



# QUARTERLY STATEMENT

As of September 30, 2014  
of the Condition and Affairs of the

## CZECH CATHOLIC UNION

NAIC Group Code.....0000, 0000 <small>(Current Period) (Prior Period)</small>	NAIC Company Code....56324	Employer's ID Number..... 34-0105780
Organized under the Laws of OH Incorporated/Organized..... January 1, 1899	State of Domicile or Port of Entry OH Commenced Business..... January 1, 1899	Country of Domicile US
Statutory Home Office	5349 DOLLOFF ROAD.....CLEVELAND.....OH OH .....US US .....44127 44137 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office 5349 DOLLOFF ROAD	5349 DOLLOFF ROAD5349 DOLLOFF ROAD.....CLEVELAND.....OH OH .....US US .....44127 <small>(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</small>	
Mail Address DOLLOFF ROAD	5349 DOLLOFF ROAD5349 DOLLOFF ROAD.....CLEVELAND.....OH OH .....US US .....441275349 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</small>	
Primary Location of Books and Records DOLLOFF ROAD..... CLEVELAND ..... OH ..... US ..... 216-341-04445349 DOLLOFF ROAD 44137	5349 DOLLOFF ROAD.....CLEVELAND.....OH OH .....US US .....441275349 <small>(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</small>	
Internet Web Site Address Statutory Statement Contact	www.czechccu.orgWWW.CZECHCCU.ORG ROBERT L. CERMAKROBERT L CERMAK <small>(Name)</small> insurance@czechccu.orgINSURANCE@CZECHCCU.ORG <small>(E-Mail Address)</small>	
		216-341-0444216-341-0444 <small>(Area Code) (Telephone Number) (Extension)</small> 216-341-0711216-341-0711 <small>(Fax Number)</small>

### OFFICERS

Name	Title	Name	Title
1. ROBERT L. CERMAK #ROBERT L CERMAK	PRESIDENT	2. JANE M MILCZEWSKI	SECRETARY
3. JANE M. MILCZEWSKI AUDREY # SCHMIDT	1ST VICE PRESIDENR	4. STEIMLA & ASSOCIATESSTEIMLA & ASSOCIATES	ACTUARY

### OTHER

AUDREY SCHMIDT

### DIRECTORS OR TRUSTEES

KARLA MAHONY #	DOLORES JACKLIN	TIMOTHY	JOSEPH KOCAB
CINDY KARLA MAHONY KVETON	MARYANN LANGEVIN	TIMOTHY	
	NOVAK		

State of.....OHIO OHIO  
County of.....CUYAHOGA CUYAHIOGA

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.

_____ <small>(Signature)</small> ROBERT L. CERMAK #ROBERT L CERMAK _____ 1. (Printed Name) PRESIDENTPRESIDENT _____ <small>(Title)</small>	_____ <small>(Signature)</small> JANE M MILCZEWSKI _____ 2. (Printed Name) TREASURERSECRETARY _____ <small>(Title)</small>	_____ <small>(Signature)</small> JANE M. MILCZEWSKI #AUDREY SCHMIDT _____ 3. (Printed Name) SECRETARY1ST VICE PRESIDENR _____ <small>(Title)</small>
---	---	---

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

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	14,438,637		14,438,637	12,728,955
2. Stocks:				
2.1 Preferred stocks.....	50,000		50,000	50,000
2.2 Common stocks.....	918,955		918,955	1,234,685
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	45,126		45,126	44,930
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 (\$.....1,384,687), cash equivalents (\$.....0) and short-term investments (\$.....0).....	1,384,687		1,384,687	1,832,995
6. Contract loans (including \$.....0 premium notes).....	143,834		143,834	145,706
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	16,981,239	0	16,981,239	16,037,271
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	186,288		186,288	138,179
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	821		821	1,116
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			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.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			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.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	17,168,348	0	17,168,348	16,176,566
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	17,168,348	0	17,168,348	16,176,566

**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.....			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).....	0	0	0	0

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve).....	14,025,554	13,190,745
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life.....	25,274	25,274
4.2 Accident and health.....		
5. Refunds due and unpaid.....		
6. Provisions for refunds payable in following calendar year - estimated amounts:		
6.1 Apportioned for payment.....	50,000	50,000
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums.....	30,895	1,670
8. Certificate and 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).....	120,943	95,680
9. Commissions to fieldworkers due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued.....	5,539	25,721
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.....	3,594	935
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	27,363	27,239
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
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.....	344,032	387,714
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.....	0	1,712
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	14,633,194	13,806,690
24. From Separate Accounts Statement.....		
25. Total liabilities (Lines 23 to 24).....	14,633,194	13,806,690
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	2,535,154	2,369,876
30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement).....	2,535,154	2,369,876
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	17,168,348	16,176,566

**DETAILS OF WRITE-INS**

2201. Fraternal.....		1,712
2202. ....		
2203. ....		
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	0	1,712
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. ....		
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).....	0	0

**SUMMARY OF OPERATIONS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	1,022,467	824,908	1,070,881
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	587,006	435,330	698,112
4. Amortization of Interest Maintenance Reserve (IMR).....	9,000	3,600	8,899
5. Separate Accounts net gain from operations excluding unrealized gains and losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous income:			
8.1 Income from fees associated with investment management, administration and contract guaranties from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....			
8.3 Aggregate write-ins for miscellaneous income.....	107	500	0
9. Totals (Lines 1 to 8.3).....	1,618,580	1,264,338	1,777,892
10. Death benefits.....	152,208	131,473	147,166
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....	316,214	229,698	381,238
13. Disability benefits and benefits under accident and health contracts including premiums waived \$.....0.....			
14. Surrender benefits and withdrawals for life contracts.....	37,444	41,166	60,555
15. Interest and adjustments on contract or deposit-type contract funds.....			
16. Payments on supplementary contracts with life contingencies.....			
17. Increase in aggregate reserve for life and accident and health contracts.....	834,809	707,245	857,786
18. Totals (Lines 10 to 17).....	1,340,675	1,109,582	1,446,745
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....			
20. Commissions and expense allowances on reinsurance assumed.....		747	
21. General insurance expenses and fraternal expenses.....	147,576	207,353	263,225
22. Insurance taxes, licenses and fees.....	1,697	6,735	9,209
23. Increase in loading on deferred and uncollected premiums.....			
24. Net transfers to or (from) Separate Accounts net of reinsurance.....			
25. Aggregate write-ins for deductions.....	0	0	0
26. Totals (Lines 18 to 25).....	1,489,948	1,324,417	1,719,179
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	128,632	(60,079)	58,713
28. Refunds to members.....		(50,000)	535
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	128,632	(10,079)	58,178
30. Net realized capital gains (losses) less capital gains tax of .....0 (excluding \$.....2,027 transferred to the IMR).....	131,915	212,224	248,020
31. Net income (Lines 29 + 30).....	260,547	202,145	306,198
<b>SURPLUS ACCOUNT</b>			
32. Surplus, December 31, prior year.....	2,369,876	2,232,646	2,103,389
33. Net income from operations (Line 31).....	260,547	202,145	306,198
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	(51,587)	(33,889)	(139,145)
35. Change in net unrealized foreign exchange capital gain (loss).....			
36. Change in nonadmitted assets.....			
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.....	(43,682)	(15,046)	100,764
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	(1,330)
46. Net change in surplus for the year (Lines 33 through 45).....	165,278	153,210	266,487
47. Surplus as of statement date (Lines 32 + 46).....	2,535,154	2,385,856	2,369,876

**DETAILS OF WRITE-INS**

08.301. Miscellaneous Income.....	107	500	
08.302. ....			
08.303. ....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	107	500	0
2501. ....			
2502. ....			
2503. ....			
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).....	0	0	0
4501. Audit Adjustment.....			(1,330)
4502. ....			
4503. ....			
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0	(1,330)

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	1,050,871	829,724	1,076,766
2. Net investment income.....	547,805	435,330	648,553
3. Miscellaneous income.....	107	500	
4. Total (Lines 1 through 3).....	1,598,783	1,265,554	1,725,319
5. Benefit and loss related payments.....	505,866	402,336	610,841
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	173,047	214,834	248,370
8. Dividends paid to policyholders.....		(1)	50,535
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	678,913	617,169	909,746
11. Net cash from operations (Line 4 minus Line 10).....	919,870	648,385	815,573
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,016,632	1,039,056	1,268,378
12.2 Stocks.....	483,545	931,012	1,270,222
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....		2,980,444	3,575,375
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).....	1,500,177	4,950,512	6,113,975
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,428,064	4,930,693	6,060,313
13.2 Stocks.....	388,437	310,823	360,823
13.3 Mortgage loans.....			
13.4 Real estate.....	1,187		
13.5 Other invested assets.....			30,000
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,817,688	5,241,516	6,451,136
14. Net increase or (decrease) in contract loans and premium notes.....	143,834	6,758	8,666
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(1,461,345)	(297,762)	(345,827)
<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.....	93,043		
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	124	(5,778)	(50,454)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	93,167	(5,778)	(50,454)
<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).....	(448,308)	344,845	419,292
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,832,995	1,413,703	1,413,703
19.2 End of period (Line 18 plus Line 19.1).....	1,384,687	1,758,548	1,832,995

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

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

**EXHIBIT 1**

**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Life Insurance.....	55,368	19,877	76,185
2. Individual annuities.....	967,099	805,031	994,955
3. Accident and Health.....			
4. Aggregate of all other lines of business.....	.0	.0	.0
5. Subtotal (Lines 1 through 4).....	1,022,467	824,908	1,071,140
6. Fraternal.....			
7. Expenses.....			
8. Subtotal (Lines 5 through 7).....	1,022,467	824,908	1,071,140
9. Deposit-type contracts.....			
10. Total.....	1,022,467	824,908	1,071,140

