



ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

Organized under the Laws of Ohio

Incorporated/Organized..... October 4, 1890

Statutory Home Office

NAIC Company Code..... 56383

Employer's ID Number..... 31-4273120

1801 Watermark Drive Suite 100..... Columbus OH 43215

(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

1801 Watermark Drive Suite 100..... Columbus OH 43215

800-848-0123

Mail Address

(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Primary Location of Books and Records

1801 Watermark Drive Suite 100..... Columbus OH 43215

800-848-0123

Internet Web Site Address

(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Statutory Statement Contact

Kevin C Hecker

800-848-0123-0142

(Name)

khecker@uct.org

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

614-487-9675

(Fax Number)

OFFICERS

Name

1. David Leonard Burt #
3. Joseph Henry Hoffman

Title

President
Chief Executive Officer

Name

2. Gerald Edwin Thomas
4.

Title

Secretary/Treasurer

Ronald Allen Ives

Jeffrey Lee Smith MAAA, FCA #

Vice-President

Consulting Actuary

Kevin Clare Hecker

Senior Vice-President & CFO

OTHER

David Leonard Burt

George Ira Bohn

Christopher Barry Phelan #

Thomas David Hoffman

Gerald Edwin Thomas

Jerry George Giff

Robert James Kellogg

Gordon Paul Woodworth

Numan Dwight Loafman #

DIRECTORS OR TRUSTEES

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

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

(Signature)
David Leonard Burt

1. (Printed Name)
President

(Title)

(Signature)
Gerald Edwin Thomas

2. (Printed Name)
Secretary/Treasurer

(Title)

(Signature)
Joseph Henry Hoffman

3. (Printed Name)
Chief Executive Officer

(Title)

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

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

The Order Of United Commercial Travelers Of America
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	16,657,645	0	16,657,645	16,570,871
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....1,379,045, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....170,024, Schedule DA).....	1,549,069	0	1,549,069	2,191,433
6. Contract loans (including \$.....0 premium notes).....	.976,691	0	.976,691	.936,503
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	19,183,405	0	19,183,405	19,698,807
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	121,949	0	121,949	.129,512
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	.47,252	0	.47,252	.36,892
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	.97,822	0	.97,822	.100,319
15.3 Accrued retrospective premiums.....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	.410,879	0	.410,879	.1,121,640
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	.63,404	0	.63,404	.63,404
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	.203,774	196,993	.6,781	11,557
21. Furniture and equipment, including health care delivery assets (\$.....0).....	.16,043	.16,043	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	.674,144	.674,144	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	20,818,672	.887,180	.19,931,492	.21,162,131
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTALS (Lines 26 and 27).....	20,818,672	.887,180	.19,931,492	.21,162,131

DETAILS OF WRITE-INS

1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other Assets Nonadmitted.....	.674,144	.674,144	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.674,144	.674,144	0	0

The Order Of United Commercial Travelers Of America
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).....	3,403,254	3,806,006
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	1,303,577	1,460,217
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	23,081	72,630
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	21,366	29,281
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	2,634,459	1,613,339
5. Refunds due and unpaid (Exhibit 4, Line 10).....	0	0
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	0	0
6.2 Not yet apportioned.....	0	0
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....173,235 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	177,278	279,570
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	0	0
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	0	0
8.3 Interest Maintenance Reserve (IMR, Line 6).....	301,229	312,692
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$....34.....	34	15,105
10. Commissions and expense allowances payable on reinsurance assumed.....	0	0
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	701,832	613,311
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	0	0
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	37,898	67,348
14. Unearned investment income.....	0	0
15. Amounts withheld or retained by Society as agent or trustee.....	207,270	200,659
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	0	0
17. Remittances and items not allocated.....	45,543	34,868
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0
19. Liability for benefits for employees and fieldworkers if not included above.....	0	0
20. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	57,881	58,193
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	0	0
21.4 Payable to subsidiaries and affiliates.....	0	0
21.5 Drafts outstanding.....	0	0
21.6 Funds held under coinsurance.....	0	0
21.7 Derivatives.....	0	0
21.8 Payable for securities.....	0	0
21.9 Payable for securities lending.....	0	0
22. Aggregate write-ins for liabilities.....	1,404,355	3,095,262
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	10,319,057	11,658,481
24. From Separate Accounts statement.....	0	0
25. Total liabilities (Lines 23 and 24).....	10,319,057	11,658,481
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	25,000	25,000
29. Unassigned funds.....	9,587,436	9,478,650
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	9,612,436	9,503,650
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	19,931,493	21,162,131

DETAILS OF WRITE-INS

2201. Amounts Payable to Reinsurer.....	642,670	2,134,018
2202. Deferred Income - Reinsurance Assumed.....	296,759	356,111
2203. Unclaimed Funds.....	464,926	605,133
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).....	1,404,355	3,095,262
2601.	0	0
2602.	0	0
2603.	0	0
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. Fraternal Fund.....	25,000	25,000
2802.	0	0
2803.	0	0
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).....	25,000	25,000

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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).....	12,476,253	12,103,684
2. Considerations for supplementary contracts with life contingencies.....	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	498,277	558,845
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	61,080	81,764
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....	9,272,539	12,924,157
7. Reserve adjustments on reinsurance ceded.....	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with 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.....	1,304,516	952,893
9. Totals (Lines 1 to 8.3).....	23,612,665	26,621,343
10. Death benefits.....	476,588	15,446
11. Matured endowments (excluding guaranteed annual pure endowments).....	9,814	34
12. Annuity benefits.....	335,708	163,449
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	7,767,425	8,097,566
14. Surrender benefits and withdrawals for life contracts.....	33,065	89,941
15. Interest and adjustments on contract or deposit-type contracts funds.....	425	146
16. Payments on supplementary contracts with life contingencies.....	0	0
17. Increase in aggregate reserve for life and accident and health contracts.....	(546,396)	(135,655)
18. Totals (Lines 10 to 17).....	8,076,629	8,230,927
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).....	6,688,266	9,836,771
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....	0	0
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	8,039,470	9,979,915
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	425,055	442,650
23. Increase in loading on deferred and uncollected premiums.....	(607)	824
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0	0
25. Aggregate write-ins for deductions.....	0	0
26. Totals (Lines 18 to 25).....	23,228,813	28,491,087
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	383,852	(1,869,744)
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	0	0
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	383,852	(1,869,744)
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....49,617 transferred to the IMR).....	27,947	0
31. Net income (Lines 29 + 30).....	411,799	(1,869,744)
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	9,503,654	10,739,937
33. Net income from operations (Line 31).....	411,799	(1,869,744)
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(5,714)	1,824
35. Change in net unrealized foreign exchange capital gain (loss).....	(339,929)	(285,059)
36. Change in nonadmitted assets.....	42,315	918,350
37. Change in liability for reinsurance in unauthorized and certified companies.....	0	0
38. Change in reserve on account of change in valuation basis, (increase) or decrease.....	0	0
39. Change in asset valuation reserve.....	312	(1,654)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	0	0
41. Other changes in surplus in Separate Accounts statement.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Change in surplus as a result of reinsurance.....	0	0
45. Aggregate write-ins for gains and losses in surplus.....	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	108,783	(1,236,283)
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	9,612,437	9,503,654

DETAILS OF WRITE-INS

08.301. Donations.....	10,935	7,402
08.302. Supreme Dues.....	1,013,388	584,629
08.303. Misc. Income.....	280,193	360,862
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).....	1,304,516	952,893
2501.	0	0
2502.	0	0
2503.	0	0
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).....	0	0
4501.	0	0
4502.	0	0
4503.	0	0
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	0

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CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	12,366,706	12,176,451
2. Net investment income.....	612,441	645,765
3. Miscellaneous income.....	9,796,468	14,204,524
4. Total (Lines 1 through 3).....	22,775,615	27,026,740
5. Benefit and loss related payments.....	7,672,103	8,426,641
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	14,893,256	19,204,102
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	0	0
10. Total (Lines 5 through 9).....	22,565,359	27,630,743
11. Net cash from operations (Line 4 minus Line 10).....	210,256	(604,003)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	3,790,573	3,800,376
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	2,224,000
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,790,573	6,024,376
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	4,246,997	5,278,159
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,246,997	5,278,159
14. Net increase (decrease) in contract loans and premium notes.....	40,187	20,962
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(496,611)	725,255
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	(356,009)	(1,453,576)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(356,009)	(1,453,576)
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).....	(642,364)	(1,332,324)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,191,433	3,523,757
19.2 End of year (Line 18 plus Line 19.1).....	1,549,069	2,191,433

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

20.0001	0	0
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The Order Of United Commercial Travelers Of America

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.....	12,476,253	222,859	43,132	0	12,210,262	0	12,476,253	0	0
2. Considerations for supplementary contracts with life contingencies.....	0	0	0	0	0	0	0	0	0
3. Net investment income.....	498,277	214,757	46,340	0	237,180	0	498,277	0	0
4. Amortization of interest maintenance reserve (IMR).....	61,079	26,325	5,680	0	29,074	0	61,079	0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0	0	0	0	0	0	0	0	0
6. Commissions and expense allowances on reinsurance ceded.....	9,272,539	150,032	2,741	0	9,119,766	0	9,272,539	0	0
7. Reserve adjustments on reinsurance ceded.....	0	0	0	0	0	0	0	0	0
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0	0	0	0	0	0	0	0	0
8.2 Charges and fees for deposit-type contracts.....	0	0	0	0	0	0	0	0	0
8.3 Aggregate write-ins for miscellaneous income.....	1,304,516	0	0	0	192,912	0	192,912	1,111,604	0
9. Totals (Lines 1 to 8.3).....	23,612,664	613,973	97,893	0	21,789,194	0	22,501,060	1,111,604	0
10. Death benefits.....	476,588	476,588	0	0	0	0	476,588	0	0
11. Matured endowments (excluding guaranteed annual pure endowments).....	9,814	9,814	0	0	0	0	9,814	0	0
12. Annuity benefits.....	335,708	0	335,708	0	0	0	335,708	0	0
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	7,767,425	0	0	0	7,767,425	0	7,767,425	0	0
14. Surrender benefits and withdrawals for life contracts.....	33,065	33,065	0	0	0	0	33,065	0	0
15. Interest and adjustments on contract or deposit-type contract funds.....	425	124	0	0	301	0	425	0	0
16. Payments on supplementary contracts with life contingencies.....	0	0	0	0	0	0	0	0	0
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	(546,396)	(145,022)	(257,731)	0	(143,643)	0	(546,396)	0	0
18. Totals (Lines 10 to 17).....	8,076,629	374,569	77,977	0	7,624,083	0	8,076,629	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	6,688,266	84,481	0	0	6,603,785	0	6,688,266	0	0
20. Commissions and expense allowances on reinsurance assumed.....	0	0	0	0	0	0	0	0	0
21. General insurance expenses and fraternal expenses.....	8,039,470	151,301	32,087	0	6,903,347	0	7,086,735	952,735	0
22. Insurance taxes, licenses and fees.....	425,055	5,803	387	0	380,681	0	386,871	38,184	0
23. Increase in loading on deferred and uncollected premiums.....	(607)	(607)	0	0	0	0	(607)	0	0
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0	0	0	0	0	0	0	0	0
25. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0
26. Totals (Lines 18 to 25).....	23,228,813	615,547	110,451	0	21,511,896	0	22,237,894	990,919	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	383,851	(1,574)	(12,558)	0	277,298	0	263,166	120,685	0
28. Refunds to members.....	0	0	0	0	0	0	0	0	0
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	383,851	(1,574)	(12,558)	0	277,298	0	263,166	120,685	0

DETAILS OF WRITE-INS

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	3,806,005	2,696,842	1,082,626	26,537
2. Tabular net premiums or considerations.....	307,456	266,481	40,975	0
3. Present value of disability claims incurred.....	0	0	0	XXX.....
4. Tabular interest.....	161,047	119,951	39,840	1,256
5. Tabular less actual reserve released.....	2,053	0	0	2,053
6. Increase in reserve on account of change in valuation basis.....	0	0	0	0
7. Other increases (net).....	0	0	0	0
8. Totals (Lines 1 to 7).....	4,276,561	3,083,274	1,163,441	29,846
9. Tabular cost.....	400,579	400,579	0	XXX.....
10. Reserves released by death.....	106,283	106,283	XXX.....	XXX.....
11. Reserves released by other terminations (net).....	361,620	24,589	337,031	0
12. Annuity, supplementary contract and disability payments involving life contingencies.....	4,824	0	0	4,824
13. Net transfers to or (from) separate accounts.....	0	0	0	0
14. Total deductions (Lines 9 to 13).....	873,306	531,451	337,031	4,824
15. Reserve December 31, current year.....	3,403,255	2,551,823	826,410	25,022

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EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....25,297	.21,542
1.1 Bonds exempt from U.S. tax.....	(a).....0	0
1.2 Other bonds (unaffiliated).....	(a).....476,318	472,510
1.3 Bonds of affiliates.....	(a).....0	0
2.1 Preferred stocks (unaffiliated).....	(b).....0	0
2.11 Preferred stocks of affiliates.....	(b).....0	0
2.2 Common stocks (unaffiliated).....	0	0
2.21 Common stocks of affiliates.....	0	0
3. Mortgage loans.....	(c).....0	0
4. Real estate.....	(d).....0	0
5. Contract loans.....	74,456	74,456
6. Cash, cash equivalents and short-term investments.....	(e).....6,267	6,267
7. Derivative instruments.....	(f).....0	0
8. Other invested assets.....	0	0
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	.582,338	.574,775
11. Investment expenses.....	(g).....76,490	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....0	
13. Interest expense.....	(h).....0	
14. Depreciation on real estate and other invested assets.....	(i).....0	
15. Aggregate write-ins for deductions from investment income.....	0	
16. Total deductions (Lines 11 through 15).....	.76,490	
17. Net investment income (Line 10 minus Line 16).....	.498,285	

DETAILS OF WRITE-INS

0901.....	0	0
0902.....	0	0
0903.....	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0
1501.....	0	0
1502.....	0	0
1503.....	0	0
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$....6,745 accrual of discount less \$....107,639 amortization of premium and less \$....17,039 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	29,847	0	29,847	(5,714)	0
1.1 Bonds exempt from U.S. tax.....	0	0	0	0	0
1.2 Other bonds (unaffiliated).....	19,770	27,947	47,717	0	(312,671)
1.3 Bonds of affiliates.....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated).....	0	0	0	0	0
2.11 Preferred stocks of affiliates.....	0	0	0	0	0
2.2 Common stocks (unaffiliated).....	0	0	0	0	0
2.21 Common stocks of affiliates.....	0	0	0	0	0
3. Mortgage loans.....	0	0	0	0	0
4. Real estate.....	0	0	0	0	0
5. Contract loans.....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments.....	0	0	0	0	0
7. Derivative instruments.....	0	0	0	0	0
8. Other invested assets.....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	49,617	27,947	77,564	(5,714)	(312,671)

