

AMENDED FILING EXPLANATION

NAIC COCODE: 56340 GROUP CODE: 0
2014 QUARTER 3 STATEMENT FILING
FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA
KENNETH ARENDT, EXECUTIVE SECRETARY TELEPHONE: 216.642.9406, EXT. 113

NAIC LETTER DATE: NOVEMBER 21, 2014
NAIC CONTACT: KRISTI MONTANELLI, SR. INSURANCE REPORTING ANALYST, NAIC FINANCIAL REGULATORY SERVICES

AN AMENDED FILING FOR THE 2014 QUARTER 3 STATEMENT HAS BEEN REQUESTED BY THE NAIC REGARDING THE "NOTES TO FINANCIAL STATEMENTS" NOTE 32. DUE TO CHANGES TO SSAP NO. 30 THE REQUIRED DISCLOSURES FOR FHLB BORROWING AND FUNDING AGREEMENTS HAVE CHANGED AND MOVED TO NOTE 11B STARTING WITH THE 2014 QUARTERLY STATEMENTS. THE AMENDED FILING IS REQUIRED TO CORRECT NOTE 32 AND MOVE THE DISCLOSURES ON THE ORIGINAL FILING TO NOTE 11B. PER SSAP NO. 30 NOTE 32 SHOULD REFLECT NOTHING FOR FHLB AGREEMENTS. THE AMENDED FILING WILL BE SUBMITTED ELECTRONICALLY VIA THE NAIC INTERNET FILING SITE.



QUARTERLY STATEMENT

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

FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA

NAIC Group Code.....0000, 0000 (Current Period) (Prior Period)	NAIC Company Code..... 56340	Employer's ID Number..... 34-0220550
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... January 9, 1892	Commenced Business..... October 1, 1890	
Statutory Home Office	6611 ROCKSIDE ROAD..... INDEPENDENCE OH US 44131 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	6611 ROCKSIDE ROAD..... INDEPENDENCE OH US 44131 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	216-642-9406 <i>(Area Code) (Telephone Number)</i>
Mail Address	6611 ROCKSIDE ROAD..... INDEPENDENCE OH US 44131 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	6611 ROCKSIDE ROAD..... INDEPENDENCE OH US 44131 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	216-642-9406 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	WWW.FCSU.COM	
Statutory Statement Contact	KENNETH ANTHONY ARENDT <i>(Name)</i> FCSU@AOL.COM <i>(E-Mail Address)</i>	216-642-9406 <i>(Area Code) (Telephone Number) (Extension)</i> 216-642-4310 <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. ANDREW MATHEW RAJEC	PRESIDENT	2. KENNETH ANTHONY ARENDT	EXECUTIVE SECRETARY
3. GEORGE FRANCIS MATTA	TREASURER	4. ANDREW R. HARCAR SR	VICE PRESIDENT

OTHER

GARY J. MATTA	GENERAL COUNSEL	EDWARD COWMAN	ACTUARY
---------------	-----------------	---------------	---------

DIRECTORS OR TRUSTEES

ANDREW MATHEW RAJEC	ANDREW R. HARCAR SR	KENNETH ANTHONY ARENDT	GEORGE FRANCIS MATTA
REV. THOMAS NASTA	RUDOLPH BERNATH	REGIS BREKOSKY	HENRY HASSAY
KAREN HUNKA	JAMES MARMOL	JOSEPH MINAROVICH	MILOS MITRO
DAMIAN NASTA	SUSAN ONDREJCO	CARL UNGVARSKY	

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

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) ANDREW MATHEW RAJEC _____ 1. (Printed Name) PRESIDENT _____ (Title)	_____ (Signature) KENNETH ANTHONY ARENDT _____ 2. (Printed Name) EXECUTIVE SECRETARY _____ (Title)	_____ (Signature) GEORGE FRANCIS MATTA _____ 3. (Printed Name) TREASURER _____ (Title)
--	---	---