**DETAILS OF WRITE-INS**

0401.....			
0402.....			
0403.....			
0498. Summary of remaining write-ins for Line 4 from overflow page.....	.0	.0	.0
0499. Total (Lines 0401 thru 0403 plus 0498) (Line 4 above).....	.0	.0	.0

## NOTES TO FINANCIAL STATEMENTS

### Note 1 - Summary of Significant Accounting Policies

#### A. Accounting Practices

	State of Domicile	2014	2013
<b>NET INCOME</b>			
(1) CZECH CATHOLIC UNION state basis (Page 4, Line 31, Columns 1 & 2)	OH	260,547	306,198
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 - 2 - 3 = 4)	OH	260,547	306,198
<b>SURPLUS</b>			
(5) CZECH CATHOLIC UNION state basis (Page 3, line 30, Columns 1 & 2)	OH	2,535,154	2,369,876
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 - 6 - 7 = 8)	OH	2,535,154	2,369,876

### Note 2 - Accounting Changes and Corrections of Errors

None.

### Note 3 - Business Combinations and Goodwill

Not Applicable.

### Note 4 - Discontinued Operations

Not Applicable.

### Note 5 - Investments

Asset values are generally stated as follows: Bonds at amortized cost using the scientific method; Preferred Stock at cost; Common Stocks at market value; Real Estate at depreciated cost; and Policy Loans are stated at the aggregate unpaid balance. The Union uses the straight-line depreciation method on its real estate holdings.

- A. Mortgage Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None

(1)

	1	2a	2b	c
(2)	Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss		Fair Value 1 - (2a + 2b)
		Interest	Non-Interest	
OTTI recognized 1 <sup>st</sup> Quarter				
a.	Intent to sell			
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c.	Total 1 <sup>st</sup> Quarter			
OTTI recognized 2 <sup>nd</sup> Quarter				
d.	Intent to sell			
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f.	Total 2 <sup>nd</sup> Quarter			
OTTI recognized 3 <sup>rd</sup> Quarter				
g.	Intent to sell			
h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i.	Total 4 <sup>th</sup> Quarter			
OTTI recognized 4 <sup>th</sup> Quarter				
j.	Intent to sell			
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			

**NOTES TO FINANCIAL STATEMENTS**

i.	Total 4th Quarter			
m.	Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
<b>Total</b>						

(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	
		2.	12 Months or Longer	
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	
		2.	12 Months or Longer	

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

I. Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

		Book/Adjusted Carrying Value
(a)	Up to 180 Days	
(b)	181 to 365 Days	
(c)	Total	

(3)

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable.

**Note 7 - Investment Income**

Due and accrued income was excluded from Investment Income and Bonds where collection of the amount is uncertain. The amount excluded is \$0.

**Note 8 - Derivative Instruments**

None.

**Note 9 - Income Taxes**

Not Applicable.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

Not Applicable.

**Note 11 - Debt**

B. FHLB (Federal Home Loan Bank) Agreements-None.

(1)

(2) a. FHLB Capital Stock – Aggregate Totals

1. Current Year

		1 Total 2 + 3	2 General Account	3 Separate Accounts
(a)	Membership Stock – Class A			
(b)	Membership Stock – Class B			
(c)	Activity Stock			
(d)	Excess Stock			
(e)	Aggregate Total			
(f)	Actual or estimated borrowing capacity as determined by the insurer		XXX	XXX

2. Prior Year

		1	2	3
--	--	---	---	---

## NOTES TO FINANCIAL STATEMENTS

		Total 2 + 3	General Account	Separate Accounts
(a)	Membership Stock – Class A			
(b)	Membership Stock – Class B			
(c)	Activity Stock			
(d)	Excess Stock			
(e)	Aggregate Total			
(f)	Actual or estimated borrowing capacity as determined by the insurer		XXX	XXX

## b. Membership Stock (Class A and B) Eligible for Redemption

		Current Year Total	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less than 1 Year	1 to Less than 3 Years	3 to 5 Years
1.	Class A						
2.	Class B						

## (3) Collateral Pledged to FHLB

## a. Amount Pledged as of Reporting Date

## 1. Current Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

## 2. Current Year General Account

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

## 3. Current Year Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

## 4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

## b. Maximum Amount Pledged During Reporting Period

## 1. Current Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

## 2. Current Year General Account

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

## 3. Current Year Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

## 4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

## (4) Borrowing from FHLB

## a. Amount as of the Reporting Date

## 1. Current Year

		1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Established
(a)	Debt				XXX
(b)	Funding Agreements				
(c)	Other				XXX
(d)	Aggregate Total				

## 2. Prior Year-end

		1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Established
(a)	Debt				XXX
(b)	Funding Agreements				
(c)	Other				XXX
(d)	Aggregate Total				

## b. Maximum Amount During Reporting Period (Current Year)

		1 Total	2 General	3 Protected Cell

**NOTES TO FINANCIAL STATEMENTS**

		2 + 3	Account	Account
1.	Debt			
2.	Funding Agreements			
3.	Other			
4.	Aggregate Total			

c. FHLB Prepayment Obligations

		Does the company have prepayment obligations under the following arrangements?
1.	Debt	
2.	Funding Agreements	
3.	Other	

**Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A. Defined Benefit Plan - Not Applicable.

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Postemployment	
		2014	2013	2014	2013	2014	2013
a.	Service cost						
b.	Interest cost						
c.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses						
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost						

B. Deferred Compensation Plan - Not Applicable.

C. Post-Retirement Benefits Plans - Not Applicable.

**Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

Not Applicable.

**Note 14 - Contingencies**

- A. Contingent Commitments: None
- B. Assessments: None
- C. Gain Contingencies: None
- D. All Other Contingencies: None

**Note 15 - Leases**

Not Applicable..

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

Not Applicable.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

B. Transfer and Servicing of Financial Assets

(2)

b.

(4)

a.

b.

C. Wash Sales - Not Applicable.

(1)

(2) The details by NAIC designation 3 or below, or unrated of securities sold during current quarter, 2014 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
-------------	------------------	------------------------	-------------------------------	--------------------------------	-------------

**NOTES TO FINANCIAL STATEMENTS**

--	--	--	--	--	--

**Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not Applicable

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not Applicable.

**Note 20 - Fair Value**

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Total				

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at Quarter	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Quarter
Total										

b. Liabilities	Beginning Balance at Quarter	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Quarter
Total										

(3)

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Total						

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		
Total				

**Note 21 - Other Items**

H. Offsetting and Netting of Assets and Liabilities

J. Risk Sharing Provisions of the Affordable Care Act

(1) Permanent Risk Adjustment Program

Assets	Amount
a. Premium adjustments receivable	\$
<b>Liabilities</b>	
b. Risk adjustment user fees payable	\$
c. Premium adjustments payable	\$
<b>Operations (Revenue &amp; Expense)</b>	
d. Premium for accident and health contracts (written/collected)	\$

---

**NOTES TO FINANCIAL STATEMENTS**


---

## (2) Transitional Reinsurance Program

## Assets

a. Amounts recoverable for claims paid	\$
b. Amounts recoverable for claims unpaid	\$
c. Amounts receivable relating to uninsured plans	\$

## Liabilities

d. Claims unpaid-ceded	\$
e. Contributions payable-not reported as ceded premium	\$
f. Ceded reinsurance premiums payable	\$
g. Liability for amounts held under uninsured plans	\$

## Operations (Revenue &amp; Expense)

h. Ceded reinsurance premiums	\$
i. Reinsurance recoveries	\$
j. Contributions-not reported as ceded premium	\$

## (3) Temporary Risk Corridors Program

## Assets

a. Accrued retrospective premium	\$
----------------------------------	----

## Liabilities

b. Reserve for rate credits or policy experience rating refunds	\$
---	----

## Operations (Revenue &amp; Expense)

c. Net premium income (paid/received)	\$
d. Change in reserves for rate credits	\$

## (4) Have there been any material re-estimations and/or impairments for the reporting period

Yes/No

**Note 22 - Events Subsequent**

Not Applicable.

**Note 23 - Reinsurance**

A. Ceded Reinsurance Report: The amount of aggregate reduction in surplus of a unilateral cancellation by the reinsurer is the Reserve Credit taken on Exhibit 5 totalling \$0.

B. Uncollectible Reinsurance: None

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not Applicable.

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses****Not Applicable.****Note 26 - Intercompany Pooling Arrangements**

Not Applicable.

**Note 27 - Structured Settlements**

Not Applicable..

**Note 28 - Health Care Receivables**

Not Applicable..

**Note 29 - Participating Policies**

No significant change.

**Note 30 - Premium Deficiency Reserves**

None.

**Note 31 - Reserves for Life Contracts and Annuity Contracts**

No significant change.

**Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

No significant change.

**Note 33 - Premiums and Annuity Considerations Deferred and Uncollected**

---

## NOTES TO FINANCIAL STATEMENTS

---

No significant change.

**Note 34 - Separate Accounts**

Not Applicable.

**Note 35 - Loss/Claim Adjustment Expenses**

Not Applicable.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES - GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 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 [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 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 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

\_\_\_\_\_

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]
- 4.2 If yes, provide name of 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 Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [ ] N/A [ X ]  
If yes, attach an explanation.

\_\_\_\_\_

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2012.....
- 6.2 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. .....12/31/2012.....
- 6.3 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). .....

- 6.4 By what department or departments?  
Ohio

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ X ] No [ ] N/A [ ]

- 7.1 Has this 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 ]
- 7.2 If yes, give full information:

\_\_\_\_\_

- 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 the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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

- 9.1 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.

- 9.11 If the response to 9.1 is No, please explain:

\_\_\_\_\_

- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

\_\_\_\_\_

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES - GENERAL**

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

---



---

**PART 1 - FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....

**PART 1 - INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

---



---

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$ .....0	\$ .....0
14.22 Preferred Stock.....	\$ .....0	\$ .....0
14.23 Common Stock.....	\$ .....0	\$ .....0
14.24 Short-Term Investments.....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate.....	\$ .....0	\$ .....0
14.26 All Other.....	\$ .....0	\$ .....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

---



---

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0
- 16.3 Total payable for securities lending reported on the liability page: \$.....0

17. 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 [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo Advisors	1300 North Point Towers 1001 Lakeside Avenue, Cleveland, Ohio 44114
Janney, Montgomery, Scott	822 Hanna Building, Cleveland, Ohio 44115
PNC Investments, LLC	1900 East Ninth Street, Cleveland, Ohio 44114

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 Identify all investment advisors, broker/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	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

18.2 If no, list exceptions:

---



---

**GENERAL INTERROGATORIES (continued)**

**PART 2 - FRATERNAL**

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

	Reponses
1.1 Long-term mortgages in good standing:	
1.11 Farm mortgages.....	.....
1.12 Residential mortgages.....	.....
1.13 Commercial mortgages.....	.....
1.14 Total mortgages in good standing.....	\$.....0
1.2 Long-term mortgages in good standing with restructured terms:	
1.21 Total mortgages in good standing with restructured terms.....	.....
1.3 Long-term mortgage loans upon which interest is overdue more than three months:	
1.31 Farm mortgages.....	.....
1.32 Residential mortgages.....	.....
1.33 Commercial mortgages.....	.....
1.34 Total mortgages with interest overdue more than three months.....	\$.....0
1.4 Long-term mortgage loans in process of foreclosure:	
1.41 Farm mortgages.....	.....
1.42 Residential mortgages.....	.....
1.43 Commercial mortgages.....	.....
1.44 Total mortgages in process of foreclosure.....	\$.....0
1.5 Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2).....	\$.....0
1.6 Long-term mortgages foreclosed, properties transferred to real estate in current quarter:	
1.61 Farm mortgages.....	.....
1.62 Residential mortgages.....	.....
1.63 Commercial mortgages.....	.....
1.64 Total mortgages foreclosed and transferred to real estate.....	\$.....0

2.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurance for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done? Yes [ X ]    No [ ]

2.2 If no, explain.....  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Operating Percentages:

3.1 A&H loss percent.....	.....
3.2 A&H cost containment percent.....	.....
3.3 A&H expense percent excluding cost containment expenses.....	.....

4.1 Do you act as a custodian for health savings accounts?.....	Yes [ ]    No [ X ]
4.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
4.3 Do you act as an administrator for health savings accounts?.....	Yes [ ]    No [ X ]
4.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....

5.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?..... Yes [ ]    No [ X ]

5.2 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 Amounts

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsuer Rating
------------------------------	-------------------	------------------------	------------------------	----------------------------------	--------------------------------------	---------------------------	---	--