DETAILS OF WRITE-INS

0901.....	0	0	0	0	0
0902.....	0	0	0	0	0
0903.....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	Insurance				7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business		
FIRST YEAR (other than single)							
1. Uncollected.....	.0	.0	.0	.0	.0	.0	.0
2. Deferred and accrued.....	1,555	1,555	.0	.0	.0	1,555	.0
3. Deferred, accrued & uncollected:							
3.1 Direct.....	2,383	2,383	.0	.0	.0	2,383	.0
3.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded.....	828	.828	.0	.0	.0	828	.0
3.4 Net (Line 1 + Line 2).....	1,555	1,555	.0	.0	.0	1,555	.0
4. Advance.....	.0	.0	.0	.0	.0	.0	.0
5. Line 3.4 - Line 4.....	1,555	1,555	.0	.0	.0	1,555	.0
6. Collected during year:							
6.1 Direct.....	12,012	12,012	.0	.0	.0	12,012	.0
6.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
6.3 Reinsurance ceded.....	2,714	.2,714	.0	.0	.0	2,714	.0
6.4 Net.....	9,298	9,298	.0	.0	.0	9,298	.0
7. Line 5 + Line 6.4.....	10,853	10,853	.0	.0	.0	10,853	.0
8. Prior year (uncollected + deferred and accrued - advance).....	4,355	4,355	.0	.0	.0	4,355	.0
9. First year premiums and considerations:							
9.1 Direct.....	9,584	9,584	.0	.0	.0	9,584	.0
9.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded.....	3,085	3,085	.0	.0	.0	3,085	.0
9.4 Net (Line 7 - Line 8).....	6,498	6,498	.0	.0	.0	6,498	.0
SINGLE							
10. Single premiums and considerations:							
10.1 Direct.....	8,199	8,199	.0	.0	.0	8,199	.0
10.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
10.3 Reinsurance ceded.....	6,074	.6,074	.0	.0	.0	6,074	.0
10.4 Net.....	2,125	2,125	.0	.0	.0	2,125	.0
RENEWAL							
11. Uncollected.....	.48,202	.949	.0	47,253	.0	.48,202	.0
12. Deferred and accrued.....	.85,169	.85,169	.0	.0	.0	.85,169	.0
13. Deferred, accrued & uncollected:							
13.1 Direct.....	620,848	393,028	.0	.227,820	.0	.620,848	.0
13.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
13.3 Reinsurance ceded.....	487,478	306,910	.0	.180,568	.0	.487,478	.0
13.4 Net (Line 11 + Line 12).....	133,371	86,118	.0	.47,253	.0	133,371	.0
14. Advance.....	177,278	4,043	.0	.173,235	.0	177,278	.0
15. Line 13.4 - Line 14.....	(43,907)	82,075	.0	(125,982)	.0	(43,907)	.0
16. Collected during year:							
16.1 Direct.....	74,255,454	1,104,445	107,407	.73,043,602	.0	74,255,454	.0
16.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
16.3 Reinsurance ceded.....	61,900,172	889,711	.64,275	.60,946,186	.0	61,900,172	.0
16.4 Net.....	12,355,282	214,734	.43,132	.12,097,416	.0	12,355,282	.0
17. Line 15 + Line 16.4.....	12,311,375	296,809	.43,132	.11,971,434	.0	12,311,375	.0
18. Prior year (uncollected + deferred and accrued - advance).....	(156,251)	82,573	.0	(238,824)	.0	(156,251)	.0
19. Renewal premiums and considerations:							
19.1 Direct.....	74,729,156	1,067,376	107,407	.73,554,373	.0	74,729,156	.0
19.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
19.3 Reinsurance ceded.....	62,261,530	.853,140	.64,275	.61,344,115	.0	62,261,530	.0
19.4 Net (Line 17 - Line 18).....	12,467,626	214,236	.43,132	.12,210,258	.0	12,467,626	.0
TOTAL							
20. Total premiums and annuity considerations:							
20.1 Direct.....	74,746,939	1,085,159	107,407	.73,554,373	.0	74,746,939	.0
20.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0
20.3 Reinsurance ceded.....	62,270,689	.862,299	.64,275	.61,344,115	.0	62,270,689	.0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	12,476,249	222,859	.43,132	.12,210,258	.0	12,476,249	.0

**EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE
ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	0	0	0	0	0	0	0	0
22. All other.....	0	0	0	0	0	0	0	0
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	0	0	0	0	0	0	0	0
23.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....	0	0	0	0	0	0	0	0
24.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....	9,272,538	150,032	2,741	9,119,765	0	9,272,538	0	0
25.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
25.3 Net ceded less assumed.....	9,272,538	150,032	2,741	9,119,765	0	9,272,538	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	9,272,538	150,032	2,741	9,119,765	0	9,272,538	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	9,272,538	150,032	2,741	9,119,765	0	9,272,538	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	1,679,665	11,163	0	1,668,502	0	1,679,665	0	0
28. Single.....	1,476	1,476	0	0	0	1,476	0	0
29. Renewal.....	5,007,125	71,843	0	4,935,282	0	5,007,125	0	0
30. Deposit-type contract funds.....	0	0	0	0	0	0	0	0
31. Totals (to agree with Page 6, Line 19).....	6,688,266	84,482	0	6,603,784	0	6,688,266	0	0

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EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7	
	1 Life	Accident and Health			6	7	
		2 Cost Containment	3 All Other				
1. Rent.....	10,728	0	403,823	0	39,996	454,547	
2. Salaries and wages.....	78,866	0	2,968,770	0	8,000	391,425	
3.11 Insured benefit plans for employees.....	6,907	0	259,990	0	0	106,859	
3.12 Insured benefit plans for fieldworkers.....	0	0	0	0	0	373,755	
3.21 Uninsured benefit plans for employees.....	0	0	0	0	0	0	
3.22 Uninsured benefit plans for fieldworkers.....	0	0	0	0	0	0	
3.31 Other employee welfare.....	4,404	0	165,794	0	0	.998	
3.32 Other fieldworker welfare.....	0	0	0	0	0	171,197	
4.1 Legal fees and expenses.....	1,042	0	39,233	0	0	40,276	
4.2 Medical examination fees.....	355	0	13,345	0	0	13,700	
4.3 Inspection report fees.....	6,266	0	235,885	0	0	242,152	
4.4 Fees of public accountants and consulting actuaries.....	12,730	0	479,210	0	0	491,940	
4.5 Expense of investigation and settlement of certificate claims.....	0	0	0	0	0	0	
5.1 Traveling expenses.....	1,763	0	66,352	0	60,162	128,277	
5.2 Advertising.....	0	0	0	0	0	0	
5.3 Postage, express, telegraph and telephone.....	11,276	0	424,458	0	1,996	437,730	
5.4 Printing and stationery.....	1,774	0	66,795	0	0	40,988	
5.5 Cost or depreciation of furniture and equipment.....	375	0	14,120	0	0	14,495	
5.6 Rental of equipment.....	17,139	0	645,154	0	0	662,293	
5.7 Cost or depreciation of EDP equipment and software.....	3,456	0	130,102	0	0	133,558	
5.8 Lodge supplies less \$.....0 from sales.....	0	0	0	0	15,638	15,638	
6.1 Books and periodicals.....	0	0	0	0	0	0	
6.2 Bureau and association dues.....	1,178	0	44,330	0	310	45,817	
6.3 Insurance, except on real estate.....	2,404	0	90,512	0	0	92,916	
6.4 Miscellaneous losses.....	0	0	0	0	0	0	
6.5 Collection and bank service charges.....	1,166	0	43,899	0	0	45,065	
6.6 Sundry general expenses.....	157	0	5,915	0	0	6,073	
7.1 Field expense allowance.....	0	0	0	0	0	0	
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....	0	0	0	0	0	0	
7.3 Field conferences other than local meetings.....	0	0	0	0	0	0	
8.1 Official publications.....	0	0	0	0	73,173	73,173	
8.2 Expense of Supreme Lodge Meetings.....	0	0	0	0	136,694	136,694	
9.1 Real estate expenses.....	379	0	14,276	0	0	14,656	
9.2 Investment expenses not included elsewhere.....	0	0	0	0	68,490	68,490	
9.3 Aggregate write-ins for expenses.....	21,023	0	791,382	0	84,496	896,901	
10. General Expenses Incurred.....	183,388	0	6,903,346	0	.76,490	(a).....952,736	
11. General expenses unpaid December 31, prior year.....	39,335	0	506,917	0	4,341	62,718	
12. General expenses unpaid December 31, current year.....	15,859	0	596,971	0	6,614	82,388	
13. General expenses paid during year (Lines 10 + 11 - 12).....	206,865	0	6,813,293	0	74,216	933,065	

DETAILS OF WRITE-INS

09.301	Board Expenses.....	1,490	0	56,092	0	0	0	57,583
09.302	Professional Fees.....	3,441	0	129,529	0	0	0	132,970
09.303	Membership Promotion.....	0	0	0	0	0	28,014	28,014
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	16,092	0	605,760	0	0	56,482	678,334
09.399	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	21,023	0	791,382	0	0	84,496	896,901

(a) Show the distribution of this amount in the following categories:

1. Charitable \$.....55,923; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0
 5. Religious \$.....0; 6. Membership \$....101,187; 7. Other \$....795,626; 8. Total \$....952,736