Subscribed and sworn to before me
This 5TH day of NOVEMBER, 2014

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

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

	State of Domicile	2014	2013
NET INCOME			
(1) FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA state basis (Page 4, Line 31, Columns 1 & 2)	OHIO	1,968,598	2,009,140
(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)	OHIO	1,968,598	2,009,140
SURPLUS			
(5) FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA state basis (Page 3, line 30, Columns 1 & 2)	OHIO	24,665,480	22,681,610
(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)	OHIO	24,665,480	22,681,610

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

D. Loan-Backed Securities

(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 st 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 st Quarter			
OTTI recognized 2 nd 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 nd Quarter			
OTTI recognized 3 rd 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 th Quarter			
OTTI recognized 4 th 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			
l.	Total 4 th Quarter			
m.	Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value	Present Value of Projected	Recognized Other-Than-Tem	Amortized Cost After	Fair Value at	Date of Financial Statement Where
-------	------------------------------	----------------------------	---------------------------	----------------------	---------------	-----------------------------------

NOTES TO FINANCIAL STATEMENTS

	Amortized Cost Before Current Period OTTI	Cash Flows	porary Impairment	Other-Than-Te mporary Impairment	Time of OTTI	Reported
Total						

- (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

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

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

No significant change.

Note 11 - Debt

B. FHLB (Federal Home Loan Bank) Agreements

(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	504,647	504,647	
(b)	Membership Stock – Class B			
(c)	Activity Stock	911,353	911,353	
(d)	Excess Stock			
(e)	Aggregate Total	1,416,000	1,416,000	
(f)	Actual or estimated borrowing capacity as determined by the insurer	45,919,678	XXX	XXX

2. Prior Year

		1 Total 2 + 3	2 General Account	3 Separate Accounts
(a)	Membership Stock – Class A	458,220	458,220	
(b)	Membership Stock – Class B	911,280	911,280	
(c)	Activity Stock			

NOTES TO FINANCIAL STATEMENTS

		1 Total 2 + 3	2 General Account	3 Separate Accounts
(d)	Excess Stock			
(e)	Aggregate Total	1,369,500	1,369,500	
(f)	Actual or estimated borrowing capacity as determined by the insurer	40,884,580	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	52,992,579	95,910,042	42,026,409

2. Current Year General Account

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged	52,992,579	95,910,042	42,026,409

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	45,871,381	98,996,484	39,818,882

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	52,992,579	95,910,042	42,026,409

2. Current Year General Account

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged	52,992,579	95,910,042	42,026,409

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	45,871,381	98,996,484	39,818,882

(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	42,026,409	42,026,409		42,026,409
(c)	Other				XXX
(d)	Aggregate Total	42,026,409	42,026,409		42,026,409

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	39,818,882	39,818,882		39,818,882
(c)	Other				XXX
(d)	Aggregate Total	39,818,882	39,818,882		39,818,882

b. Maximum Amount During Reporting Period (Current Year)

		1 Total 2 + 3	2 General Account	3 Protected Cell Account
1.	Debt			

NOTES TO FINANCIAL STATEMENTS

		1 Total 2 + 3	2 General Account	3 Protected Cell Account
2.	Funding Agreements	42,026,409	42,026,409	
3.	Other			
4.	Aggregate Total	42,026,409	42,026,409	

c. FHLB Prepayment Obligations

		Does the company have prepayment obligations under the following arrangements?
1.	Debt	NO
2.	Funding Agreements	NO
3.	Other	NO

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

A. Defined Benefit Plan

(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						

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

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

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

No significant change.

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

(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)

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

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

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	\$
Liabilities	
b. Risk adjustment user fees payable	\$
c. Premium adjustments payable	\$
Operations (Revenue & Expense)	
d. Premium for accident and health contracts (written/collected)	\$

(2) Transitional Reinsurance Program

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

NOTES TO FINANCIAL STATEMENTS

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 & 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 & 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

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses****NOTE: This disclosure is required in every filing for the Quarterly Statement.****Note 26 - Intercompany Pooling Arrangements**

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

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

No significant change.

Note 34 - Separate Accounts

No significant change.

Note 35 - Loss/Claim Adjustment Expenses

No significant change.

NOTES TO FINANCIAL STATEMENTS