**NONE**

# CZECH CATHOLIC UNION SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1	Life Contracts		Direct Business Only			6	7
		Active Status	2	3	4	5		
1. Alabama.....AL	N						0	
2. Alaska.....AK	N						0	
3. Arizona.....AZ	N						0	
4. Arkansas.....AR	N						0	
5. California.....CA	N						0	
6. Colorado.....CO	N						0	
7. Connecticut.....CT	N						0	
8. Delaware.....DE	N						0	
9. District of Columbia.....DC	N						0	
10. Florida.....FL	N						0	
11. Georgia.....GA	N						0	
12. Hawaii.....HI	N						0	
13. Idaho.....ID	N						0	
14. Illinois.....IL	L	4,908	88,249				93,157	
15. Indiana.....IN	N						0	
16. Iowa.....IA	L	1,081					1,081	
17. Kansas.....KS	N						0	
18. Kentucky.....KY	N						0	
19. Louisiana.....LA	N						0	
20. Maine.....ME	N						0	
21. Maryland.....MD	N						0	
22. Massachusetts.....MA	N						0	
23. Michigan.....MI	L	463	11,000				11,463	
24. Minnesota.....MN	N	5,750					5,750	
25. Mississippi.....MS	N						0	
26. Missouri.....MO	N	2,351	47,500				49,851	
27. Montana.....MT	N						0	
28. Nebraska.....NE	N	3,856					3,856	
29. Nevada.....NV	N						0	
30. New Hampshire.....NH	N						0	
31. New Jersey.....NJ	N						0	
32. New Mexico.....NM	N						0	
33. New York.....NY	N	2,228	3,538				5,766	
34. North Carolina.....NC	N						0	
35. North Dakota.....ND	N						0	
36. Ohio.....OH	L	34,658	816,812				851,470	
37. Oklahoma.....OK	N						0	
38. Oregon.....OR	N						0	
39. Pennsylvania.....PA	N	73					73	
40. Rhode Island.....RI	N						0	
41. South Carolina.....SC	N						0	
42. South Dakota.....SD	N						0	
43. Tennessee.....TN	N						0	
44. Texas.....TX	N						0	
45. Utah.....UT	N						0	
46. Vermont.....VT	N						0	
47. Virginia.....VA	N						0	
48. Washington.....WA	N						0	
49. West Virginia.....WV	N						0	
50. Wisconsin.....WI	N						0	
51. Wyoming.....WY	N						0	
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	N						0	
58. Aggregate Other Alien.....OT	XXX	0	0	0	0		0	0
59. Subtotals.....(a).....4		55,368	967,099	0	0		1,022,467	0
90. Reporting entity contributions for employee benefit plans.....XXX							0	
91. Dividends or refunds applied to purchase paid-up additions and annuities.....XXX							0	
92. Dividends or refunds applied to shorten endowment or premium paying period.....XXX							0	
93. Premium or annuity considerations waived under disability or other contract provisions.....XXX							0	
94. Aggregate other amounts not allocable by state.....XXX		0	0	0	0		0	0
95. Totals (Direct Business).....XXX		55,368	967,099	0	0		1,022,467	0
96. Plus reinsurance assumed.....XXX							0	
97. Totals (All Business).....XXX		55,368	967,099	0	0		1,022,467	0
98. Less reinsurance ceded.....XXX		275					275	
99. Totals (All Business) less reinsurance ceded.....XXX		55,093	967,099	0	0		1,022,192	0

**DETAILS OF WRITE-INS**

58001.....	XXX						0	
58002.....	XXX						0	
58003.....	XXX						0	
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0		0	0
58999. Totals (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX	0	0	0	0		0	0
9401.....	XXX						0	
9402.....	XXX						0	
9403.....	XXX						0	
9498. Summary of remaining write-ins for Line 94 from overflow page.....	XXX	0	0	0	0		0	0
9499. Totals (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX	0	0	0	0		0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 – ORGANIZATIONAL CHART

---

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*

NONE

Q13

Asterisk	Explanation
	Sch. Y-Part 1
	"
	NONE

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	<b>Response</b>
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO

**Explanations:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**Bar Code:**



**Overflow Page for Write-Ins**

**NONE**

**CZECH CATHOLIC UNION  
SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	44,931	46,235
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....	1,187	
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....	992	1,304
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	45,126	44,931
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	45,126	44,931

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	3,490,745
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		30,000
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		54,630
7. Deduct amounts received on disposals.....		3,575,375
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	14,013,641	9,876,643
2. Cost of bonds and stocks acquired.....	2,816,499	6,421,137
3. Accrual of discount.....		3,322
4. Unrealized valuation increase (decrease).....	(44,646)	23,600
5. Total gain (loss) on disposals.....	131,914	242,774
6. Deduct consideration for bonds and stocks disposed of.....	1,500,175	2,538,600
7. Deduct amortization of premium.....	9,641	15,235
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	15,407,592	14,013,641
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	15,407,592	14,013,641

## SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	8,023,724	703,983	37,858	92,304	7,535,399	8,023,724	8,782,153	6,558,088
2. NAIC 2 (a).....	4,457,802		256,747		4,660,246	4,457,802	4,151,832	4,661,395
3. NAIC 3 (a).....	922,277		49,223		922,277	922,277	922,277	922,527
4. NAIC 4 (a).....	515,197				515,197	515,197	515,197	515,197
5. NAIC 5 (a).....	56,544				56,544	56,544	56,544	56,544
6. NAIC 6 (a).....	10,634				15,203	10,634	10,634	15,203
7. Total Bonds.....	13,986,178	703,983	343,828	92,304	13,704,866	13,986,178	14,438,637	12,728,954
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	50,000				50,000	50,000	50,000	50,000
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	50,000	0	0	0	50,000	50,000	50,000	50,000
15. Total Bonds and Preferred Stock.....	14,036,178	703,983	343,828	92,304	13,754,866	14,036,178	14,488,637	12,778,954

QS102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**Sch. DA-Part 1  
NONE**