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1. Real estate taxes.....	0	0	0	0	0	0
2. State insurance department licenses and fees.....	1,446	.88,938	0	0	0	.90,384
3. Other state taxes, including \$.....0 for employee benefits.....	801	.49,278	0	0	0	.50,079
4. U.S. Social Security taxes.....	3,943	242,466	0	0	.31,654	278,063
5. All other taxes.....	0	0	0	0	.6,530	.6,530
6. Taxes, licenses and fees Incurred.....	6,190	380,682	0	0	.38,184	425,056
7. Taxes, licenses and fees unpaid December 31, prior year.....	4,300	.55,414	0	0	.7,634	.67,348
8. Taxes, licenses and fees unpaid December 31, current year.....	.552	.33,942	0	0	.3,404	.37,898
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	9,938	402,154	0	0	.42,414	454,506

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....	0	0
2. Applied to shorten the endowment or premium-paying period.....	0	0
3. Applied to provide paid-up additions.....	0	0
4. Applied to provide paid-up annuities.....	0	0
5. Total (Lines 1 to 4).....	0	0
6. Paid-in cash.....	0	0
7. Left on deposit.....	0	0
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	0	0
10. Amount due and unpaid.....	0	0
11. Provision for dividends or refunds payable in the following calendar year.....	0	0
12. Terminal dividends.....	0	0
13. Provision for deferred dividend contracts.....	0	0
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....	0	0
15. Total (Lines 10 through 14).....	0	0
16. Total from prior year.....	0	0
17. Total dividends or refunds (Line 9 + 15 - 16).....	0	0

DETAILS OF WRITE-INS

0801.	0	0
0802.	0	0
0803.	0	0
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

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EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5 Credit (Group and Individual)	6
Valuation Standard	Total	Industrial	Ordinary		Group
Life Insurance:					
0100001. A.E. 3.5% NLP ANB CRF.....	2,000	0	2,000	.0	0
0100002. 41 CSO 2.5% CRVM ANB CRF.....	39,485	0	39,485	.0	0
0100003. 41 CSO 2.5% NLP ANB CRF.....	56,834	0	56,834	.0	0
0100004. 58 CSO 2.5% NJ ALB CFT.....	103,723	0	103,723	.0	0
0100005. 58 CSO 2.5% NLP ALB CFT.....	46,422	0	46,422	.0	0
0100006. 58 CET 2.5% NJ ALB CFT.....	7,728	0	7,728	.0	0
0100007. 58 CSO ALB NL 4%.....	95,169	0	95,169	.0	0
0100008. 80 CSO ALB CRVM 5.0%.....	278,681	0	278,681	.0	0
0100009. 80 CSO ALB NL 5.0%.....	403,637	0	403,637	.0	0
0100010. 80 CSO ALB CRVM 4.5%.....	9,777,808	0	9,777,808	.0	0
0100011. 80 CSO ALB NL 4.5%.....	2,363,584	0	2,363,584	.0	0
0100012. 80 CSO ALB CRVM 4.0%.....	296,284	0	296,284	.0	0
0100013. 80 CSO ALB NL 4.0%.....	117,376	0	117,376	.0	0
0100014. 01 CSO ALB CRVM 4.0%.....	71,214	0	71,214	.0	0
0100015. 01 CSO ALB NL 4.0%.....	752,010	0	752,010	.0	0
0100016. 01 CSO XXX 4.0%.....	48,148	0	48,148	.0	0
0100017. 01 CSO ALB CRVM 3.5%.....	8,564	0	8,564	.0	0
0100018. 01 CSO ALB NL 3.5%.....	161,664	0	161,664	.0	0
0100019. 01 CSO XXX 3.5%.....	4,504	0	4,504	.0	0
0199997. Totals (Gross).....	14,634,835	0	14,634,835	.0	0
0199998. Reinsurance ceded.....	12,113,178	0	12,113,178	.0	0
0199999. Totals (Net).....	2,521,657	0	2,521,657	.0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. Deferred (Net Premium Accumulation).....	3,148,122	XXX.....	3,148,122	XXX.....	0
0200002. Immediate (2000 Annuity 5.25%).....	25,022	XXX.....	25,022	XXX.....	0
0299997. Totals (Gross).....	3,173,144	XXX.....	3,173,144	XXX.....	0
0299998. Reinsurance ceded.....	2,321,712	XXX.....	2,321,712	XXX.....	0
0299999. Totals (Net).....	851,432	XXX.....	851,432	XXX.....	0
Accidental Death Benefits:					
0400001. ADB.....	.191	0	191	.0	0
0499997. Totals (Gross).....	.191	0	191	.0	0
0499999. Totals (Net).....	.191	0	191	.0	0
Disability - Active Lives:					
0500001. WP-Active.....	.596	0	596	.0	0
0599997. Totals (Gross).....	.596	0	596	.0	0
0599999. Totals (Net).....	.596	0	596	.0	0
Miscellaneous Reserves:					
0700001. Deficiency.....	11,043	0	11,043	.0	0
0700002. Non-Deduction.....	101,787	0	101,787	.0	0
0700003. CV Reserves.....	0	0	.0	.0	0
0700004. Immediate Payment of Claims.....	0	0	.0	.0	0
0700005. Substandard.....	.185	0	185	.0	0
0700006. Waiver of Premium.....	0	0	.0	.0	0
0700007. Additional Reserve.....	0	0	.0	.0	0
0799997. Totals (Gross).....	113,015	0	113,015	.0	0
0799998. Reinsurance ceded.....	83,636	0	83,636	.0	0
0799999. Totals (Net).....	29,379	0	29,379	.0	0
9999999. Totals (Net) - Page 3, Line 1.....	3,403,255	0	3,403,255	.0	0

The Order Of United Commercial Travelers Of America
EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No [X]

1.2 If not, state which kind is issued
non-participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No [X]

2.2 If not, state which kind is issued
non-participating

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [X] No []

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [] No [X]

4.1 Amount of insurance: \$.....0

4.2 Amount of reserve: \$.....0

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year: \$.....0

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....0

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....0
Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....0

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business: \$.....0

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [] No [X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements. \$.....0

8.2 State the amount of reserves established for this business. \$.....0

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. \$.....0

9.2 State the amount of reserves established for this business. \$.....0

9.3 Identify where the reserves are reported in the blank.

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Collectively Renewable	Other Individual Contracts				
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	3,964,604	0	17	3,728,848	0	235,665	74
2. Additional contract reserves (a).....	12,319,383	0	336	12,185,908	0	133,039	100
3. Additional actuarial reserves-Asset/Liability analysis.....	0	0	0	0	0	0	0
4. Reserve for future contingent benefits.....	0	0	0	0	0	0	0
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	16,283,987	0	353	15,914,756	0	368,704	174
7. Reinsurance ceded.....	14,996,485	0	0	14,996,485	0	0	0
8. Totals (Net).....	1,287,502	0	353	918,271	0	368,704	174
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	32,150	0	0	32,150	0	0	0
10. Additional actuarial reserves-Asset/Liability analysis.....	0	0	0	0	0	0	0
11. Reserve for future contingent benefits.....	0	0	0	0	0	0	0
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	32,150	0	0	32,150	0	0	0
14. Reinsurance ceded.....	16,075	0	0	16,075	0	0	0
15. Totals (Net).....	16,075	0	0	16,075	0	0	0
16. TOTAL (Net).....	1,303,577	0	353	934,346	0	368,704	174
17. TABULAR FUND INTEREST.....	64,839	0	13	42,887	0	21,931	8

DETAILS OF WRITE-INS

0501.....	0	0	0	0	0	0	0
0502.....	0	0	0	0	0	0	0
0503.....	0	0	0	0	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 + 0598) (Line 5 above)	0	0	0	0	0	0	0
1201.....	0	0	0	0	0	0	0
1202.....	0	0	0	0	0	0	0
1203.....	0	0	0	0	0	0	0
1298. Summary of remaining write-ins for Line 12 from overflow page.....	0	0	0	0	0	0	0
1299. Totals (Lines 1201 thru 1203 + 1298) (Line 12 above)	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	72,630	0	59,553	0	13,077	0
2. Deposits received during the year.....	0	0	0	0	0	0
3. Investment earnings credited to the account.....	1,247	0	1,247	0	0	0
4. Other net change in reserves.....	108	0	(206)	0	314	0
5. Fees and other charges assessed.....	0	0	0	0	0	0
6. Surrender charges.....	0	0	0	0	0	0
7. Net surrender or withdrawal payments.....	50,904	0	50,505	0	399	0
8. Other net transfers to or (from) Separate Accounts.....	0	0	0	0	0	0
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	23,081	0	10,089	0	12,992	0
10. Reinsurance balance at the beginning of the year.....	0	0	0	0	0	0
11. Net change in reinsurance assumed.....	0	0	0	0	0	0
12. Net change in reinsurance ceded.....	0	0	0	0	0	0
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	23,081	0	10,089	0	12,992	0

