AMENDED FILING EXPLANATION

1. Recognized $50,000 in accrued General Expenses for the 2014 estimated Acturial, Audit and Accounting fees for the year-end work on the 2014 Annual Statement and Audit.
2. Page 6, Analysis of Oerations by Lines of Business, Line 21, General Expenses increased by $50,000 and allocation to Life Insurance, Annuities, etc. was changed.
3. Notes 1B, 1C, 2, 20 (4), 20 (5), 20B, 23A ,29c, 32A (5), 32 (c) were expanded.
4. Interrogatories Part 1, 3.4, 11, 24.01, 30, 33.2, Part 2, 15.1, 19.2, were expanded.
5. Schedule S was revised.
6. Cash Flow Statement, Page 5, Line 12.5 was reclassified.

FRATERNAL ORDERS - ASSOCIATION EDITION

* 5 6 3 2 4 2 0 1 4 2 0 1 0 0 1 0 5 *

ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

CZECH CATHOLIC UNION

NAIC Group Code.....0000, 0000 (Current Period) (Prior Period) NAIC Company Code..... 56324 Employer's ID Number..... 34-0105780

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

Incorporated/Organized.....January 1, 1899 Commenced Business.....

Statutory Home Office 5349 DOLLOFF ROAD….. CLEVELAND ..... OH ..... US 44127
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 5349 DOLLOFF ROAD….. CLEVELAND ..... OH ..... US..... 44127 216-341-0444
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 5349 DOLLOFF ROAD….. CLEVELAND ..... OH ..... US 44127
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 5349 DOLLOFF ROAD….. CLEVELAND ..... OH ..... US 44127 216-341-0444
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.CZECHCCU.ORG

Statutory Statement Contact ROBERT L CERMAK 216-341-0444
(Name) (Area Code) (Telephone Number) (Extension)
INSURANCE@CZECHCCU.ORG 216-341-0711
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

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

(Signature)	(Signature)	(Signature)
ROBERT L CERMAK	JANE M MILCZEWSKI	AUDREY SCHMIDT
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	SECRETARY	1ST VICE PRESIDENT
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2015

a. Is this an original filing? Yes [ ] No [x]
b. If no 1. State the amendment number 1
2. Date filed April 15, 2015
3. Number of pages attached 23

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including $.....0 Modco Reserve)	14,256,057	13,190,745
2.	Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including $.....0 Modco Reserve)		
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including $.....0 Modco Reserve)		
4.	Contract claims:		
	4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11)	24,941	25,274
	4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11)		
5.	Refunds due and unpaid (Exhibit 4, Line 10)		
6.	Provision for refunds payable in following calendar year-estimated amounts:		
	6.1 Apportioned for payment	40,000	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 (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)	30,895	1,670
8.	Contract liabilities not included elsewhere:		
	8.1 Surrender values on canceled contracts		
	8.2 Other amounts payable on reinsurance including $.....0 assumed and $.....0 ceded		
	8.3 Interest Maintenance Reserve (IMR, Line 6)	98,220	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 (Exhibit 2, Line 12, Col. 7)	51,333	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 (Exhibit 3, Line 8, Col. 6)	954	935
14.	Unearned investment income		
15.	Amounts withheld or retained by Society as agent or trustee	29,328	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 $.....0		
21.	Miscellaneous liabilities:		
	21.1 Asset valuation reserve (AVR, Line 16, Col. 7)	312,367	387,714
	21.2 Reinsurance in unauthorized and certified ($.....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)	14,844,095	13,806,690
24.	From Separate Accounts statement		
25.	Total liabilities (Lines 23 and 24)	14,844,095	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	2,509,619	2,369,876
30.	Total (Lines 26 through 29) (Page 4, Line 47) (including $.....0 in Separate Accounts statement)	2,509,619	2,369,876
31.	Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3)	17,353,714	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	2 Prior Year
1.	Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1)	1,308,205	1,070,881
2.	Considerations for supplementary contracts with life contingencies		
3.	Net investment income (Exhibit of Net Investment Income, Line 17)	797,946	698,112
4.	Amortization of Interest Maintenance Reserve (IMR, Line 5)	13,176	8,899
5.	Separate Accounts net gain from operations excluding unrealized gains or losses		
6.	Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)		
7.	Reserve adjustments on reinsurance ceded		
8.	Miscellaneous Income:		
	8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
	8.2 Charges and fees for deposit-type contracts		
	8.3 Aggregate write-ins for miscellaneous income	0	0
9.	Totals (Lines 1 to 8.3)	2,119,327	1,777,892
10.	Death benefits	201,556	147,166
11.	Matured endowments (excluding guaranteed annual pure endowments)		
12.	Annuity benefits	377,497	381,238
13.	Disability benefits and benefits under accident and health contracts, including premiums waived $.....0		
14.	Surrender benefits and withdrawals for life contracts	68,074	60,555
15.	Interest and adjustments on contract or deposit-type contracts funds		
16.	Payments on supplementary contracts with life contingencies		
17.	Increase in aggregate reserve for life and accident and health contracts	1,065,312	857,786
18.	Totals (Lines 10 to 17)	1,712,439	1,446,745
19.	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5)		
20.	Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5)		
21.	General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)	347,533	263,225
22.	Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5)	9,702	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	25,623	0
26.	Totals (Lines 18 to 25)	2,095,297	1,719,179
27.	Net gain from operations before refunds to members (Line 9 minus Line 26)	24,030	58,713
28.	Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2)	30,679	535
29.	Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28)	(6,649)	58,178
30.	Net realized capital gains (losses) less capital gains tax of $.....0 (excluding $.....15,716 transferred to the IMR)	106,506	248,020
31.	Net income (Lines 29 + 30)	99,857	306,198
	SURPLUS ACCOUNT		
32.	Surplus, December 31, previous year (Page 3, Line 30, Col. 2)	2,369,876	2,103,389
33.	Net income from operations (Line 31)	99,857	306,198
34.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0	(35,461)	(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	75,347	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	(1,330)
46.	Net change in surplus for the year (Lines 33 through 45)	139,743	266,487
47.	Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30)	2,509,619	2,369,876