**Sch. DA-Verification  
NONE**

**Sch. DB-Pt A-Verification  
NONE**

**Sch. DB-Pt B-Verification  
NONE**

**Sch. DB-Pt C-Sn 1  
NONE**

**Sch. DB-Pt C-Sn 2  
NONE**

**Sch. DB-Verification  
NONE**

**Sch. E-Verification  
NONE**

**Sch. A-Pt 2  
NONE**

**Sch. A-Pt 3  
NONE**

**Sch. B-Pt 2  
NONE**

**Sch. B-Pt 3  
NONE**

**Sch. BA-Pt 2  
NONE**

**Sch. BA-Pt 3  
NONE**

### SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - Industrial and Miscellaneous</b>									
244199 BF 1	DEERE & CO.....		07/09/2014	PNC INVESTMENTS.....		24,512	25,000	.60	
651639 AM 8	NEWMONT MINING CORP.....		07/09/2014	PNC INVESTMENTS.....		26,837	25,000	.391	
786514 AS 8	SAFEWAY INC.....		07/09/2014	PNC INVESTMENTS.....		55,418	50,000	1,097	
431116 AC 6	HIGHMARK INC.....		07/22/2014	WELLS FARGO.....		51,500	50,000	.570	
583334 AB 3	MEADWESTVACO CORP.....		07/22/2014	WELLS FARGO.....		35,038	30,000	.380	
626717 AG 7	MURPHY OIL CORP.....		07/22/2014	WELLS FARGO.....		75,776	75,000	.545	
046353 AG 3	ASTRAZENECA PLC.....		07/28/2014	JANNEY MONTGOMERY SCOTT.....		24,470	25,000	.361	
459200 HF 1	INTER BUS MACHS CORP.....		07/28/2014	JANNEY MONTGOMERY SCOTT.....		24,875	25,000	.106	
713448 BZ 0	PEPSICO INC.....		07/28/2014	JANNEY MONTGOMERY SCOTT.....		49,738	50,000	.794	
92553P AL 6	VIACOM INC NEW.....		07/28/2014	JANNEY MONTGOMERY SCOTT.....		24,721	25,000	.472	
620076 BF 5	MOTOROLA SLTNS INC.....		08/26/2014	JANNEY MONTGOMERY SCOTT.....		50,000	50,000	.39	
14916R AD 6	CATHOLIC HEALTH INITIATIVE.....		09/05/2014	WELLS FARGO.....		50,518	50,000	.749	
777543 QL 6	ROSEMONT ILL.....		09/05/2014	PNC INVESTMENTS.....		33,890	30,000	.470	
893830 AT 6	TRANSOCEAN INC.....		09/05/2014	WELLS FARGO.....		27,548	25,000	.803	
92857W BD 1	VODAFONE GRP PLC.....		09/05/2014	WELLS FARGO.....		49,144	50,000	.97	
74432A YV 6	PRUDENTIAL FINL INC.....		09/30/2014	JANNEY MONTGOMERY SCOTT.....		50,000	50,000	.32	
808626 AG 0	SCIENCE APPLICATIONS.....		09/30/2014	JANNEY MONTGOMERY SCOTT.....		50,000	50,000	.695	
3899999	Total Bonds - Industrial and Miscellaneous.....					703,985	685,000	7,661	XXX
8399997	Total Bonds - Part 3.....					703,985	685,000	7,661	XXX
8399999	Total Bonds.....					703,985	685,000	7,661	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					703,985	XXX	7,661	XXX