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	0	0	0	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0	0	0	0	0	0	0	0	0	0	0
2.12 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.13 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	4,348,739	0	125,649	0	0	0	0	0	0	0	4,223,090
2.22 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.23 Reinsurance ceded.....	3,634,835	0	119,367	0	0	0	0	0	0	0	3,515,468
2.24 Net.....	713,904	0	(b).....6,282	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....707,622
3. Incurred but unreported:											
3.1 Direct.....	10,636,324	0	138,137	0	0	0	0	0	0	0	10,498,187
3.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded.....	8,694,404	0	123,054	0	0	0	0	0	0	0	8,571,350
3.4 Net.....	1,941,920	0	(b).....15,083	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....1,926,837
4. Totals:											
4.1 Direct.....	14,985,063	0	263,786	0	0	0	0	0	0	0	14,721,277
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	12,329,239	0	242,421	0	0	0	0	0	0	0	12,086,818
4.4 Net.....	2,655,824	(a).....0	(a).....21,365	0	0	0	(a).....0	0	0	0	2,634,459

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**PART 2 - Incurred During the Year**

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	45,021,145	0	2,244,151	.511,059	0	0	0	0	0	0	42,265,935
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	37,632,254	0	1,985,059	165,543	0	0	0	0	0	0	35,481,652
1.4 Net.....	(d) 7,388,891	0	259,092	345,516	0	0	0	0	0	0	6,784,283
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	14,985,063	0	.263,786	0	0	0	0	0	0	0	14,721,277
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	12,329,239	0	.242,421	0	0	0	0	0	0	0	12,086,818
2.4 Net.....	2,655,824	0	.21,365	0	0	0	0	0	0	0	2,634,459
3. Amounts recoverable from reinsurers Dec. 31, current year.....	364,215	0	.272,876	.66,661	0	0	0	0	0	0	24,678
4. Liability December 31, prior year:											
4.1 Direct.....	12,121,303	0	.406,760	0	0	0	0	0	0	0	11,714,543
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	10,478,680	0	.377,479	0	0	0	0	0	0	0	10,101,201
4.4 Net.....	1,642,623	0	.29,281	0	0	0	0	0	0	0	1,613,342
5. Amounts recoverable from reinsurers December 31, prior year.....	812,323	0	.711,755	.92,241	0	0	0	0	0	0	8,327
6. Incurred benefits:											
6.1 Direct.....	47,884,905	0	2,101,177	.511,059	0	0	0	0	0	0	45,272,669
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	39,034,705	0	1,411,122	139,963	0	0	0	0	0	0	37,483,620
6.4 Net.....	8,850,200	0	.690,055	.371,096	0	0	0	0	0	0	7,789,049

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

The Order Of United Commercial Travelers Of America
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	196,993	157,733	(39,260)
21. Furniture and equipment, including health care delivery assets.....	16,043	29,721	13,678
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other than invested assets.....	674,144	742,042	67,898
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	887,180	929,496	42,316
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. TOTALS (Lines 26 and 27).....	887,180	929,496	42,316

DETAILS OF WRITE-INS

1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Other Assets Nonadmitted.....	365,379	344,742	(20,637)
2502. Commission Advances.....	207,906	278,029	70,123
2503. Supply Inventory.....	100,859	119,271	18,412
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	674,144	742,042	67,898

NOTES TO FINANCIAL STATEMENTS**OTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The financial statements of The Order of United Commercial Travelers of America (UCT) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 2014, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. UCT has no transactions that fall outside the NAIC's practices and procedures.

	State of Domicile	2014	2013
NET INCOME			
(1) The Order Of United Commercial Travelers Of America state basis (Page 4, Line 31, Columns 1 & 2)	Ohio	411,799	(1,869,744)
(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	411,799	(1,869,744)
SURPLUS			
(5) The Order Of United Commercial Travelers Of America state basis (Page 3, line 30, Columns 1 & 2)	Ohio	9,612,436	9,503,650
(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	9,612,436	9,503,650

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and 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

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The company has no dividend paying life insurance policies.

In addition, the company uses the following accounting practices:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (3) The Company has no common stock.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) Bonds backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (7) The Company has no investment in subsidiaries, controlled or affiliate entities.
- (8) The Company has no interests in joint ventures, partnerships or limited liability companies.
- (9) The Company has no derivatives.
- (10) The Company has no individual Accident and Health contracts for which a deficiency reserve is required.
- (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 that amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The company does not have any changes or corrections of errors.

NOTES TO FINANCIAL STATEMENTS**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

The company is not involved in any business combination or acquisitions.

A. Statutory Purchase Method - **None**

B. Statutory Merger - **None**

C. Assumption Reinsurance

In December of 2010, the Company assumed 100% of all assets and liabilities of National Masonic Provident Association, NAIC Company Code 66702. The balance in the deferred income account at December 31, 2014 was \$ 296,759. \$59,352 was recognized in 2014.

D. Impairment Loss- **None**

NOTE 4 – DISCONTINUED OPERATIONS

The Company has not entered into any agreements to sell, discontinue or dispose of any operations.

NOTE 5 – INVESTMENTS

The company sold its home office building on December 9, 2008. As part of the transaction the company accepted a promissory note in the amount of \$2,500,000 at 4.5%, interest only for two years, principle and interest starting in year three and a balloon payment at the end of year five. The promissory note was closed by repayment in September 2013.

A. Mortgage Loans, including Mezzanine Real Estate Loans - **None**

B. Debt Restructuring - **None**

C. Reverse Mortgages - **None**

D. Loan-Backed Securities

(1) Prepayment assumptions for loan-backed securities are obtained from Bloomberg.

(2) **N/A** - There are no impairments

(3) Recognized OTTI securities - **None**

(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	(1,662)
		2.	12 Months or Longer	(8,767)
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	895,518
		2.	12 Months or Longer	428,966

(5) The Company has an “Other Than Temporary Impaired” policy in place that utilizes industry information, investment managers expertise and rating agencies to identify securities that may be other than temporarily impaired.

E. Repurchase Agreements and/or Securities Lending Transactions - **None**

F. Real Estate

The company does not own any Real Estate.

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

NOTES TO FINANCIAL STATEMENTS**H. Restricted Assets**

The company has \$3,642,447 in invested assets held in trust in Canada supporting Canadian operations.

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted					6	7	8	Percentage		
	Current Year			3	4	5			9	10	
	1	2	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown										0.000	0.000
b. Collateral held under security lending arrangements										0.000	0.000
c. Subject to repurchase agreements										0.000	0.000
d. Subject to reverse repurchase agreements										0.000	0.000
e. Subject to dollar repurchase agreements										0.000	0.000
f. Subject to dollar reverse repurchase agreements										0.000	0.000
g. Placed under option contracts										0.000	0.000
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock										0.000	0.000
i. FHLB capital stock										0.000	0.000
j. On deposit with states	224,780					224,780	224,722	58	224,780	1.080	1.128
k. On deposit with other regulatory bodies										0.000	0.000
l. Pledged as collateral to FHLB (including assets backing funding agreements)										0.000	0.000
m. Pledged as collateral not captured in other categories										0.000	0.000
n. Other restricted assets	3,642,447					3,642,447	3,992,642	(350,195)	3,642,447	17.496	18.275
o. Total Restricted Assets	3,867,227					3,867,227	4,217,364	(350,137)	3,867,227	18.576	19.403

(a) Subset of column 1

(b) Subset of column 3

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**

The company has no investments in joint ventures, partnerships or limited liability companies.

NOTE 7 – INVESTMENT INCOME

There was no investment income due and accrued over 90 days past due requiring exclusion from the financial statements.

NOTE 8 – DERIVATIVE INSTRUMENTS

The company does not invest in any derivative instruments.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 – INCOME TAXES

The company is an Internal Revenue Code Section 501(c) (8) non-profit corporation and is not required to calculate or pay Federal or State income tax.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

UCT Charities is a 501(c) (3) corporation for which the Company provides management services for a nominal fee of \$1,500 a quarter. The Company's Board of Governors indirectly oversees the charity. The company does not participate in any net income or losses of the corporation, nor does it have any ownership interest.