DETAILS OF WRITE-INS

08.301.			
08.302.			
08.303.			
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399.	Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	0	0
2501.	Various Other Expenses	25,623	
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	25,623	0
4501.	Audit Adjustment		(1,330)
4502.			
4503.			
4598.	Summary of remaining write-ins for Line 45 from overflow page	0	0
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)	0	(1,330)

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	1,336,564	1,076,766
2.	Net investment income	823,678	648,553
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	2,160,242	1,725,319
5.	Benefit and loss related payments	647,460	610,841
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	308,112	248,370
8.	Dividends paid to policyholders	40,679	50,535
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	996,251	909,746
11.	Net cash from operations (Line 4 minus Line 10)	1,163,991	815,573
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	1,293,608	1,268,378
	12.2 Stocks	605,457	1,270,222
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		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)	1,899,065	6,113,975
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	3,391,566	6,060,313
	13.2 Stocks	388,437	360,823
	13.3 Mortgage loans		
	13.4 Real estate	1,186	
	13.5 Other invested assets		30,000
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	3,781,190	6,451,136
14.	Net increase (decrease) in contract loans and premium notes	(1,282)	8,666
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(1,880,843)	(345,827)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	2,089	(50,454)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	2,089	(50,454)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(714,763)	419,292
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	1,832,995	1,413,703
	19.2 End of year (Line 18 plus Line 19.1)	1,118,232	1,832,995

