AMENDED FILING EXPLANATION

Schedule S Page 7 was omitted from the prior amended statement filing and was updated with the prior correction of the summary of operations, net income and surplus.

FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

Catholic Ladies of Columbia

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

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

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

Statutory Home Office	700 Taylor Road, Suite 280….. Gahanna ..... OH ..... US ..... 43230 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	700 Taylor Road, Suite 280….. Gahanna ..... OH ..... US..... 43230 *(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)*	800-845-0494 *(Area Code) (Telephone Number) (Extension)*
	sharoncalvelage@yahoo.com *(E-Mail Address)*	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

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

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

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

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

a. Is this an original filing? Yes [ ] No [x]

b. If no
1. State the amendment number 2
2. Date filed
3. Number of pages attached

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	68,191,710		68,191,710
2.	Reinsurance (Line 16)			0
3.	Premiums and considerations (Line 15)	5,088		5,088
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (balance)	971,935		971,935
6.	Total assets excluding separate accounts (Line 26)	69,168,733	0	69,168,733
7.	Separate account assets (Line 27)			0
8.	Total assets (Line 28)	69,168,733	0	69,168,733
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	64,577,510		64,577,510
10.	Liability for deposit-type contracts (Line 3)	528,396		528,396
11.	Claim reserves (Line 4)	712,106		712,106
12.	Member refunds/reserves (Lines 5 through 6)	4,000		4,000
13.	Premium & annuity considerations received in advance (Line 7)	7,829		7,829
14.	Other contract liabilities (Line 8)	470,806		470,806
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)			0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.2 inset amount)			0
18	Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount)			0
19.	All other liabilities (balance)	935,078		935,078
20.	Total liabilities excluding Separate Accounts (Line 23)	67,235,725	0	67,235,725
21.	Separate Account liabilities (Line 24)			0
22.	Total liabilities (Line 25)	67,235,725	0	67,235,725
23.	Capital & surplus (Line 30)	1,933,008	XXX	1,933,008
24.	Total liabilities, capital & surplus (Line 31)	69,168,734	0	69,168,734
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	0		
26.	Claim reserves	0		
27.	Member refunds/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	0		
34.	Premiums and considerations	0		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	0		
41.	Total net credit for ceded reinsurance	0		