NOTE 11 – DEBT

The company does not have any outstanding debt obligations.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANSA. Defined Benefit Plan - **None**

E. Defined Contribution Plans

The company sponsors a qualified defined contribution plan (401K Profit Sharing Plan) that covers all eligible U. S. employees. Eligible Canadian employees participate in individual RRSP accounts in Canada.

The company provides a 401K match of \$.75 per deferred \$ 1 up to 5% of defined compensation. The company's contribution for the plan was \$87,188 and \$82,175 for 2014 and 2013, respectively. The company did not make a voluntary pension contribution for 2014. At December 31, 2014, the fair value of plan assets was \$4,232,836. The company paid RRSP contributions of \$2,550.00 during 2014.

H. Postemployment Benefits and Compensated Absences

The company does not have any postemployment benefit arrangements.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - **N/A****NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

The company is a Fraternal Benefit Society and does not issue or maintain any type of stock.

The company has not participated in any surplus note transactions.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

The company does not have any liabilities, deficiencies or assessments that require contingencies to be established.

NOTE 15 – LEASES

A. Lessee Operating Lease

- (1) The company leases equipment under various non-cancelable operating lease agreements that expire through December 2019. Rental expense for 2014, and 2013 was approximately \$115,790 and \$96,216, respectively.

The company leases real estate under non-cancelable operating lease agreements that expire through December 2019. Rental expense for 2014 and 2013 was approximately \$383,841 and \$485,339, respectively.

NOTES TO FINANCIAL STATEMENTS

(2)

a.	At January 1, 2015 the minimum aggregate rental commitments are as follows:	
	Year Ending December 31	Operating Leases
1.	2015	388,433
2.	2016	385,664
3.	2017	341,181
4.	2018	283,595
5.	2019	180,019
6.	Total	1,578,892

(3)

B. Revenue, Net Income or Assets with Respect to Leases - **N/A**

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

The company does not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

The company did not have any transactions relating to the sale of receivables, the transferring and servicing of financial assets or the extinguishment of liabilities.

C. Wash Sales - **None**

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

A. ASO Plans - **N/A**
 B. ASC Plans - **N/A**
 C. Medicare or Similarly Structured Cost Based Reimbursement Contract - **N/A**

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

The company did not receive any direct premium written through managing general agents or third party administrators.

NOTE 20 – FAIR VALUE MEASUREMENTS

The company holds bonds at amortized cost.

NOTE 21 – OTHER ITEMS

A. Extraordinary Items - **None**
 B. Troubled Debt Restructuring Debtors - **N/A**
 C. Other Disclosures and Unusual Items - **None**
 D. Business Interruption Insurance Recoveries - **N/A**
 E. State Transferable and Non-Transferable Tax Credits - **N/A**
 F. Subprime Mortgage Related Risk Exposure - **N/A**
 G. Retained Assets - **N/A**

NOTES TO FINANCIAL STATEMENTS**NOTE 22 – EVENTS SUBSEQUENT**

The company has no subsequent events to report.

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

(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**

- 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_____
- 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? \$_____0_____

B. Uncollectible Reinsurance

(1) The Order Of United Commercial Travelers Of America has written off in the current year reinsurance balances due from the entities listed below, the amount of: C. Commutation of Ceded Reinsurance

The Order Of United Commercial Travelers Of America 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: **0 None**

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 **None**

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation **None**

a.

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

NOTES TO FINANCIAL STATEMENTS

NOTE 24. – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION

The company does not have any retrospectively rated contracts or contracts subject to redetermination.

NOTE 25. – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The company did not have any changes in the provision for incurred loss or loss adjustment expenses.

NOTE 26. – INTERCOMPANY POOLING ARRANGEMENTS

The company does not have intercompany pooling arrangements.

NOTE 27. –STRUCTURED SETTLEMENTS

The company does not have any structured settlements.

NOTE 28. –HEALTH CARE RECEIVABLES

The company does not have Health Care Receivables.

NOTE 29. – PARTICIPATING POLICIES

The company does not have participating policies.

NOTE 30. – PREMIUM DEFICIENCY RESERVES

1. Liability carried for premium deficiency reserve:	<u>5,777</u>
2. Date of most recent evaluation of this liability:	<u>December 31, 2014</u>
3. Was anticipated investment income utilized in the calculation?	<u>NO</u>

NOTE 31. – RESERVES FOR LIFE CONTRACTS AND ANNUITY CONTRACTS

- (1) The company waives deductions of deferred fractional premiums upon death of insured and returns any portion beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.
- (2) The company issued no substandard business prior to January 1, 1993. Policies issued after January 1, 1993, for substandard lives, are charged an extra premium plus the regular premium for the true age. Mean reserves are based on appropriate multiples of standard rates of mortality.
- (3) The company has \$1,439,854 of insurance in force for which the gross premiums are less than the net premiums with a deficiency reserve of \$5,777.
- (4) The Tabular Interest (Page 7, Part A, Line 4) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of policy reserves). The Tabular Less Actual Reserve Released (Page 8, Line 5) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of 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 (or, alternatively, from the basic data for calculation of policy reserves).
- (5) For the determination of Tabular Interest on funds not involving life contingencies under Exhibit 7, for each valuation rate of interest the tabular interest is calculated monthly as the product of the mean amount of funds times the valuation rate of 4.0%.
- (6) The details for other changes: **None**

NOTES TO FINANCIAL STATEMENTS**NOTE 32. – ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS**

A.	Subject to Discretionary Withdrawal:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(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)	3,173,143			3,173,143	100.000
B.	Not subject to discretionary withdrawal					0.000
C.	Total (gross: direct + assumed)	3,173,143			3,173,143	100.000
D.	Reinsurance ceded	2,321,712			2,321,712	
E.	Total (net (C) - (D))	851,431			851,431	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	851,432
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	23,081
(4)	Subtotal	874,513
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	874,513

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	1,555	1,525
(3)	Ordinary renewal	93,703	120,981
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	95,258	122,506

NOTE 34. – SEPARATE ACCOUNTS

The company does not have separate accounts.

NOTE 35. – LOSS/CLAIM ADJUSTMENT EXPENSES

The balance in the liability for unpaid accident and health claim adjustment expenses as of December 31, 2013 and December 31, 2014 was \$25,628 and \$45,504, respectively.

The Order Of United Commercial Travelers Of America incurred \$_____ and paid \$_____ of claim adjustment expenses in the current year, of which \$_____ of the paid amount was attributable to insured or covered events of prior years. The Order Of United Commercial Travelers Of America did not increase or decrease the provision for insured events of prior years. **N/A**

The Order Of United Commercial Travelers Of America took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$_____. **N/A**

The Order Of United Commercial Travelers Of America

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? _____

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

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2010

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. _____ 12/31/2010

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). _____ 03/27/2012

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 control0.000 %

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?
BKD, 312 Walnut Street, Suite 3000, Cincinnati, Ohio 45020

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:

The Order Of United Commercial Travelers Of America

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?
Jeffrey Lee Smith, MAAA, FCA; Consulting Actuary; Diamond Consulting Group; 1335 Dublin Rd. Suite 209B; Columbus, OH 43215

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 0

12.13 Total book/adjusted carrying value \$0

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 [] No [X]

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
0			0

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 \$0

21.22 Borrowed from others \$0

21.23 Leased from others \$0

21.24 Other \$0

The Order Of United Commercial Travelers Of America**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 [X] No []

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 [] No [X]

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

US Investments - US Bank National Association by custodial agreement

Canadian Investments - Royal Bank by custodial agreement

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
		0

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 [] No [X]

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
US Bank National Association	1555 N River Center Dr. Ste. 302; Milwaukee, WI 53212
Wachovia Securities	2010 N. Tryon St.; Charlotte, NC 28201

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)
Royal Trust	Royal Tower; PO Box 7500 Station A; Toronto, ON	Canadian investments in compliance with OSFI

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

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
107680	Jason Gingerich; Prime Advisors	22635 NE Marketplace Drive Suite 160; Redmon
N/A	George Benakis; Royal Trust	PO Box 7500 Station A; Toronto, ON