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2) through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts	1,308,205	72,706	1,235,499				1,308,205		
2. Considerations for supplementary contracts with life contingencies	0						0		
3. Net investment income	797,946	398,973	398,973				797,946		
4. Amortization of interest maintenance reserve (IMR)	13,176	6,588	6,588				13,176		
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0						0		
6. Commissions and expense allowances on reinsurance ceded	0						0		
7. Reserve adjustments on reinsurance ceded	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	0						0		
8.2 Charges and fees for deposit-type contracts	0						0		
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	2,119,327	478,267	1,641,060	0	0	0	2,119,327	0	0
10. Death benefits	201,556	201,556					201,556		
11. Matured endowments (excluding guaranteed annual pure endowments)	0						0		
12. Annuity benefits	377,497		377,497				377,497		
13. Disability benefits and benefits under accident and health contracts, including premiums waived $ 0	0						0		
14. Surrender benefits and withdrawals for life contracts	68,074	68,074					68,074		
15. Interest and adjustments on contract or deposit-type contract funds	0						0		
16. Payments on supplementary contracts with life contingencies	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts	1,065,312	(24,562)	1,089,874				1,065,312		
18. Totals (Lines 10 to 17)	1,712,439	245,068	1,467,371	0	0	0	1,712,439	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only)	0						0		
20. Commissions and expense allowances on reinsurance assumed	0						0		
21. General insurance expenses and fraternal expenses	347,533	147,699	147,698				295,397	52,136	
22. Insurance taxes, licenses and fees	9,702	9,702					9,702		
23. Increase in loading on deferred and uncollected premiums	0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance	0						0		
25. Aggregate write-ins for deductions	25,623	15,374	10,249	0	0	0	25,623	0	0
26. Totals (Lines 18 to 25)	2,095,297	417,843	1,625,318	0	0	0	2,043,161	52,136	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26)	24,030	60,424	15,742	0	0	0	76,166	(52,136)	0
28. Refunds to members	30,679	30,679					30,679		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28)	(6,649)	29,745	15,742	0	0	0	45,487	(52,136)	0
DETAILS OF WRITE-INS									
08.301.	0						0		
08.302.	0						0		
08.303.	0						0		
08.398. Summary of remaining write-ins for Item 8.3 from overflow page	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above)	0	0	0	0	0	0	0	0	0
2501. Miscellaneous Expenses	25,623	15,374	10,249				25,623		
2502.	0						0		
2503.	0						0		
2598. Summary of remaining write-ins for Item 25 from overflow page	0	0	0	0	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above)	25,623	15,374	10,249	0	0	0	25,623	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Rent	3,000						3,000
2.	Salaries and wages	90,689					10,000	100,689
3.11	Insured benefit plans for employees							0
3.12	Insured benefit plans for fieldworkers							0
3.21	Uninsured benefit plans for employees							0
3.22	Uninsured benefit plans for fieldworkers							0
3.31	Other employee welfare							0
3.32	Other fieldworker welfare							0
4.1	Legal fees and expenses	585						585
4.2	Medical examination fees							0
4.3	Inspection report fees							0
4.4	Fees of public accountants and consulting actuaries	132,722						132,722
4.5	Expense of investigation and settlement of certificate claims							0
5.1	Traveling expenses	4,445						4,445
5.2	Advertising	10,140						10,140
5.3	Postage, express, telegraph and telephone	5,630						5,630
5.4	Printing and stationery	1,126						1,126
5.5	Cost or depreciation of furniture and equipment							0
5.6	Rental of equipment	2,865						2,865
5.7	Cost or depreciation of EDP equipment and software							0
5.8	Lodge supplies less $.....0 from sales	2,022						2,022
6.1	Books and periodicals	59						59
6.2	Bureau and association dues	135						135
6.3	Insurance, except on real estate	8,830						8,830
6.4	Miscellaneous losses							0
6.5	Collection and bank service charges							0
6.6	Sundry general expenses	12,380						12,380
7.1	Field expense allowance							0
7.2	Fieldworkers' balances charged off (less $.....0 recovered)							0
7.3	Field conferences other than local meetings							0
8.1	Official publications						15,476	15,476
8.2	Expense of Supreme Lodge Meetings						4,048	4,048
9.1	Real estate expenses	10,121				5,000		15,121
9.2	Investment expenses not included elsewhere	278						278
9.3	Aggregate write-ins for expenses	10,370	0	0	0	0	22,612	32,982
10.	General Expenses Incurred	295,397	0	0	0	5,000	(a) 52,136	(b) 352,533
11.	General expenses unpaid December 31, prior year	25,721						25,721
12.	General expenses unpaid December 31, current year	51,333						51,333
13.	General expenses paid during year (Lines 10 + 11 - 12)	269,785	0	0	0	5,000	52,136	326,921
	DETAILS OF WRITE-INS							
09.301	SCHOLARSHIP - HIGH SCHOOL GRANTS						19,000	19,000
09.302	DONATIONS						3,612	3,612
09.303	COPIER SUPPLIES AND COMPUTER REPAIRS	10,370						10,370
09.398	Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	0	0
09.399	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above)	10,370	0	0	0	0	22,612	32,982

(a) Show the distribution of this amount in the following categories:
1. Charitable $.....3,612; 2. Institutional $.....4,048; 3. Recreational and Health $.....0; 4. Educational $.....19,000
5. Religious $.....5,000; 6. Membership $.....15,476; 7. Other $.....5,000; 8. Total $.....52,136

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Real estate taxes				1,908		1,908
2.	State insurance department licenses and fees	1,447					1,447
3.	Other state taxes, including $.....0 for employee benefits						0
4.	U.S. Social Security taxes	6,031					6,031
5.	All other taxes	2,224					2,224
6.	Taxes, licenses and fees Incurred	9,702	0	0	1,908	0	11,610
7.	Taxes, licenses and fees unpaid December 31, prior year	935					935
8.	Taxes, licenses and fees unpaid December 31, current year				954		954
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8)	10,637	0	0	954	0	11,591

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums		
2.	Applied to shorten the endowment or premium-paying period		
3.	Applied to provide paid-up additions	40,679	
4.	Applied to provide paid-up annuities		
5.	Total (Lines 1 to 4)	40,679	0
6.	Paid-in cash		
7.	Left on deposit		
8.	Aggregate write-ins for dividend or refund	0	0
9.	Total (Lines 5 to 8)	40,679	0
10.	Amount due and unpaid		
11.	Provision for dividends or refunds payable in the following calendar year	40,000	
12	Terminal dividends		
13.	Provision for deferred dividend contracts		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13		
15.	Total (Lines 10 through 14)	40,000	0
16.	Total from prior year	50,000	
17.	Total dividends or refunds (Line 9 + 15 - 16)	30,679	0
	DETAILS OF WRITE-INS		
0801.			
0802.			
0803.			
0898.	Summary of remaining write-ins for Line 8 from overflow page	0	0
0899.	Totals (Line 0801 thru 0803 plus 0898) (Line 8 above)	0	0

