

## AMENDED FILING EXPLANATION

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1. JURAT PAGE -REMOVED RETIRED DIRECTOR - TIMOTHY NOVAK
2. Q07- FOOTNOTE 1A.; Q07.1 -20A and Q07.2- 20C- RE ENTERED AMOUNTS FOR CLARIFICATION AND LEGIBILTY
3. Q07-added FOOTNOTES 1C (6), 5D,5E(3)b,5I(2),5i(3),5J,11B,12A(4),17 and FOOTNOTES on Q07.3 for CLARIFICATION
3. Q08.1-GENERAL INTERROGATORIES- LINE 17- MARKED YES, LINE 17.1 ADDED FOR CLARIFICATION.



# QUARTERLY STATEMENT

As of June 30, 2015

of the Condition and Affairs of the

## CZECH CATHOLIC UNION

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized.....

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 56324

Employer's ID Number..... 34-0105780

State of Domicile or Port of Entry OH

Country of Domicile US

Commenced Business.....

5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127

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

5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127

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

5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127

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

5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127

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

216-341-0444

(Area Code) (Telephone Number)

216-341-0444

(Area Code) (Telephone Number)

216-341-0444

(Area Code) (Telephone Number) (Extension)

216-341-0711

(Fax Number)

## OFFICERS

**Name**

1. ROBERT L CERMAK  
3. AUDREY SCHMIDT

**Title**

PRESIDENT  
1ST VICE PRESIDENT

**Name**

2. JANE M MILCZEWSKI  
4. STEIMLA & ASSOCIATES

**Title**

SECRETARY  
ACTUARY

## OTHER

## DIRECTORS OR TRUSTEES

KARLA MAHONEY  
CINDY KVETON

DOLORES JACKLIN  
MARYANN LANGEVIN

JOSEPH KOCAB

ANITA SCHAFER #

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

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

(Signature) ROBERT L CERMAK 1. (Printed Name) PRESIDENT (Title)	(Signature) JANE M MILCZEWSKI 2. (Printed Name) SECRETARY (Title)	(Signature) AUDREY SCHMIDT 3. (Printed Name) 1ST VICE PRESIDENT (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_  
KATHLEEN A. CERMAK

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

Yes [ ] No [ X ]  
1  
September 23, 2015  
7

**NOTES TO FINANCIAL STATEMENTS****Note 1 - Summary of Significant Accounting Policies**

## A. Accounting Practices

	State of Domicile	2015	2014
<b>NET INCOME</b>			
(1) CZECH CATHOLIC UNION state basis (Page 4, Line 31, Columns 1 & 2)	OH	118,830	56,896
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	118,830	56,896
<b>SURPLUS</b>			
(5) CZECH CATHOLIC UNION state basis (Page 3, line 30, Columns 1 & 2)	OH	2,617,995	2,495,496
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	2,617,995	2,495,496

## C.

(6) Deriviatives - None.

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

None.

**Note 3 - Business Combinations and Goodwill**

Not applicable.

**Note 4 - Discontinued Operations**

Not applicable.

**Note 5 - Investments**

D. Loan-Backed Securities - NONE.

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

(3) Collateral Received  
 b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

I. Working Capital Finance Investments - NONE.

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

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

(3) NONE.

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

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets			
(2) Liabilities			

\* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D-Section 1.

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

Not applicable.

**Note 7 - Investment Income**

No significant change.

**NOTES TO FINANCIAL STATEMENTS****Note 8 - Derivative Instruments**

None.

**Note 9 - Income Taxes**

No significant change.

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

Not applicable.

**Note 11 - Debt**

None

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

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

Not applicable.

A. Defined Benefit Plan

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Postemployment	
		2015	2014	2015	2014	2015	2014
a.	Service cost						
b.	Interest cost						
c.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses						
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost						

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

Not applicable.

**Note 14 - Contingencies**

Not applicable.

**Note 15 - Leases**

None.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

None.

**Note 20 - Fair Value**

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
COMMON STOCKS	591,471			591,471
Total	591,471			591,471

## NOTES TO FINANCIAL STATEMENTS

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

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

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

  

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

(3)

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	16,435,000	15,809,409		15,809,409		
PREFERRED STOCKS	49,690	50,000		49,690		
COMMON STOCKS	591,471	591,471	591,471			
CASH AND CASH EQUIVALENTS	1,009,925	1,009,925	1,009,925			
TOTAL	18,086,086	17,460,805	1,601,396	15,859,099		

D. Not Practicable to Estimate Fair Value

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

**Note 21 - Other Items**

None.

**Note 22 - Events Subsequent**

None.

**Note 23 - Reinsurance**

None.

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

None.

E. Risk Sharing Provisions of the Affordable Care Act - None.

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

Not applicable.

**Note 26 - Intercompany Pooling Arrangements**

Not applicable.

**Note 27 - Structured Settlements**

Not applicable.

**Note 28 - Health Care Receivables**

Not applicable.

**Note 29 - Participating Policies**

No significant change.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 30 - Premium Deficiency Reserves**

None.

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

No significant change.

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

No significant change.

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

No significant change.

### **Note 34 - Separate Accounts**

Not applicable.

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

Not applicable.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  Yes [ ]  No [ X ]

1.2 If yes, has the report been filed with the domiciliary state?  Yes [ ]  No [ ]

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

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [ ]  No [ X ]  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?  Yes [ ]  No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

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

1	2 NAIC Company Code	3 State of Domicile
Name of Entity	0	

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

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

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

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

6.4 By what department or departments?

OHIO DEPARTMENT OF INSURANCE

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [ X ]  No [ ]  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [ X ]  
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [X]

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

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [X]

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

\$ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [X]

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

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

\$ 0

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

\$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [X]

14.2 If yes, please complete the following:

14.21 Bonds  
 14.22 Preferred Stock  
 14.23 Common Stock  
 14.24 Short-Term Investments  
 14.25 Mortgage Loans on Real Estate  
 14.26 All Other  
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)  
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ]

If no, attach a description with this statement.

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

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

\$ 0

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

\$ 0

16.3 Total payable for securities lending reported on the liability page:

\$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
WELLS FARGO ADVISORS	950 MAIN AVE. SUITE 300 CLEVELAND, OH. 44113
JANNEY, MONTGOMERY,SCOTT	822 HANNA BUILDING, CLEVELAND, OH.44115
PNC INVESTMENTS	1900 EAST NINTH ST. CLEVELAND, OH.44114

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [ ] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* been followed?

Yes [X] No [ ]

18.2 If no, list exceptions: