4 Net.....	(d).....8,769,447	0	381,586	139,226	0	0	0	0	0	0	8,248,635
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	12,121,303		406,760								11,714,543
2.2 Reinsurance assumed.....	0										
2.3 Reinsurance ceded.....	10,478,680		377,479								10,101,201
2.4 Net.....	1,642,623	0	29,281	0	0	0	0	0	0	0	1,613,342
3. Amounts recoverable from reinsurers December 31, current year.....	812,323		711,755	92,241							8,327
4. Liability December 31, prior year:											
4.1 Direct.....	15,113,008		267,399								14,845,609
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	13,323,543		244,454								13,079,089
4.4 Net.....	1,789,465	0	22,945	0	0	0	0	0	0	0	1,766,520
5. Amounts recoverable from reinsurers December 31, prior year.....	412,981		412,981								
6. Incurred benefits:											
6.1 Direct.....	66,679,615	0	3,208,491	311,377	0	0	0	0	0	0	63,159,747
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	58,456,352	0	3,119,343	264,392	0	0	0	0	0	0	55,072,617
6.4 Net.....	8,223,263	0	89,148	46,985	0	0	0	0	0	0	8,087,130

(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.

**The Order Of United Commercial Travelers Of America**  
**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.....	157,733	943,028	785,295
21. Furniture and equipment, including health care delivery assets.....	29,721	94,827	65,106
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.....	742,042	809,990	67,948
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	929,496	1,847,845	918,349
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	929,496	1,847,845	918,349

**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.....	344,742	289,530	(55,212)
2502. Commission Advances.....	278,029	388,873	110,844
2503. Supply Inventory.....	119,271	131,587	12,316
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).....	742,042	809,990	67,948

## **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 2013, (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) The Company has no common stock.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) Bonds backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (7) The Company has no investment in subsidiaries, controlled or affiliate entities.
- (8) The Company has no interests in joint ventures, partnerships or limited liability companies.
- (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, 2013 was \$ 356,111. \$59,352 was recognized in 2013.

## **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 was closed by repayment in September 2013.

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	(\$20,853)
2. 12 months or longer	(\$13,416)
  - b. The aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 months	\$1,168,580
2. 12 months or longer	\$ 129,683
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.

#### **H. Restricted Assets**

The company has two states that required special deposits totaling \$224,732.

The company has \$3,992,642 in invested assets held in trust in Canada supporting Canadian operations.

Restricted Asset Category	Gross Restricted					6	7	8	Percentage				
	Current Year								9	10			
	1	2	3	4	5								
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets			
I On Deposit with states	\$224,722				\$224,722	\$225,042	(\$320)	\$224,722	1.017%	1.062%			
L Other restricted assets	\$3,992,642				\$3,992,642	\$4,308,049	(\$315,407)	\$3,992,642	18.073%	18.867%			
M Total Restricted Assets	\$4,217,364	\$0	\$0	\$0	\$4,217,364	\$4,533,091	(\$315,727)	\$4,217,364	19.09%	19.929%			

### **6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

The company has no investments in joint ventures, partnerships or limited liability companies.

## **NOTES TO FINANCIAL STATEMENTS**

### **7. INVESTMENT INCOME**

There was no investment income due and accrued over 90 days past due requiring exclusion from the financial statements.

### **8. DERIVATIVE INSTRUMENTS**

The company does not invest in any derivative instruments.

### **9. INCOME TAXES**

The company is an Internal Revenue Code Section 501(c) (8) non-profit corporation and is not required to calculate or pay Federal or State income tax.

### **10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

UCT Charities is a 501(c) (3) corporation for which the Company provides management services for a nominal fee of \$1,500 a quarter. The Company's Board of Governors indirectly oversees the charity. The company does not participate in any net income or losses of the corporation, nor does it have any ownership interest.

### **11. DEBT**

The company does not have any outstanding debt obligations.

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

The company does not have a defined benefit plan.