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

	State of Domicile	2014	2013
NET INCOME			
(1) CZECH CATHOLIC UNION state basis (Page 4, Line 31, Columns 1 & 2)	OH	99,857	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	99,857	306,198
SURPLUS			
(5) CZECH CATHOLIC UNION state basis (Page 3, line 30, Columns 1 & 2)	OH	2,509,619	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	2,509,619	2,369,876

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statments in conformity with Statutory Accounting Principles requires management to assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The life and annuity premiums are recognized as income when earned. Expenses incurred in connection with acquiring new insuracne are charged to operations as incurred.

The amount of dividendsto be paid to policyholders is determined annually by the Union's Board of directors. The aggregate ammount of policyholders' dividends is related to actual interest, mortality, morbidity, and expense experience for the year and judgement as to the appropriate level of statutory surplus to be retained by the Union.

In addition, the Union uses the following accounting policies:

(1) Bonds are stated at amortized cost using the interest method.

(2) Common Stocks are stated at market.

(3) Preferred Stocks are stated at cost.

(4) Subsidiaries controledd and affiliated companies - None.

(5) Joint ventures, partnerships, and limited liabilites companies - None.

(6) Deriviatives - None.

(7) Premium deficiency calculation - None.

(8) Short term investments - None.

(9) Mortgage loans - None.

(10) Loan backed securities - None.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ulimate liabilty may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period dtermined.

(12) The Union has not modified its capitalization policy for the prior period. Real estate, furniture and fixtures are recorded at cost less depreciation over its estimated useful life.

(13) Method used for pharmaceutical rebate receivables - Not Applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The 2013 Annual Statement was amended to: reclassify a bond as stock; revise the market value of preferred stocks; Note 1A was expanded; interrogatory 28.01 was expanded; prior year assets were shifted to Common Stock; the AVR was adjusted accordingly; 2013 Dividend Income increased by $3,476; $2,146 reclassified from stock to cash; Unrealized Gain of $2,146 recognized; Audit Adjustment to Surplus of $1,330; increase in surplus of $429 from the AVR adjustment.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL - NOT APPLICABLE.

NOTE 4 – DISCONTINUED OPERATIONS - NOT APPLICABLE

NOTE 5 – INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans - NONE.

B. Debt Restructuring - NONE.

C. Reverse Mortgages - NONE.

D. Loan-Backed Securities - NONE.

E. Repurchase Agreements and/or Securities Lending Transactions - NONE.

F. Real Estate - NONE.

G. Investments in Low-Income Housing Trade Credits (LIHTC) - NONE.

H. Restricted Assets - NONE.

I. Working Capital Finance Investments - NONE.

J. Offsetting and Netting of Assets and Liabilities - NONE.

K. Structured Notes - NONE.

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES - NOT APPLICABLE

NOTE 7 – INVESTMENT INCOME

A. Due and accrued income was excluded from Investment Income from Bonds where collection of the amount is uncertain.

B. The amount excluded was $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 - NONE.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS - NOT APPLICABLE.

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS - NOT APPLICABLE.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS - NOT APPLICABLE.

NOTE 15 – LEASES - NONE.

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 - NOT APPLICABLE.

NOTES TO FINANCIAL STATEMENTS

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS - NOT APPLICABLE.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS - NONE.

NOTE 20 – FAIR VALUE MEASUREMENTS

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
COMMON STOCK	829,501			829,501
Total	829,501			829,501
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 1/1/2014	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 12/31/2014
Total										
b. Liabilities	Beginning Balance at 1/1/2014	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 12/31/2014
Total										

(3) Policy for determining when transfers between levels are reconized - Not Applicable.

(4) Fair value market values are provided by investment brokers as determined by listed market price at December 31, 2014.

(5) Derivatives - None.

B. Not Applicable.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	16,143,381	15,030,498		16,143,381		
PREFERRED STOCKS	48,060	50,000		48,060		
COMMON STOCKS	829,501	829,501	829,501			
CASH & SHORT-TERM INVESTMENTS	1,118,232	1,118,232	1,118,232			
Total	18,139,174	17,028,231	1,947,733	16,191,441		

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 - NONE.

NOTE 22 – EVENTS SUBSEQUENT - NONE.