The Order Of United Commercial Travelers Of America**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

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 [] No [X]

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
		0
29.2999. TOTAL		0

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

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation
		0	

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.....	.....16,827,675	.....17,647,566	.....819,891
30.2 Preferred stocks.....	.....0	.....0	.....0
30.3 Totals.....	.....16,827,675	.....17,647,566	.....819,891

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

Trust Statements

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 [] No [X]

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 [] 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 - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....24,524

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
A.M. Best	17,300

34.1 Amount of payments for legal expenses, if any?

\$.....42,003

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
Ice Miller LLP	39,268

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 [X] No []
1.2	If yes, indicate premium earned on U.S. business only	\$.....66,788,448
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....0
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.	\$.....0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$.....40,901,604
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$.....1,071,661
1.62	Total incurred claims	\$.....500,348
1.63	Number of covered lives	.....533
	All years prior to most current three years:	
1.64	Total premium earned	\$.....65,716,787
1.65	Total incurred claims	\$.....40,401,256
1.66	Number of covered lives	.....19,664
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$.....0
1.72	Total incurred claims	\$.....0
1.73	Number of covered lives	.....0
	All years prior to most current three years:	
1.74	Total premium earned	\$.....0
1.75	Total incurred claims	\$.....0
1.76	Number of covered lives	.....0
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?	\$.....0
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)"?	\$.....0
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?	Subordinate councils elect representatives to the Regional Council. The Regional Councils elect representatives to the international governing body.
6.	What is the basis of representation in the governing body?	One representative for each 750 members or fraction thereof in a Regional Council.
7.1	How often are regular meetings of the governing body held?	Annually
7.2	When was the last regular meeting of the governing body held?	July 6-9, 2014.....
7.3	When and where will the next regular or special meeting of the governing body be held?	June 28-July 1, 2015; Wichita, KS
7.4	How many members of the governing body attended the last regular meeting?	.....335
7.5	How many of the same were delegates of the subordinate branches?	.....155
8.	How are the expenses of the governing body defrayed?	Reimbursed out of the general funds of the Order as authorized by the President.
9.	When and by whom are the officers and directors elected?	The President, Secretary/Treasurer and Directors are elected by the membership. The CEO is appointed by the Board. The CEO is responsible for hiring the senior management team.
10.	What are the qualifications for membership?	Any person with good moral character, not under eighteen years of age, with an interest in good citizenship and community service.
11.	What are the limiting ages for admission?	Minimum age of eighteen.
12.	What is the minimum and maximum insurance that may be issued on any one life?	Minimum \$1,500; Maximum \$250,000 or amounts higher with approval of reinsurer.
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [X] No []
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	.....14.0 %
16.12	Subsequent years	.....9.0 %

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?0

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?0

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

19.2 If yes, when?0

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, explain0

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	1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
					0	0			0

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:

\$.....0

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) \$ 0

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

\$.....0

26.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....0

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

\$.....0

26.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....0

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
	0

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 Company Name	2 NAIC Company Code 00000	3 Domiciliary Jurisdiction	4 Reserve Credit 0	Assets Supporting Reserve Credit		
				5 Letters of Credit 0	6 Trust Agreements 0	7 Other 0

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.....\$.....1,085,159

29.2 Total incurred claims\$.....2,101,177

29.3 Number of covered lives0

*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)

The Order Of United Commercial Travelers Of America
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).....	56,036	60,184	65,350	69,830	71,478
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	1,183	889	2,189	3,843	1,250
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	6,498	9,729	26,960	32,912	12,997
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	216,361	203,298	271,049	264,528	259,220
5. Annuity (Line 20.4, Column 3).....	43,132	53,800	33,379	49,685	32,036
6. Accident and health (Line 20.4, Column 4).....	12,210,258	11,836,859	11,031,872	11,348,355	13,547,315
7. Aggregate of all other lines of business (Line 20.4, Column 5).....	0	0	0	0	0
8. Total (Line 20.4, Column 1).....	12,476,249	12,103,686	11,363,260	11,695,480	13,851,568
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	19,931,492	21,162,131	22,915,216	21,468,563	23,014,973
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	10,319,057	11,658,481	12,175,279	10,496,960	11,038,584
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	3,403,254	3,806,006	3,930,893	4,112,252	4,321,963
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	1,303,577	1,460,217	1,421,551	1,378,658	1,484,313
13. Deposit-type contract funds (Page 3, Line 3).....	23,081	72,630	35,015	24,197	26,883
14. Asset valuation reserve (Page 3, Line 21.1).....	57,881	58,193	56,539	47,928	59,130
15. Surplus (Page 3, Line 30).....	9,612,436	9,503,650	10,739,937	10,971,603	11,976,389
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	210,256	(604,003)	(154,180)	1,593,452	(1,273,258)
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	9,670,317	9,561,843	10,796,476	11,019,531	12,035,519
18. 50% of the Calculated RBC Amount.....	701,194	736,390	722,178	828,912	957,836
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).....	86.8	84.1	69.8	73.1	71.8
20. Stocks (Lines 2.1 and 2.2).....	0.0	0.0	0.0	0.0	2.4
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	0.0	0.0	10.1	11.4	12.5
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.0	0.0	0.0	0.0	0.0
23. Cash, cash equivalents and short-term investments (Line 5).....	8.1	11.1	16.0	11.0	9.3
24. Contract loans (Line 6).....	5.1	4.8	4.2	4.5	4.1
25. Derivatives (Line 7).....	0.0	0.0	0.0	0.0	0.0
26. Other invested assets (Line 8).....	0.0	0.0	0.0	0.0	0.0
27. Receivable for securities (Line 9).....	0.0	0.0	0.0	0.0	0.0
28. Securities lending reinvested collateral assets (Line 10).....	0.0	0.0	0.0	0.0	0.0
29. Aggregate write-ins for invested assets (Line 11).....	0.0	0.0	0.0	0.0	0.0
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).....	0	0	0	0	0
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....	0	0	0	0	0
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....	0	0	0	0	0
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....	0	0	0	0	0
35. Affiliated mortgage loans on real estate.....	0	0	0	0	0
36. All other affiliated.....	0	0	0	0	0
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.....	0	0	0	0	0
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	887,180	929,496	1,847,845	1,642,396	961,163
40. Total admitted assets (Page 2, Line 28, Col. 3).....	19,931,492	21,162,131	22,915,216	21,468,563	23,014,973
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	498,285	558,845	640,552	706,564	764,582
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	27,947	0	0	34,757	0
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	(5,714)	1,824	3,890	0	0
44. Total of above Lines 41, 42 and 43.....	520,518	560,669	644,442	741,321	764,582

The Order Of United Commercial Travelers Of America
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).....	855,175	268,870	532,367	677,525	363,943
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	7,767,425	8,097,566	6,906,854	8,382,574	10,784,107
47. Increase in Life Reserves (Line 17, Column 2).....	(145,022)	(103,363)	39,488	(2,256)	123,399
48. Increase in Accident and Health Reserves (Line 17, Column 5).....	(143,643)	9,574	38,226	(105,655)	(228,647)
49. Refunds to Members (Line 28, Column 1).....	0	0	0	0	0
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.....	43.7	56.9	45.5	36.9	22.6
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.....	4.3	6.0	6.8	5.4	6.9
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	61.4	69.8	61.8	73.3	78.4
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....	0.0	0.0	0.0	0.0	0.0
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....	38.3	47.6	38.2	32.5	19.5
Accident and Health Reserve Adequacy					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....	1,356,062	1,929,498	1,621,735	1,686,572	1,903,631
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....	1,642,415	1,766,521	2,038,145	2,308,888	2,680,384
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	(1,574)	(108,355)	(82,867)	224,996	176,391
58. Annuity (Column 3).....	(12,558)	(22,090)	28,814	(35,164)	(1,863)
59. Supplementary Contracts (Column 4).....	0	0	0	0	0
60. Accident and Health (Column 5).....	277,298	(1,421,161)	300,196	(197,536)	703,348
61. Aggregate of All Other Lines of Business (Column 6).....	0	0	0	0	7
62. Fraternal (Column 8).....	120,685	(318,138)	(391,644)	(312,436)	145,808
63. Expense (Column 9).....	0	0	0	0	0
64. Total (Column 1).....	383,851	(1,869,744)	(145,501)	(320,140)	1,023,684