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

The company provides a 401K match of \$.75 per deferred \$ 1 up to 5% of defined compensation. The company's contribution for the plan was \$82,175.25 and \$83,207.68 for 2013 and 2012, respectively. The company did not make a voluntary pension contribution for 2013. At December 31, 2013, the fair value of plan assets was \$3,928,270.22. The company paid RRSP contributions of \$4,667.66 during 2013.

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 contingencies to be established.

A reinsurer asserted in 2012 that UCT owed them for portions of policy fees collected. The issue was resolved in 2013 for \$50,000.

### **15. LEASES**

The company leases equipment under various non-cancelable operating lease agreements that expire through December 2018. Rental expense for 2013, and 2012 was approximately \$96,216 and \$92,137, respectively.

The company leases real estate under non-cancelable operating lease agreements that expire through December 2019. Rental expense for 2013 and 2012 was approximately \$485,339 and \$473,048, respectively.

At January 1, 2014, the minimum aggregate rental commitments are as follows:

**NOTES TO FINANCIAL STATEMENTS**

Year Ending	Operating Leases
December 31	\$ 600,293
2014	\$ 566,497
2015	\$ 555,811
2016	\$ 513,281
2017	\$ 753,506
Thereafter	

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

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

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

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

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

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

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

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

**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. These funds were moved out of UCT to a scholarship fund during 2013.

In 2012 and 2013 the company experienced delays from the vendor in a systems project that would bring them in compliance with ICD10 Medicare Supplement claims processing regulations. It was determined in 2013 that the project would not be in compliance with the new federal regulations by the October 2014 implementation deadline. An alternative solution has been pursued and the remaining \$315,481 capitalized balance associated with the original project was written off.

**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**

## **NOTES TO FINANCIAL STATEMENTS**

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

#### **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**

**There are no premium deficiency reserves related to accident and health contracts.**

#### **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).

**NOTES TO FINANCIAL STATEMENTS**

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

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

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

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

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

	(1)	(2)
	<u>Amount</u>	<u>% of Total</u>
A. Subject to discretionary withdrawal: (Total of 1 through 3)	\$ 0	0%
(5)At book value without adjustment (minimal or no charge or adjustment)	\$ 3,418,610	100%
B. Not subject to discretionary withdrawal	0	
C. Total (gross)	\$ 3,418,610	100%
D. Reinsurance ceded	\$ 2,335,985	
E. Total (net)* (C)-(D)	\$ 1,082,625	

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

Life & Accident & Health Annual Statement	(1)
	<u>Amount</u>
1. Exhibit 5 Annuities Section, Total net	\$1,109,152
2. Exhibit 5, Supplementary Contracts with Life Contingencies Section, Total net	-0-
3. Exhibit 7, Deposit-Type Contracts	\$ 72,630
Subtotal	\$1,168,705
Separate Accounts	-0-
Total	\$1,168,705

**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:

(1)	(2)	
Type	<u>Gross</u>	<u>Net of Loading</u>
(1) Industrial	\$	\$
(2) Ordinary new business	4,355	1,310
(3) Ordinary renewal	86,699	99,010
(4) Credit Life	0	0
(5) Group Life	0	0
(6) Group Annuity	0	0
(7) Totals	\$ 91,053	\$ 100,320

**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, 2013 and December 31, 2012 was \$ 25,628 and \$ 26,476, respectively.

# The Order Of United Commercial Travelers Of America

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [ ]  No [X]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [ ]  No [ ]  N/A [X]

1.3 State regulating? \_\_\_\_\_

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [X]  No [ ]  
If yes, date of change: 07/15/2013

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:

# The Order Of United Commercial Travelers Of America

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

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.

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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

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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?

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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).

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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 \$.....