NOTE 23. – REINSURANCE

A. Ceded Reinsurance Report

Section1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? NO

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? NO

Section 2 – Ceded Reinsurance Report – Part A

NOTES TO FINANCIAL STATEMENTS

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? NO

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. $_____0_____

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? $_____0_____

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. $_____0_____

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? NO

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? $_____

B. Uncollectible Reinsurance -Not Applicable.

(1) CZECH CATHOLIC UNION has written off in the current year reinsurance balances due from the entities listed below, the amount of:

a.	Claims incurred	
b.	Claims adjustment expenses incurred	
c.	Premiums earned	
d.	Other	
	Entity	Amount

C. Commutation of Ceded Reinsurance

CZECH CATHOLIC UNION has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Claims incurred	
(2)	Claims adjustment expenses incurred	
(3)	Premiums earned	
(4)	Other	
	Entity	Amount

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a.

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				0.000	0.000		

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		0.000	0.000		

NOTE 24. – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION - NOT APPLICABLE.

NOTES TO FINANCIAL STATEMENTS

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

A. For the year 2014, 100% of the life business is participating.
B. Dividends are accounted for as shown in Exhibit 4.
C. The Union paid dividends in the amount of $40,679 to policyholders.
D. The Union did not allocate any additional income to participating policies.

NOTE 30. – PREMIUM DEFICIENCY RESERVES - NOT APPLICABLE

NOTE 31. – RESERVES FOR LIFE CONTRACTS AND ANNUITY CONRACTS

(1) The Union waives deduction of deferred fractional premiums upon death of insured and returns any portion of final premium beyond the date of deatth.Surrender values are not promised in excess of the legally computed reserves.

(2) Extra premiums - not applicable

(3) Not applcable.

(4) The Tabular Interest (page 7, line 4) has been determined from the basic data for the calculation of policy reserves. The Tabular Less Actual Reserve Released (page 7, line 5) has been determined from the basic data for the calculation of policy reserves and the actual reserves released. The Tabular Cost (page 7, line 9) has been determined by formula as described in the instructions for page 7.

(5) For the determination of Tabular Interest on funds not involving life contingencies for each valuation rate of interest, the tabular interest is calculated as one hundredth of the product as such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation.

(6) The details for other changes: - None.

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

			General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
A.	Subject to Discretionary Withdrawal:						
	(1)	With fair value adjustment					0.000
	(2)	At book value less current surrender charge of 5% or more					0.000
	(3)	At fair value					0.000
	(4)	Total with adjustment or at fair value (total of 1 through 3)					0.000
	(5)	At book value without adjustment (minimal or no charge or adjustment)	7,646,123			7,646,123	100.000
B.	Not subject to discretionary withdrawal						0.000
C.	Total (gross: direct + assumed)		7,646,123			7,646,123	100.000
D.	Reinsurance ceded						
E.	Total (net (C) - (D)		7,646,123			7,646,123	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	7,646,123
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	
(4)	Subtotal	7,646,123
	Separate Accounts Statement:	
(5)	Exhibit 3, Line 0299999, Column 2	
(6)	Exhibit 3, Line 0399999, Column 2	
(7)	Policyholder dividend and coupon accumulations	
(8)	Policyholder premiums	
(9)	Guaranteed interest contracts	
(10)	Other contract deposit funds	
(11)	Subtotal	
(12)	Combined Total	7,646,123

NOTES TO FINANCIAL STATEMENTS

G. FHLB (Federal Home Loan Bank) Agreements

			Current Year	Prior Year
(2)	FHLB stock purchased owned as part of the agreement			
(3)	Collateral pledged to the FHLB			
(4)	Funding capacity currently available			
(5)	Total reserves related to funding agreement			
(6)	Agreement assets and liabilities			
	General Account:			
	a.	Assets		
	b.	Liabilities		
	Separate Account:			
	c.	Assets		
	d.	Liabilties		

NOTE 33. –PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2014 were:

		Gross	Net of Loading
(1)	Industrial		
(2)	Ordinary new business		
(3)	Ordinary renewal	866	866
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	866	866

NOTE 34. – SEPARATE ACCOUNTS - NONE.

NOTE 35. – LOSS/CLAIM ADJUSTMENT EXPENSES - NONE.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [X]

If yes, complete Schedule Y, Parts 1, 1A and 2.

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

1.3 State regulating? OHIO

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No [ ]

2.2 If yes, date of change: 08/26/2014

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/26/2015

3.4 By what department or departments?
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control .....%

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Hudak & Vrana CPA's 20050 Lakeshore Blvd., Euclid, OH 44123

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Joe Steimla & Associates, Inc. Joseph H. Steimla, Actuary 2867 Gypsum Circle, Naperville, IL 60564

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value .....

