
AMENDED FILING EXPLANATION

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

MISSING ROWS OR TABLES

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

1.

Missing required table
Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
State: Indiana
2.

Missing required table
Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
State: Kentucky
3.

Missing required table
Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
State: Michigan
4.

Missing required table
Table: ACCIDENT AND HEALTH INSURANCE --- **NONE, Accident & Health Insurance Not Applicable**
State: Ohio
5.

Missing required table
Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
State: Indiana
6.

Missing required table
Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
State: Kentucky
7.

Missing required table
Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
State: Michigan
8.

Missing required table
Table: LIFE INSURANCE PART 2 **-- Life Insurance Part 2 Updated for All States & GT**
State: Ohio



ANNUAL STATEMENT
For the Year Ended December 31, 2013
of the Condition and Affairs of the
Catholic Ladies of Columbia

NAIC Group Code..... , (Current Period) (Prior Period)	NAIC Company Code..... 56316	Employer's ID Number..... 31-4144574
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... March 12, 1897	Commenced Business..... March 12, 1897	
Statutory Home Office	700 Taylor Road, Suite 280..... Gahanna OH US 43230 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	700 Taylor Road, Suite 280..... Gahanna OH US..... 43230 (Street and Number) (City or Town, State, Country and Zip Code)	800-845-0494 (Area Code) (Telephone Number)
Mail Address	700 Taylor Road, Suite 280..... Gahanna OH US 43230 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	700 Taylor Road, Suite 280..... Gahanna OH US 43230 (Street and Number) (City or Town, State, Country and Zip Code)	800-845-0494 (Area Code) (Telephone Number)
Internet Web Site Address	www.TheCLC.org	
Statutory Statement Contact	Sharon Calvelage (Name) sharoncalvelage@yahoo.com (E-Mail Address)	800-845-0494 (Area Code) (Telephone Number) (Extension) 614-944-4748 (Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

ALICE TEYNOR	HELEN RALL	IRENE BORROR	HARRIET AMENDOLA
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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) SHARON CALVELAGE	(Signature) LONI A. PERKINS	(Signature) FAIRY WAGNER
1. (Printed Name) PRESIDENT	2. (Printed Name) VICE PRESIDENT OF OPERATIONS	3. (Printed Name) SECRETARY
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2014	a. Is this an original filing? b. If no	Yes [X] No [] 1. State the amendment number 2. Date filed 3. Number of pages attached



LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		225,048
2. Annuity considerations.....		7,455,607
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		7,680,655
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		295,566
10. Matured endowments.....		
11. Annuity benefits.....		4,953,655
12. Surrender values. and withdrawals for life contracts.....		357,633
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		5,606,853

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		14	16,000
17. Incurred during current year.....		122	260,449
Settled during current year:			
18.1 By payment in full.....		115	224,847
18.2 By payment on compromised claims.....			
18.3 Total paid.....		115	224,847
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		115	224,847
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		21	51,602
POLICY EXHIBIT			
20. In force December 31, prior year.....		8,162	53,476,127
21. Issued during year.....		138	2,076,438
22. Other changes to in force (net).....		(245)	(770,656)
23. In force December 31, current year.....		8,055	54,781,909

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		90
2. Annuity considerations.....		99,881
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		99,971
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		7,086
10. Matured endowments.....		
11. Annuity benefits.....		24,636
12. Surrender values. and withdrawals for life contracts.....		306,641
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		338,363

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		1	1,000
17. Incurred during current year.....		2	7,086
Settled during current year:			
18.1 By payment in full.....		2	7,086
18.2 By payment on compromised claims.....			
18.3 Total paid.....		2	7,086
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		2	7,086
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		1	1,000
POLICY EXHIBIT			
20. In force December 31, prior year.....		77	870,350
21. Issued during year.....		2	2,000
22. Other changes to in force (net).....		(7)	(600,297)
23. In force December 31, current year.....		72	272,053

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		335
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		335
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		2,656
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values. and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		2,656

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		2	1,780
17. Incurred during current year.....		1	2,656
Settled during current year:			
18.1 By payment in full.....		1	2,656
18.2 By payment on compromised claims.....			
18.3 Total paid.....		1	2,656
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		1	2,656
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		2	1,780
POLICY EXHIBIT			
20. In force December 31, prior year.....		97	432,667
21. Issued during year.....			
22. Other changes to in force (net).....		(1)	(2,395)
23. In force December 31, current year.....		96	430,272

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		683
2. Annuity considerations.....		1,610,497
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		1,611,180
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		449,570
12. Surrender values. and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		449,570

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		26	718,292
21. Issued during year.....		3	25,000
22. Other changes to in force (net).....			
23. In force December 31, current year.....		29	743,292

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		227,450
2. Annuity considerations.....		5,745,229
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		5,972,679
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		285,824
10. Matured endowments.....		
11. Annuity benefits.....		4,479,449
12. Surrender values. and withdrawals for life contracts.....		50,991
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		4,816,265

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		14	16,000
17. Incurred during current year.....		136	288,008
Settled during current year:			
18.1 By payment in full.....		26	48,822
18.2 By payment on compromised claims.....			
18.3 Total paid.....		26	48,822
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		26	48,822
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		124	255,186
POLICY EXHIBIT			
20. In force December 31, prior year.....		7,962	51,454,818
21. Issued during year.....		133	2,049,438
22. Other changes to in force (net).....		(237)	(167,964)
23. In force December 31, current year.....		7,858	53,336,292

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0