**The Order Of United Commercial Travelers Of America****PART 1 - COMMON INTERROGATORIES - FINANCIAL**

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	\$.....	7,938
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

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.	<input type="checkbox"/>
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	<input type="checkbox"/>
24.103 Total payable for securities lending reported on the liability page.	<input type="checkbox"/>

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	<input type="checkbox"/>
25.22 Subject to reverse repurchase agreements	<input type="checkbox"/>
25.23 Subject to dollar repurchase agreements	<input type="checkbox"/>
25.24 Subject to reverse dollar repurchase agreements	<input type="checkbox"/>
25.25 Pledged as collateral	<input type="checkbox"/>
25.26 Placed under option agreements	<input type="checkbox"/>
25.27 Letter stock or securities restricted as to sale	<input type="checkbox"/>
25.28 On deposit with state or other regulatory body	<input type="checkbox"/>
25.29 Other	<input type="checkbox"/>

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]

**The Order Of United Commercial Travelers Of America****PART 1 - COMMON INTERROGATORIES - INVESTMENT**

29.2 If yes, complete the following schedule:

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

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

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-). or Fair Value over Statement (+)
30.1 Bonds.....	16,570,877	16,979,132	408,255
30.2 Preferred stocks.....	0	0	0
30.3 Totals.....	16,570,877	16,979,132	408,255

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

Trust Statements

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

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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:

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**PART 1 - COMMON INTERROGATORIES - OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....22,525

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	2
Name	Amount Paid

A. M. Best

16,600

34.1 Amount of payments for legal expenses, if any?

\$.....48,162

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	2
Name	Amount Paid

Ice Miller LLP

48,092

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	2
Name	Amount Paid

**The Order Of United Commercial Travelers Of America****GENERAL INTERROGATORIES****PART 2 - FRATERNAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [X] No [ ]
1.2	If yes, indicate premium earned on U.S. business only	\$.....78,141,668
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.	\$.....60,407,313
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$.....1,244,713
1.62	Total incurred claims	\$.....1,031,738
1.63	Number of covered lives	.....596
	All years prior to most current three years:	
1.64	Total premium earned	\$.....76,896,955
1.65	Total incurred claims	\$.....59,375,575
1.66	Number of covered lives	.....25,067
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$.....0
1.72	Total incurred claims	\$.....0
1.73	Number of covered lives	.....0
	All years prior to most current three years:	
1.74	Total premium earned	\$.....0
1.75	Total incurred claims	\$.....0
1.76	Number of covered lives	.....0
2.1	Does this reporting entity have Separate Accounts?	Yes [ ] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department?	Yes [ ] No [ ] N/A [X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	.....
2.4	State the authority under which Separate Accounts are maintained:	
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [ ] No [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [ ] No [X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	.....
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [X] No [ ]
4.	How often are meetings of the subordinate branches required to be held?	Monthly
5.	How are the subordinate branches represented in the supreme or governing body?	Subordinate councils elect representatives to the Regional Council. The Regional Councils elect representatives to the International governing body.
6.	What is the basis of representation in the governing body?	One representative for each 750 members or fraction thereof in a Regional Council.
7.1	How often are regular meetings of the governing body held?	Annually
7.2	When was the last regular meeting of the governing body held?	July 14-17, 2013.....
7.3	When and where will the next regular or special meeting of the governing body be held?	July 6-9, 2014; Columbus, Ohio
7.4	How many members of the governing body attended the last regular meeting?	.....356
7.5	How many of the same were delegates of the subordinate branches?	.....162
8.	How are the expenses of the governing body defrayed?	Reimbursed out of the general funds of the Order as authorized by the President.
9.	When and by whom are the officers and directors elected?	The President, Secretary/Treasurer and Directors are elected by the membership. The CEO is appointed by the Board. The CEO is responsible for hiring the senior management team.
10.	What are the qualifications for membership?	Any person with good moral character, not under eighteen years of age, with an interest in good citizenship and community service.
11.	What are the limiting ages for admission?	Minimum age of eighteen
12.	What is the minimum and maximum insurance that may be issued on any one life?	Minimum \$1,500; Maximum \$250,000 or amounts higher with approval of reinsurer.
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [X] No [ ]
14.	Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?	Yes [ ] No [X]
15.1	Are notices of the payments required sent to the members?	Yes [X] No [ ] N/A [ ]
15.2	If yes, do the notices state the purpose for which the money is to be used?	Yes [X] No [ ]
16.	What proportion of first and subsequent years' payments may be used for management expenses?	
16.11	First year	.....14.0 %
16.12	Subsequent years	.....9.0 %