12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers $.....0

20.12 To stockholders not officers $.....0

20.13 Trustees, supreme or grand (Fraternal only) $.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers $.....0

20.22 To stockholders not officers $.....0

20.23 Trustees, supreme or grand (Fraternal only) $.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others .....

21.22 Borrowed from others .....

21.23 Leased from others .....

21.24 Other .....

PART 1 - COMMON INTERROGATORIES - FINANCIAL

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment .....

22.22 Amount paid as expenses .....

22.23 Other amounts paid .....

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

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

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .....

24.103 Total payable for securities lending reported on the liability page. .....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [ ] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....

25.22 Subject to reverse repurchase agreements .....

25.23 Subject to dollar repurchase agreements .....

25.24 Subject to reverse dollar repurchase agreements .....

25.25 Placed under option agreements .....

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....

25.27 FHLB Capital Stock .....

25.28 On deposit with states .....

25.29 On deposit with other regulatory bodies .....

25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....

25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....

25.32 Other .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: .....

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
Wells Fargo Advisors	950 Main Ave. Suite 300 Cleveland, OH 44113
Janney, Montgomery, Scott	822 Hanna Building Cleveland, OH 44115
PNC Investments	1900 East Ninth Street Cleveland OH 44114

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

PART 1 - COMMON INTERROGATORIES - INVESTMENT

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [X] No [ ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30283A 13 6	First Trust Deep Value Dividend 1	50,356
30284F 80 3	First Trust Europenan Deep Value Dividend 2	38,964
00771U 10 0	Advisors Asset Managment High 50	81,533
19766J 10 2	Columbia US Gov't Mort Fund	68,657
23337K 10 1	Deutsche Unconstrained Income Fund	19,721
67075A 10 6	Nuveen Preferred & Income Term Fund	44,900
74433A 10 9	Prudential Short Term Corporate Bond Fund	27,860
30277S 80 4	First Trust MLP Closed End Fund & Energy 23	52,924
30281F 40 0	First Trust North American Shale 1	19,268
30281M 75 1	First Trust Global Equity Purchasing Power 1	54,297
30274S 70 8	First Trust Interest Rate Hedge	50,281
30282N 30 3	First Trust Target High Quality Dividend 4	54,690
30282T 70 6	First Trust Target Global Dividend Leaders 1st	60,386
354713 50 5	Franklin Strategic Income Fund	45,249
30283N 30 2	First Trust Select DISP, 2nd Qtr 2014	105,497
29.2999. TOTAL		774,583

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

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation
First Trust Deep Value Dividend 1	Cisco Systems Inc	2,548	02/18/2015
First Trust Europenan Deep Value Dividend 2	Catlin Group Ltd	1,788	02/18/2015
Advisors Asset Managment High 50	L Brands Inc	2,112	12/31/2014
Columbia US Gov't Mort Fund	FNMA 30 yr TBA (Reeg)A 4.000 01/14/2045	6,392	12/31/2014
Deutsche Unconstrained Income Fund	Central Cash Management Fund	2,637	12/31/2014
Nuveen Preferred & Income Term Fund	Symetra Financial Corp 144A	1,648	12/31/2014
Prudential Short Term Corporate Bond Fund	Bank of America	975	12/31/2014
First Trust MLP Closed End Fund & Energy 23	Central Cash Management Fund	3,313	12/31/2014
First Trust North American Shale 1	Carrizo Oil & Gas Inc	1,349	02/18/2015
First Trust Global Equity Purchasing Power 1	Lockhhed Marttin Corp	1,884	02/18/2015
First Trust Interest Rate Hedge	Medtronics PLC	2,504	02/18/2015
First Trust Target High Quality Dividend 4	Dr Pepper Snapple Group	2,625	02/18/2015
First Trust Target Global Dividend Leaders 1st	Frontier Communications Corp	2,023	02/18/2015
Franklin Strategic Income Fund	iShares iBox High Yield Corporate Bond Fund ETF	633	12/31/2014
First Trust Select DISP, 2nd Qtr 2014	Lowes Companies Inc	6,034	02/18/2015

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	15,030,498	16,143,381	1,112,883
30.2 Preferred stocks	50,000	48,060	(1,940)
30.3 Totals	15,080,498	16,191,441	1,110,943