QE04

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Desig- nation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
<b>Bonds - U.S. Government</b>																					
	GNMA PASS THRU POOL.....		9/30/2014	CALLED(PARTIAL).....		2,048	2,048	2,048	2,048						2,048			0			1.....
	FEDERAL HOME LOAN MORTGAGE.....		09/30/2014	CALLED(PARTIAL).....		2,161	2,161	2,161	2,161						2,161			0			1.....
	MULTICLASS CMO.....		9/30/2014	CALLED(PARTIAL).....		19,291	19,291	19,291	19,291						19,291			0			1.....
	GOVERNMENT NATIONAL MORTGAGE ASSN.....		09/30/2014	CALLED(PARTIAL).....		14,358	14,358	14,358	14,358						14,358			0			1.....
0599999	Total Bonds - U.S. Government.....					37,858	37,858	37,858	37,858	0	0	0	0	0	37,858	0	0	0	0	0	XXX... .XXX...
<b>Bonds - Industrial and Miscellaneous</b>																					
36966T	EF 5 GENERAL ELECTRIC CAP CORP.....		7/14/2014	CALLED.....		100,000	100,000	100,000	100,000						100,000			0		4,000	1/13/2027
24424C	BN 0 JOHN DEERE CORP.....		7/15/2014	MATURED.....		20,000	20,000	20,000	20,000						20,000			0		450	7/15/2014
120280	RR 5 BULLITT CNTY KY SCH DIST.....		8/20/2014	CALLED.....		40,000	40,000	40,960	40,263						40,000			0		1,160	9/1/2027
0258MO	CZ 0 AMERICAN EXPRESS CREDIT CO.....		8/25/2014	MATURED.....		29,000	29,000	29,870	29,366						29,000			0		1,486	8/25/2014
78423E	CY 8 SG STRUCTURED PRODUCTS INC.....		9/22/2014	CALLED.....		50,000	50,000	48,188	48,188						48,383		1,617	1,617	2,000	9/19/2032	
02006D	DA 6 ALLY FINL INC.....		9/25/2014	CALLED.....		49,223	50,000	50,000	50,000						49,223			0		776	2/15/2017
05949Q	BD 6 BANC AMERICA.....		9/30/2014	CALLED(PARTIAL).....		1,726	25,000	24,938	22,963						19,364			0		309	3/25/2036
3899999	Total Bonds - Industrial and Miscellaneous.....					289,949	314,000	313,956	310,780	0	0	0	0	0	305,970	0	1,617	1,617	10,181	10,181	XXX... .XXX...
8399997	Total Bonds - Part 4.....					327,807	351,858	351,814	348,638	0	0	0	0	0	343,828	0	1,617	1,617	10,181	10,181	XXX... .XXX...
8399999	Total Bonds.....					327,807	351,858	351,814	348,638	0	0	0	0	0	343,828	0	1,617	1,617	10,181	10,181	XXX... .XXX...
<b>Common Stocks - Industrial and Miscellaneous</b>																					
30281B	20 1 FIRST TRUST UNIT 3895.....		7/31/2014	CALLED(PARTIAL).....		4,009,000	616	XXX	40,007	39,978					39,307			0		365	XXX... L.....
30281M	75 1 FIRST TRUST GLOBAL EQUITY PURCH PWR 1....		7/31/2014	CALLED(PARTIAL).....		5,276,000	458	XXX	50,001	49,991					49,533			0		612	XXX... L.....
30282T	70 6 FIRST TRUST TARGET.....		9/30/2014	CALLED(PARTIAL).....		6,262,000	505	XXX	60,005	60,005					59,500			0		1,131	XXX... L.....
9099999	Total Common Stocks - Industrial and Miscellaneous.....					1,579	XXX	150,013	149,974	0	0	0	0	0	148,340	0	0	0	0	2,108	XXX... .XXX...
9799997	Total Common Stocks - Part 4.....					1,579	XXX	150,013	149,974	0	0	0	0	0	148,340	0	0	0	0	2,108	XXX... .XXX...
9799999	Total Common Stocks.....					1,579	XXX	150,013	149,974	0	0	0	0	0	148,340	0	0	0	0	2,108	XXX... .XXX...
9899999	Total Preferred and Common Stocks.....					1,579	XXX	150,013	149,974	0	0	0	0	0	148,340	0	0	0	0	2,108	XXX... .XXX...
9999999	Total Bonds, Preferred and Common Stocks.....					329,386	XXX	501,827	498,612	0	0	0	0	0	492,168	0	1,617	1,617	12,289	12,289	XXX... .XXX...

QE05

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**Sch. DB-Pt A-Sn 1  
NONE**

**Sch. DB-Pt A-Sn 1-Footer A  
NONE**

**Sch. DB-Pt A-Sn 1-Footer B  
NONE**

**Sch. DB-Pt B-Sn 1  
NONE**

**Sch. DB-Pt B-Sn 1-Footer A  
NONE**

**Sch. DB-Pt B-Sn 1-Footer B  
NONE**

**Sch. DB-Pt B-Sn 1B-Broker List  
NONE**

**Sch. DB-Pt D-Sn 1  
NONE**

**Sch. DB-Pt D-Sn 2  
NONE**

**Sch. DL-Pt. 1  
NONE**

**Sch. DL-Pt. 2  
NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
CFG COMMUNITY BANK..... MARYLAND.....		.....2.750	.....423		.....61,000	.....61,000	.....61,000	XXX..
FIFTH THIRD BANK CHECKING ACCOUNT..... OHIO.....					.....50	.....50	.....50	XXX..
FIFTH THIRD BANK MONEY MARKET..... OHIO.....			.....353		.....200,326	.....200,445	.....200,560	XXX..
HSBC BANK.....			.....(950)		.....120,240	.....123,760	.....121,550	XXX..
JANNEY MONTGOMERY SCOTT MONEY MARK.....			.....2			.....400,000	.....400,002	XXX..
PNC COMMERCIAL ACCOUNT..... OHIO.....					.....208,282	.....406,336	.....276,071	XXX..
PNC MONEY MARKET..... OHIO.....			.....218		.....602,308	.....202,397	.....202,429	XXX..
WELLS FARGO BANK..... NORTH CAROLINA.....			.....500		.....121,125	.....124,125	.....123,000	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	.....546	.....0	.....1,313,331	.....1,518,113	.....1,384,662	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	.....546	.....0	.....1,313,331	.....1,518,113	.....1,384,662	XXX..
0499999. Cash in Society's Office.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....25	.....25	.....25	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	.....546	.....0	.....1,313,356	.....1,518,138	.....1,384,687	XXX..

### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
------------------	-----------	-----------------------	--------------------------	-----------------------	--------------------------------------	--	-------------------------------------

**NONE**