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:

The Order Of United Commercial Travelers Of America
EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	4,686	60,184
2. Issued during year.....	20	1,183
3. Reinsurance assumed.....	0	0
4. Revived during year.....	15	153
5. Increased during year (net).....	0	0
6. Subtotals, Lines 2 to 5.....	35	1,336
7. Additions by refunds during year.....	XXX.	0
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	4,721	61,520
Deductions During Year:		
10. Death.....	262	2,022
11. Maturity.....	1	1
12. Disability.....	0	0
13. Expiry.....	6	57
14. Surrender.....	71	683
15. Lapse.....	78	1,813
16. Conversion.....	0	0
17. Decreased (net).....	7	908
18. Reinsurance.....	0	0
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	425	5,484
21. In force end of year (b) (Line 9 minus 20).....	4,296	56,036
22. Reinsurance ceded end of year.....	XXX.	43,185
23. Line 21 minus Line 22.....	XXX.	12,851

DETAILS OF WRITE-INS

0801.....	0	0
0802.....	0	0
0803.....	0	0
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0
1901.....	0	0
1902.....	0	0
1903.....	0	0
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates), number of certificates.....0, Amount, \$.....0.

Additional accidental death benefits included in life certificates were in amount, \$.....0. Does the society collect any

contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No []

If not, how are such expenses met?.....

**EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS,
ANNUITIES AND ACCIDENT AND HEALTH INSURANCE**

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....	0	3	167	58,636
2. Issued during year.....	0	0	0	4,862
3. Reinsurance assumed.....	0	0	0	0
4. Increased during year (net).....	0	0	0	0
5. TOTALS (Lines 1 to 4).....	0	3	167	63,498
Deduction during year:				
6. Decreased during year (net).....	0	2	32	11,767
7. Reinsurance ceded.....	0	0	0	0
8. TOTALS (Lines 6 and 7).....	0	2	32	11,767
9. In force end of year (Line 5 minus Line 8).....	0	1	135	51,731
10. Amount on deposit.....	0	0	0	XXX
Income now payable:				
11. Amount of income payable.....	0	3,600	25,022	XXX
Deferred fully paid:				
12. Account balance.....	XXX	XXX	3,148,122	XXX
Deferred not fully paid:				
13. Account balance.....	XXX	XXX	0	XXX

The Order Of United Commercial Travelers Of America

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	Life Insurance Premiums	Direct Business					
			Life Contracts		Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	
			2	3				
1. Alabama.....	AL	11,252	0	908,667	0	919,919	0	
2. Alaska.....	AK	266	0	7,541	0	7,808	0	
3. Arizona.....	AZ	4,048	1,000	2,220,521	0	2,225,568	0	
4. Arkansas.....	AR	7,959	0	1,729,305	0	1,737,264	0	
5. California.....	CA	77,259	0	358,349	0	435,608	0	
6. Colorado.....	CO	4,452	7,200	1,992,887	0	2,004,539	0	
7. Connecticut.....	CT	2,413	0	27,079	0	29,492	0	
8. Delaware.....	DE	470	0	12,743	0	13,213	0	
9. District of Columbia.....	DC	0	0	25	0	25	0	
10. Florida.....	FL	91,506	15,308	3,896,983	0	4,003,797	0	
11. Georgia.....	GA	38,095	0	465,386	0	503,481	0	
12. Hawaii.....	HI	N	0	125	0	125	0	
13. Idaho.....	ID	L	0	4,034,984	0	4,034,984	0	
14. Illinois.....	IL	L	63,920	700	3,828,099	0	3,892,719	0
15. Indiana.....	IN	L	41,847	0	4,138,437	0	4,180,284	0
16. Iowa.....	IA	L	25,809	0	1,440,993	0	1,466,802	0
17. Kansas.....	KS	L	14,894	37,910	476,614	0	529,419	0
18. Kentucky.....	KY	L	37,335	0	258,802	0	296,138	0
19. Louisiana.....	LA	L	26,713	800	3,186,017	0	3,213,530	0
20. Maine.....	ME	N	914	10,000	6,367	0	17,281	0
21. Maryland.....	MD	L	3,733	0	63,371	0	67,104	0
22. Massachusetts.....	MA	L	5,940	0	71,835	0	77,775	0
23. Michigan.....	MI	L	114,532	10,000	1,830,684	0	1,955,216	0
24. Minnesota.....	MN	L	8,287	0	124,881	0	133,167	0
25. Mississippi.....	MS	L	32,866	1,200	6,453,770	0	6,487,835	0
26. Missouri.....	MO	L	24,857	0	1,091,057	0	1,115,914	0
27. Montana.....	MT	L	499	0	1,541,280	0	1,541,779	0
28. Nebraska.....	NE	L	9,570	10,000	7,128,476	0	7,148,046	0
29. Nevada.....	NV	L	4,376	0	757,013	0	761,389	0
30. New Hampshire.....	NH	L	1,482	0	12,757	0	14,239	0
31. New Jersey.....	NJ	L	23,398	0	25,390	0	48,788	0
32. New Mexico.....	NM	N	234	0	14,356	0	14,590	0
33. New York.....	NY	L	3,699	0	115,522	0	119,221	0
34. North Carolina.....	NC	L	25,866	0	2,309,545	0	2,335,411	0
35. North Dakota.....	ND	L	5,559	2,000	2,245,890	0	2,253,449	0
36. Ohio.....	OH	L	95,515	0	749,311	0	844,826	0
37. Oklahoma.....	OK	L	15,257	0	669,999	0	685,256	0
38. Oregon.....	OR	L	14,444	0	2,402,954	0	2,417,398	0
39. Pennsylvania.....	PA	L	57,254	0	782,327	0	839,581	0
40. Rhode Island.....	RI	L	3,548	0	12,480	0	16,028	0
41. South Carolina.....	SC	L	10,188	0	411,915	0	422,103	0
42. South Dakota.....	SD	L	10,092	649	1,068,568	0	1,079,309	0
43. Tennessee.....	TN	L	40,962	400	359,409	0	400,771	0
44. Texas.....	TX	L	76,018	240	1,673,163	0	1,749,421	0
45. Utah.....	UT	L	1,120	0	580,577	0	581,697	0
46. Vermont.....	VT	L	0	0	6,814	0	6,814	0
47. Virginia.....	VA	L	25,971	0	3,855,239	0	3,881,211	0
48. Washington.....	WA	N	.618	0	164,362	0	164,980	0
49. West Virginia.....	WV	L	8,789	0	1,830,916	0	1,839,705	0
50. Wisconsin.....	WI	L	20,654	10,000	4,238,839	0	4,269,493	0
51. Wyoming.....	WY	L	.589	0	1,263,785	0	1,264,373	0
52. American Samoa.....	AS	N	0	0	0	0	0	0
53. Guam.....	GU	N	0	0	0	0	0	0
54. Puerto Rico.....	PR	N	0	0	0	0	0	0
55. US Virgin Islands.....	VI	N	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP	N	0	0	0	0	0	0
57. Canada.....	CAN	L	29,585	0	197,196	0	226,781	0
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0
59. Subtotal.....	(a)	46	1,124,656	107,407	73,043,602	0	74,275,665	0
60. Reporting entity contributions for employee benefit plans.....	XXX	0	0	0	0	0	0	0
61. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX	0	0	0	0	0	0	0
62. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX	0	0	0	0	0	0	0
63. Premium or annuity considerations waived under disability or other contract provisions.....	XXX	0	0	0	0	0	0	0
64. Aggregate other amounts not allocable by State.....	XXX	0	0	0	0	0	0	0
65. Totals (Direct Business).....	XXX	1,124,656	107,407	73,043,602	0	74,275,665	0	0
66. Plus Reinsurance Assumed.....	XXX	0	0	0	0	0	0	0
67. Totals (All Business).....	XXX	1,124,656	107,407	73,043,602	0	74,275,665	0	0
68. Less Reinsurance Ceded.....	XXX	898,499	64,275	60,946,185	0	61,908,959	0	0
69. Totals (All Business) less reinsurance ceded.....	XXX	226,157	43,132	(b) 12,097,417	0	12,366,706	0	0

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

State of Residence

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which: Exhibit 1

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

2014 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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