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

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

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

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - INVESTMENT

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	0

34.1 Amount of payments for legal expenses, if any? $.....585

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Hronek Law LLC	585

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	0

GENERAL INTERROGATORIES

PART 2 - FRATERNAL INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes [ ] No [X]
1.2	If yes, indicate premium earned on U.S. business only		$.....0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		.....
	1.31 Reason for excluding		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.		.....
1.5	Indicate total incurred claims on all Medicare Supplement insurance.		$.....0
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned		.....
	1.62 Total incurred claims		.....
	1.63 Number of covered lives		.....
	All years prior to most current three years:		
	1.64 Total premium earned		.....
	1.65 Total incurred claims		.....
	1.66 Number of covered lives		.....
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned		.....
	1.72 Total incurred claims		.....
	1.73 Number of covered lives		.....
	All years prior to most current three years:		
	1.74 Total premium earned		.....
	1.75 Total incurred claims		.....
	1.76 Number of covered lives		.....
2.1	Does this reporting entity have Separate Accounts?		Yes [ ] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department?	Yes [ ]	No [ ] N/A [X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?		.....
2.4	State the authority under which Separate Accounts are maintained:		
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?		Yes [ ] No [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?		Yes [ ] No [X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"		.....
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?		Yes [X] No [ ]
4.	How often are meetings of the subordinate branches required to be held?		
	monthly		
5.	How are the subordinate branches represented in the supreme or governing body?		
	By delegate		
6.	What is the basis of representation in the governing body?		
	One delegate and one alternate for each 100 members or fraction thereof		
7.1	How often are regular meetings of the governing body held?		
	Every four (4) years		
7.2	When was the last regular meeting of the governing body held?		August 25-26,2014...
7.3	When and where will the next regular or special meeting of the governing body be held?		
	2018 in Cleveland, Ohio		
7.4	How many members of the governing body attended the last regular meeting?		32
7.5	How many of the same were delegates of the subordinate branches?		32
8.	How are the expenses of the governing body defrayed?		
	General funds		
9.	When and by whom are the officers and directors elected?		
	At convention by delegates		
10.	What are the qualifications for membership?		
	Good moral character and health; of the Christian faith		
11.	What are the limiting ages for admission?		
	0-90		
12.	What is the minimum and maximum insurance that may be issued on any one life?		
	Minimun-$2,000; Maximum $35,000 with amounts over $35,000 reinsured		
13.	Is a medical examination required before issuing a benefit certificate to applicants?		Yes [ ] No [X]
14.	Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?		Yes [ ] No [X]
15.1	Are notices of the payments required sent to the members?	Yes [X]	No [ ] N/A [ ]
15.2	If yes, do the notices state the purpose for which the money is to be used?		Yes [X] No [ ]
16.	What proportion of first and subsequent years' payments may be used for management expenses?		
	16.11 First year		.....0.0 %
	16.12 Subsequent years		.....0.0 %

GENERAL INTERROGATORIES

PART 2 - FRATERNAL INTERROGATORIES

17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [ ] No [X]

17.2 If so, what amount and for what purpose? .....

18.1 Does the reporting entity pay an old age disability benefit? Yes [ ] No [X]

18.2 If yes, at what age does the benefit commence? .....

19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [X] No [ ]

19.2 If yes, when?
AUGUST 2014

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and of all the laws, rules and regulations in force at the present time? If not, please do so. Yes [X] No [ ]

21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [ ] No [X]

21.2 If so, was an additional reserve included in Exhibit 5? Yes [ ] No [ ] N/A [X]

21.3 If yes, explain

22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [ ] No [X]

22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, or on account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [ ] No [ ] N/A [X]

23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [ ] No [X]

24.1 Does the company have variable annuities with guaranteed benefits? Yes [ ] No [X]

24.2 If 24.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit

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

25.1 Amount of loss reserves established by these annuities during the current year? $.....0

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

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

26.1 Do you act as a custodian for health savings account? Yes [ ] No [X]

26.2 If yes, please provide the amount of custodial funds held as of the reporting date. .....

26.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

26.4 If yes, please provide the balance of the funds administered as of the reporting date. .....

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

27.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount

28.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]

28.2 If the answer to 28.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

29. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

29.1 Direct Premium Written..... $.....0

29.2 Total incurred claims ..... $.....0

29.3 Number of covered lives 0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
Amounts of life insurance in this exhibit should be shown in thousands (omit 000).