**GENERAL INTERROGATORIES****PART 2 - FRATERNAL INTERROGATORIES**17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?  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?  
July 15, 2013  
  
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	1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit

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

\$.....0

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

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

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

26.1 Do you act as a custodian for health savings account?  Yes [ ]  No [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 2013	2 2012	3 2011	4 2010	5 2009
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Total (Line 21, Column 2).....	60,184	65,350	69,830	71,478	76,183
<b>New Business Issued (Exhibit of Life Insurance)</b>					
2. Total (Line 2, Column 2).....	889	2,189	3,843	1,250	1,240
<b>Premium Income (Exhibit 1, Part 1)</b>					
3. Life insurance - first year (Line 9.4, Column 2).....	9,729	26,960	32,912	12,997	12,814
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	203,298	271,049	264,528	259,220	332,033
5. Annuity (Line 20.4, Column 3).....	53,800	33,379	49,685	32,036	38,643
6. Accident and health (Line 20.4, Column 4).....	11,836,859	11,031,872	11,348,355	13,547,315	13,624,619
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	12,103,686	11,363,260	11,695,480	13,851,568	14,008,109
<b>Balance Sheet Items (Pages 2 and 3)</b>					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	21,162,131	22,915,216	21,468,563	23,014,973	22,563,531
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	11,658,481	12,175,279	10,496,960	11,038,584	11,919,372
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	3,806,006	3,930,893	4,112,252	4,321,963	3,843,721
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	1,460,217	1,421,551	1,378,658	1,484,313	1,698,428
13. Deposit-type contract funds (Page 3, Line 3).....	72,630	35,015	24,197	26,883	12,138
14. Asset valuation reserve (Page 3, Line 21.1).....	58,193	56,539	47,928	59,130	35,274
15. Surplus (Page 3, Line 30).....	9,503,650	10,739,937	10,971,603	11,976,389	10,644,159
<b>Cash Flow (Page 5)</b>					
16. Net cash from operations (Line 11).....	(604,003)	(154,180)	1,593,452	(1,273,258)	1,165,198
<b>Risk-Based Capital Analysis</b>					
17. Total Adjusted Capital.....	9,561,843	10,796,476	11,019,531	12,035,519	10,679,433
18. 50% of the Calculated RBC Amount.....	736,390	722,178	828,912	957,836	997,570
<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).....	.84.1	.69.8	.73.1	.71.8	.68.0
20. Stocks (Lines 2.1 and 2.2).....				.2.4	.1.5
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....		.10.1	.11.4	.12.5	.11.9
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....	.11.1	.16.0	.11.0	.9.3	.14.7
24. Contract loans (Line 6).....	.4.8	.4.2	.4.5	.4.1	.3.9
25. Derivatives (Line 7).....					XXX.....
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					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).....	929,496	1,847,845	1,642,396	961,163	1,063,711
40. Total admitted assets (Page 2, Line 28, Col. 3).....	21,162,131	22,915,216	21,468,563	23,014,973	22,563,531
<b>Investment Data</b>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	558,845	640,552	706,564	764,582	789,005
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....			34,757		
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	1,824	3,890			
44. Total of above Lines 41, 42 and 43.....	560,669	644,442	741,321	764,582	789,005

**The Order Of United Commercial Travelers Of America**  
**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2013	2 2012	3 2011	4 2010	5 2009
<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).....	268,870	532,367	677,525	363,943	338,202
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	8,097,566	6,906,854	8,382,574	10,784,107	10,779,738
47. Increase in Life Reserves (Line 17, Column 2).....	(103,363)	39,488	(2,256)	123,399	281,836
48. Increase in Accident and Health Reserves (Line 17, Column 5).....	9,574	38,226	(105,655)	(228,647)	222,834
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.....	56.9	45.5	36.9	22.6	12.7
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.....	6.0	6.8	5.4	6.9	7.0
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	69.8	61.8	73.3	78.4	80.5
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).....	47.6	38.2	32.5	19.5	9.5
<b>Accident and Health Reserve Adequacy</b>					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....	1,929,498	1,621,735	1,686,572	1,903,631	1,504,634
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....	1,766,521	2,038,145	2,308,888	2,680,384	2,172,594
<b>Net Gains from Operations After Refunds to Members by Lines of Business</b> (Page 6, Line 29)					
57. Life Insurance (Column 2).....	(108,355)	(82,867)	224,996	176,391	103,696
58. Annuity (Column 3).....	(22,090)	28,814	(35,164)	(1,863)	160,095
59. Supplementary Contracts (Column 4).....					
60. Accident and Health (Column 5).....	(1,421,161)	300,196	(197,536)	703,348	1,596,664
61. Aggregate of All Other Lines of Business (Column 6).....				7	7
62. Fraternal (Column 8).....	(318,138)	(391,644)	(312,436)	145,808	256,003
63. Expense (Column 9).....					
64. Total (Column 1).....	(1,869,744)	(145,501)	(320,140)	1,023,684	2,116,458

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

Yes  No

If no, please explain:

---

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

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	5,452	65,350
2. Issued during year.....	44	889
3. Reinsurance assumed.....		
4. Revived during year.....	40	869
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	84	1,758
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).....	5,536	67,108
Deductions During Year:		
10. Death.....	676	2,637
11. Maturity.....	1	1
12. Disability.....		
13. Expiry.....	3	52
14. Surrender.....	88	1,624
15. Lapse.....	74	2,167
16. Conversion.....		
17. Decreased (net).....	8	443
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	850	6,924
21. In force end of year (b) (Line 9 minus 20).....	4,686	60,184
22. Reinsurance ceded end of year.....	XXX.	50,837
23. Line 21 minus Line 22.....	XXX.	9,347

**DETAILS OF WRITE-INS**

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

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

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates), number of certificates.....0, Amount, \$.....0.

Additional accidental death benefits included in life certificates were in amount, \$.....0. Does the society collect any

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

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

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

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....		2	180	66,196
2. Issued during year.....				6,201
3. Reinsurance assumed.....				
4. Increased during year (net).....		1		
5. TOTALS (Lines 1 to 4).....	0	3	180	72,397
Deduction during year:				
6. Decreased during year (net).....			13	13,761
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	0	13	13,761
9. In force end of year (Line 5 minus Line 8).....	0	3	167	58,636
10. Amount on deposit.....				XXX.
Income now payable:				
11. Amount of income payable.....		59,553	26,537	XXX.
Deferred fully paid:				
12. Account balance.....	XXX.	XXX.	3,417,781	XXX.
Deferred not fully paid:				
13. 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.	Active Status	1		Direct Business				Deposit-Type Contracts	
		Life Contracts		4		5	6		
		2	3	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees					
						Other Considerations	Total Columns 2 through 5		
1. Alabama.....	AL	L	11,860		994,069		1,005,929		
2. Alaska.....	AK	N	.253		9,892		10,145		
3. Arizona.....	AZ	L	5,041	1,000	2,496,098		2,502,140		
4. Arkansas.....	AR	L	7,455		1,977,733		1,985,188		
5. California.....	CA	L	82,920		382,807		465,727		
6. Colorado.....	CO	L	4,320	5,400	2,094,460		2,104,179		
7. Connecticut.....	CT	L	2,535		27,224		29,759		
8. Delaware.....	DE	L	.458		12,488		12,946		
9. District of Columbia.....	DC	L			.25		.25		
10. Florida.....	FL	L	.92,049	20,000	4,350,262		4,462,311		
11. Georgia.....	GA	L	43,732		478,579		522,310		
12. Hawaii.....	HI	N			2,009		2,009		
13. Idaho.....	ID	L			4,468,108		4,468,108		
14. Illinois.....	IL	L	64,826	600	4,289,338		4,354,764		
15. Indiana.....	IN	L	45,040		4,418,236		4,463,276		
16. Iowa.....	IA	L	.64,100		1,463,917		1,528,017		
17. Kansas.....	KS	L	14,096	26,550	534,048		.574,695		
18. Kentucky.....	KY	L	37,875		300,206		.338,081		
19. Louisiana.....	LA	L	31,391		3,861,001		3,892,392		
20. Maine.....	ME	N	.914	10,000	7,268		18,182		
21. Maryland.....	MD	L	2,725		71,572		74,298		
22. Massachusetts.....	MA	L	7,465		74,906		.82,372		
23. Michigan.....	MI	L	124,336		2,020,217		2,144,553		
24. Minnesota.....	MN	L	9,649		139,260		.148,909		
25. Mississippi.....	MS	L	38,173	23,441	7,405,105		.7,466,719		
26. Missouri.....	MO	L	26,286		1,077,377		1,103,662		
27. Montana.....	MT	L	.624		1,765,413		1,766,037		
28. Nebraska.....	NE	L	39,290	10,000	7,813,104		.7,862,394		
29. Nevada.....	NV	L	6,289		812,773		.819,061		
30. New Hampshire.....	NH	L	1,811		14,513		16,324		
31. New Jersey.....	NJ	L	23,757		30,172		.53,929		
32. New Mexico.....	NM	N	.222		12,229		.12,451		
33. New York.....	NY	L	4,484		135,406		.139,890		
34. North Carolina.....	NC	L	.57,192		2,879,768		.2,936,960		
35. North Dakota.....	ND	L	5,613	3,200	3,036,587		.3,045,400		
36. Ohio.....	OH	L	99,213	1,700	780,271		.881,184		
37. Oklahoma.....	OK	L	15,063		752,249		.767,312		
38. Oregon.....	OR	L	13,646		4,284,117		.4,297,763		
39. Pennsylvania.....	PA	L	.61,967		.837,508		.899,475		
40. Rhode Island.....	RI	L	2,805		14,592		.17,396		
41. South Carolina.....	SC	L	11,712		410,424		.422,137		
42. South Dakota.....	SD	L	11,573	649	1,325,507		.1,337,729		
43. Tennessee.....	TN	L	42,941	400	.390,478		.433,819		
44. Texas.....	TX	L	137,021	840	1,650,938		.1,788,800		
45. Utah.....	UT	L	1,220		.595,158		.596,378		
46. Vermont.....	VT	L	.235		8,345		.8,580		
47. Virginia.....	VA	L	34,560		4,184,357		.4,218,917		
48. Washington.....	WA	N	.782		177,803		.178,585		
49. West Virginia.....	WV	L	8,415		2,028,801		.2,037,216		
50. Wisconsin.....	WI	L	21,505	9,861	5,076,233		.5,107,599		
51. Wyoming.....	WY	L	1,340		1,312,240		.1,313,580		
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	30,860		218,448		.249,308		
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	
59. Subtotal.....	(a).....	46	1,351,640	113,641	83,503,638	0	84,968,919	0	
60. Reporting entity contributions for employee benefit plans.....	XXX						0		
61. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						0		
62. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						0		
63. Premium or annuity considerations waived under disability or other contract provisions.....	XXX						0		
64. Aggregate other amounts not allocable by State.....	XXX		0	0	0	0	0	0	
65. Totals (Direct Business).....	XXX		1,351,640	113,641	83,503,638	0	84,968,919	0	
66. Plus Reinsurance Assumed.....	XXX						0		
67. Totals (All Business).....	XXX		1,351,640	113,641	83,503,638	0	84,968,919	0	
68. Less Reinsurance Ceded.....	XXX		1,131,456	.59,841	71,601,171		.72,792,468		
69. Totals (All Business) less reinsurance ceded.....	XXX		220,184	.53,800	(b) 11,902,467	0	12,176,451	0	

## DETAILS OF WRITE-INS

58001.....	XXX						0	
58002.....	XXX						0	
58003.....	XXX						0	
58998. Summ. of remaining write-ins for line 58 from overflow	XXX	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58).....	XXX	0	0	0	0	0	0	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	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX	0	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

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**2013 ALPHABETICAL INDEX**  
**FRATERNAL ANNUAL STATEMENT BLANK**

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