		1 2014	2 2013	3 2012	4 2011	5 2010
	Life Insurance in Force (Exhibit of Life Insurance)					
1.	Total (Line 21, Column 2)	18,865	18,922	18,931	18,745	18,486
	New Business Issued (Exhibit of Life Insurance)					
2.	Total (Line 2, Column 2)	182	83	280	412	219
	Premium Income (Exhibit 1, Part 1)					
3.	Life insurance - first year (Line 9.4, Column 2)	52,990	16,976	33,306	20,009	26,103
4.	Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2)	19,716	58,950	87,599	94,451	100,787
5.	Annuity (Line 20.4, Column 3)	1,235,499	994,955	978,203	1,292,135	1,183,423
6.	Accident and health (Line 20.4, Column 4)					
7.	Aggregate of all other lines of business (Line 20.4, Column 5)					
8.	Total (Line 20.4, Column 1)	1,308,205	1,070,881	1,099,108	1,406,595	1,310,314
	Balance Sheet Items (Pages 2 and 3)					
9.	Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	17,353,714	16,176,566	15,165,569	14,596,661	13,468,139
10.	Total liabilities excluding Separate Accounts business (Page 3, Line 23)	14,844,095	13,806,690	13,062,179	11,973,612	10,768,733
11.	Aggregate reserve for life certificates and contracts (Page 3, Line 1)	14,256,057	13,190,745	12,332,959	11,649,295	10,455,658
12.	Aggregate reserve for accident and health certificates (Page 3, Line 2)					
13.	Deposit-type contract funds (Page 3, Line 3)					
14.	Asset valuation reserve (Page 3, Line 21.1)	312,367	387,714	488,478	115,709	123,210
15.	Surplus (Page 3, Line 30)	2,509,619	2,369,876	1,978,389	2,623,049	2,699,406
	Cash Flow (Page 5)					
16.	Net cash from operations (Line 11)	1,163,991	815,573	374,674	1,076,769	1,004,693
	Risk-Based Capital Analysis					
17.	Total Adjusted Capital	2,841,986	2,782,590	2,522,614	2,788,758	2,872,616
18.	50% of the Calculated RBC Amount	198,530	201,612	513,772	346,714	117,809
	Percentage Distribution of Cash, Cash Equivalent and Invested Assets (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19.	Bonds (Line 1)	87.3	79.4	53.9	60.3	63.5
20.	Stocks (Lines 2.1 and 2.2)	5.1	8.0	12.1	4.8	1.9
21.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
22.	Real estate (Lines 4.1, 4.2 and 4.3)	0.3	0.3	0.4	0.1	0.3
23.	Cash, cash equivalents and short-term investments (Line 5)	6.5	11.4	9.4	18.9	18.5
24.	Contract loans (Line 6)	0.8	0.9	0.9	0.9	0.9
25.	Derivatives (Line 7)					
26.	Other invested assets (Line 8)			23.3	15.0	14.9
27.	Receivable for securities (Line 9)					
28.	Securities lending reinvested collateral assets (Line 10)					
29.	Aggregate write-ins for invested assets (Line 11)					
30.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
	Investments in Subsidiaries and Affiliates					
31.	Affiliated bonds (Schedule D Summary, Line 12, Col. 1)					
32.	Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1)					
33.	Affiliated common stock (Schedule D Summary, Line 24, Col. 1)					
34.	Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10)					
35.	Affiliated mortgage loans on real estate					
36.	All other affiliated					
37.	Total of above Lines 31 to 36	0	0	0	0	0
38.	Total investment in parent included in Lines 31 to 36 above					
	Total Nonadmitted Assets and Admitted Assets					
39.	Total nonadmitted assets (Page 2, Line 28, Col. 2)					
40.	Total admitted assets (Page 2, Line 28, Col. 3)	17,353,714	16,176,566	15,165,569	14,596,661	13,468,139
	Investment Data					
41.	Net investment income (Exhibit of Net Investment Income, Line 17)	797,946	698,112	568,642	562,205	586,489
42.	Realized capital gains (losses) (Page 4, Line 30, Column 1)	106,506	248,020	4,334		
43.	Unrealized capital gains (losses) (Page 4, Line 34, Column 1)	(35,461)	(139,145)	(182,324)	13,864	69,253
44.	Total of above Lines 41, 42 and 43	868,991	806,987	390,652	576,069	655,742

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Benefits and Reserve Increases (Page 6)					
45. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5)	647,127	588,959	942,305	494,635	472,219
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5)					
47. Increase in Life Reserves (Line 17, Column 2)	(24,562)	87,078	38,461	35,688	111,661
48. Increase in Accident and Health Reserves (Line 17, Column 5)					
49. Refunds to Members (Line 28, Column 1)	30,679	535	75,349	74,785	74,955
Operating Percentages					
50. Insurance Expense Percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0	22.2	24.6	27.1	21.1	24.1
51. Lapse Percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0		0.6	0.3	0.5	0.4
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2)					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2)					
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2)					
Accident and Health Reserve Adequacy					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1)					
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1)					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2)	29,745	10,079	(217,295)	(139,099)	(207,448)
58. Annuity (Column 3)	15,742	48,099	(119,371)	41,380	13,813
59. Supplementary Contracts (Column 4)					
60. Accident and Health (Column 5)					
61. Aggregate of All Other Lines of Business (Column 6)					
62. Fraternal (Column 8)	(52,136)				
63. Expense (Column 9)					
64. Total (Column 1)	(6,649)	58,178	(336,666)	(97,719)	(193,635)

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

If no, please explain: