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## AMENDED FILING EXPLANATION

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The 2016 annual statement is amended for the following reasons:

1. Corrections to validation crosschecks pertaining to NAIC Rule FTASU092022 -3 total
2. Corrections to validation crosschecks pertaining to NAIC Rule FTASU090081- 1 total
3. Condensed footnotes. Eliminated unused charts and schedules. Reduced unwanted pages.
4. Updated General Interrogatories ,Part 1 Common Interrogatories - Schedule - 29.3
5. Inserted actuary letter on dividends- page 371.
6. Inserted actuary letter on Regulatory Asset Adequacy -page 434

No changes were made to the financial pages or amounts.



# ANNUAL STATEMENT

For the Year Ended December 31, 2016  
of the Condition and Affairs of the  
**CZECH CATHOLIC UNION**

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 56324	Employer's ID Number..... 34-0105780
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized.....	Commenced Business.....	
Statutory Home Office	5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127 (Street and Number) (City or Town, State, Country and Zip Code)	216-341-0444 (Area Code) (Telephone Number)
Mail Address	5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	5349 DOLLOFF ROAD..... CLEVELAND .... OH .... US .... 44127 (Street and Number) (City or Town, State, Country and Zip Code)	216-341-0444 (Area Code) (Telephone Number)
Internet Web Site Address	WWW.CZECHCCU.ORG	
Statutory Statement Contact	ROBERT L CERMAK (Name) INSURANCE@CZECHCCU.ORG (E-Mail Address)	216-341-0444 (Area Code) (Telephone Number) (Extension) 216-341-0711 (Fax Number)

## OFFICERS

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

## OTHER

<b>DIRECTORS OR TRUSTEES</b>			
KARLA MAHONEY	DOLORES JACKLIN	JOSEPH KOCAB	CINDY KVETON
MARYANN LANGEVIN	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	(Signature) JANE M MILCZEWSKI	(Signature) AUDREY SCHMIDT
1. (Printed Name) PRESIDENT	2. (Printed Name) SECRETARY	3. (Printed Name) 1ST VICE PRESIDENT
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2017

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

Yes [ X ] No [ ]

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern**

## A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2016	2015
<b>NET INCOME</b>					
(1) CZECH CATHOLIC UNION state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 177,839	\$ 145,232
(2) State Prescribed Practices that increase/decrease NAIC SAP					
<b>SURPLUS</b>					
(5) CZECH CATHOLIC UNION state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 2,775,882	\$ 2,628,401
(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)	XXX	XXX	XXX	\$ 2,775,882	\$ 2,628,401

B. Use of Estimates in the Preparation of the Financial Statement -none

C. Accounting Policy- per statutory insurance regulations

D. Going Concern-not applicable

**Note 2 – Accounting Changes and Corrections of Errors -NONE****Note 3 – Business Combinations and Goodwill- NOT APPLICABLE**

A. Statutory Purchase Method-N/A

B. Statutory Merger-N/A

C. Assumption Reinsurance-N/A

D. Impairment Loss-N/A

**Note 4 – Discontinued Operations - NOT APPLICABLE****Note 5 – Investments**

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

(1) The maximum and minimum lending rates for mortgage loans during 2016 were: N/A

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgage was \_\_\_\_ %- N/A

B. Debt Restructuring -none

(3) At December 31, 2016, the actuarial reserve was zero

(4) CZECH CATHOLIC UNION recorded an unrealized loss \$ 0 as a result of the re-estimates of the cash flow

C. Reverse Mortgages- none

D. Loan backed Securities -none

E. Repurchase Agreements / other Lending Transactions -none

F. Real Estate Investments -none

G Investments in low Income Housing- none

H. Restricted Assets- none

I. Working Capital Finance Investments-none

J. Offsetting and Netting of Assets and Liabilities-none

K. Structured Notes- none

**NOTES TO FINANCIAL STATEMENTS****Note 6 – Joint Ventures, Partnerships and Limited Liability Companies - NOT APPLICABLE****Note 7 – Investment Income**

A Due and accrued income was excluded from investment income from bonds where collection of the amount was uncertain.

B. Amount excluded was \$0.

**Note 8 – Derivative Instruments -none****Note 9 – Income Taxes -NOT APPLICABLE**

At December 31, 2016 there are no tax issues.

The following is income tax expense for 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Amount
2016	\$ 0
2015	\$ 0

**G. Federal or Foreign Federal Income Tax Loss Contingencies- NOT APPLICABLE**

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties -not applicable****Note 11 – Debt-none****Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans -NOT APPLICABLE, NO RETIREMENT PLANS.****Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations- NOT APPLICABLE****Note 14 – Liabilities, Contingencies and Assessments -NOT APPLICABLE****Note 15 – Leases**

A. Lessee Operating Lease -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 Portion of Partially Insured Plans- NOT APPLICABLE****Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators -NONE**

**NOTES TO FINANCIAL STATEMENTS****Note 20 – Fair Value Measurements**

A.

## (1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
COMMON STOCK	\$ 349,647	\$	\$	\$ 349,647
Total	\$ 349,647	\$	\$	\$ 349,647

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

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

a. Assets	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

b. Liabilities	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 17,697,778	\$ 17,409,450	\$	\$ 17,697,778	\$	\$
PREFERRED STOCKS	46,830	50,000		46,830		
COMMON STOCKS	349,647	349,647	349,647			
CASH & SHORT TERM INVESTMENTS	809,425	809,425	809,425			
TOTAL	18,903,680	18,618,522	1,159,072	17,744,608		

## D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

**Note 21 – Other Items -NONE**

- A. Unusual or Infrequent Items-N/A
- B. Troubled Debt Restructuring Debtors-N/A
- C. Other Disclosures-N/A
- 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
- H. Insurance-Linked Securities (ILS) Contracts-N/A

**Note 22 – Events Subsequent-NONE**

- H. Would reporting the ACA assessment as of December 31, 2016

Yes [ ] No [ X ]

**NOTES TO FINANCIAL STATEMENTS****Note 23 – Reinsurance**

## A. Ceded Reinsurance Report

**Section 1 – 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) CZECH CATHOLIC UNION has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

a.	Claims incurred	\$	0
b.	Claims adjustment expenses incurred		0
c.	Premiums earned		0
d.	Other		0
Entity		Amount	
			\$

## C. Commutation of Ceded Reinsurance

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

(1)	Claims incurred	\$	0
(2)	Claims adjustment expenses incurred		0
(3)	Premiums earned		0
(4)	Other		0
Entity		Amount	

## D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation -NONE

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

a.

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

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

E.

F.

**NOTES TO FINANCIAL STATEMENTS****G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework**

(1) Captive Reinsurers in Which a Risk-Based Capital Shortfall Exists per the Risk-Based Capital XXX/AXXX Captive Reinsurance Consolidated Exhibit:

a. **Captives with Risk-Based Capital Shortfall**

Cession ID	NAIC Company Code	ID Number	Name of Captive Reinsurer	Amount of Risk-Based Capital Shortfall
0	0			
Total	XXX	XXX	XXX	\$

b. Effect of Risk-Based Capital Shortfall on Total Adjusted Capital (TAC)

1. Total Adjusted Capital (TAC)	(Five-Year Historical Line 30)	\$	3,106,517
2. Risk-Based Capital Shortfall	(Sum of G(1)a1 Column 5)	\$	
3. Total Adjusted Capital (TAC) Before Risk-Based Capital Shortfall	(G(1)b1 + G(1)b2)	\$	3,106,517

(2) Captive Reinsurers for Which a Non-Zero Primary Security Shortfall is Shown on the Risk-Based Capital XXX/AXXX Reinsurance Primary Security Shortfall by Cession Exhibit

Cession ID	NAIC Company Code	ID Number	Name of Captive Reinsurer	Amount of Risk-Based Capital Shortfall
0	0			
Total	XXX	XXX	XXX	\$

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination -NOT APPLICABLE****E. Risk Sharing Provisions of the Affordable Care Act-NONE**

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [ ] No [ X ]

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses -NOT APPLICABLE****Note 26 – Intercompany Pooling Arrangements-NOT APPLICABLE****Note 27 – Structured Settlements- NOT APPLICABLE****Note 28 – Health Care Receivables- NOT APPLICABLE****Note 29 – Participating Policies-**

A . For the year 2016, 100% of the life business is participating.  
 B. Dividends are accounted for as shown in Exhibit #4.  
 C. The Union paid dividends in the amount of \$34,706 to policyholders.  
 D. The Union did not allocate any additional income to participating policies.

**Note 30 – Premium Deficiency Reserves- NOT APPLICABLE****Note 31 – Reserves for Life Contracts and Deposit-Type Contracts**

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

(2) Extra premiums -not applicable

(3) Not Applicable

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

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

(6) The details for other changes:

Item	ORDINARY						GROUP		
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life Group and Individual	Life Insurance	Annuities	
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

**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 market value adjustment	\$	\$	\$	\$	%
(2)	At book value less current surrender charge of 5% or more					%
(3)	At fair value					%
(4)	Total with market value adjustment or at fair value (total of 1 through 3)					%
(5)	At book value without adjustment (minimal or no charge or adjustment)	9,013,925			9,013,925	100.000%
B.	Not subject to discretionary withdrawal					%
C.	Total (gross: direct + assumed)	9,013,925			9,013,925	100.000%
D.	Reinsurance ceded					
E.	Total (net (C) - (D))	\$ 9,013,925	\$	\$	\$ 9,013,925	

## F. Life and Accident &amp; Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 9,013,925
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	
(4)	Subtotal	\$ 9,013,925
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	\$ 9,013,925

**Note 33 – Premium and Annuity Considerations Deferred and Uncollected**

## A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2016 were:

	Gross	Net of Loading
(1)	Industrial	\$
(2)	Ordinary new business	
(3)	Ordinary renewal	234
(4)	Credit life	
(5)	Group life	
(6)	Group annuity	
(7)	Totals	\$ 234 \$ 234

**Note 34 – Separate Accounts- NONE****Note 35 – Loss/Claim Adjustment Expenses- NONE**

The balance in the liability for unpaid accident and health claim adjustment expenses as of 12/31/16 and 12/31/15 was \$ 0 and \$ 0, respectively.

CZECH CATHOLIC UNION incurred \$ 0 and paid \$ 0 of claim adjustment expenses in the current year, of which \$ 0 of the paid amount was attributable to insured or covered events of prior years. CZECH CATHOLIC UNION did not increase or decrease the provision for insured events of prior years.

CZECH CATHOLIC UNION took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$ 0.

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

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [X]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

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

1.3 State regulating? OHIO

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] 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. 08/26/2014

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

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

3.4 By what department or departments? Ohio Department of Insurance

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

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

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

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

4.12 renewals? Yes [ ] No [X]

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

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

4.22 renewals? Yes [ ] No [X]

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

5.2 If yes, provide the name of 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		

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

6.2 If yes, give full information:

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

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (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 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 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?  
JAMES G ZUPKA CPA INC. 5240 E98TH ST. CLEVELAND, OH. 44125

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 other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A 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:

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 response to 10.5 is no or n/a, please explain:

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Joe Steimla & Associates, Inc. Joseph H. Steimla, Actuary 2867 Gypsum Circle, Naperville, IL 60564

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

12.11 Name of real estate holding company

12.12 Number of parcels involved

0

12.13 Total book/adjusted carrying value

\$

0

12.2 If yes, provide explanation

**FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

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

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

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

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

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

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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

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

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

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

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

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

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

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

**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 subordinator 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 [ ]

**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 reporting in the statement? Yes [ ] No [X]

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

21.21 Rented from others \$

21.22 Borrowed from others \$

21.23 Leased from others \$

21.24 Other \$

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$

22.22 Amount paid as expenses \$

22.23 Other amounts paid \$

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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

24.01	Were all of 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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
24.02	If no, give full and complete information, relating thereto:		
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).		
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$	<hr/>
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$	<hr/>
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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
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:	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
24.103	Total payable for securities lending reported on the liability page:	\$	0
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 current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
25.2	If yes, state the amount thereof at December 31 of the current year:		
25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	0
25.28	On deposit with states	\$	0
25.29	On deposit with other regulatory bodies	\$	0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0
25.3	For category (25.26) provide the following:		
	1 Nature of Restriction	2 Description	3 Amount
			\$
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
	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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
27.2	If yes, state the amount thereof at December 31 of the current year:	\$	<hr/>
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 <i>Financial Condition Examiners Handbook</i> ?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:		
	1 Name of Custodian(s)	2 Custodian's Address	
	WELLS FARGO ADVISORS	950 MAIN AVE. STE 300, CLEVELAND, OH.44113	
	JANNEY MONGOMERY SCOTT	822 HANNA BLDG. CLEVELAND, OH. 44115	
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation		
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
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	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ("...that have access to the investment accounts", "... handle securities").		
	1 Name of Firm or Individual	2 Affiliation	

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [X] No [ ]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
19766J 10 2	COLUMBIA US GOV MORT FUND	67,164
67075A 10 6	NUVEEN PREFD & INCOME TERM FUND	45,860
74433A 10 9	PRUDENTIAL ST CORP BOND FUND	26,058
354713 50 5	FRANKLIN STRATEGIC INC FUND	43,896
30286C 64 2	FIRST TRUST INT RATE HEDGE 94	42,944
112830 10 4	BROOKFIELD REAL ASSETS	36,611
21942U 30 0	CORNERSTONE	271
25155T 51 0	DWS STRATEGIC INC FUND	18,870
29.2999 TOTAL		281,674

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
COLUMBIA US GOV MORT FUND	FAMILY 2.5% 2031	2,700	12/31/2016
NUVEEN PREFD & INC TERM FUND	CITI GROUP TAX DEBT	1,743	12/31/2016
PRUDENTIAL ST CORP BOND FUND	US TREAS NOTE 2017	2,468	12/31/2016
FRANKLIN STRATEGIC INC FUND	FRANKLIN LOWER TIER FLOAT R	2,068	12/31/2016
FIRST TRUST INT RATE HEDGE 94	ALLIANCE EQUITY CONV	1,503	12/31/2016
BROOKFIELD REAL ASSETS	NOMORA RESECURITIZATION TRUST 2013	842	12/31/2016
CORNERSTONE	ALPHABET INC	14	12/31/2016
DWS STRATEGIC INC FUND	ISHARES IBOX HIGH YIELD CORP BOND	1,015	12/31/2016

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	17,409,450	17,697,778	288,328
30.2	Preferred Stocks	50,000	46,830	(3,170)
30.3	Totals	17,459,450	17,744,608	285,158

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

**BROKER 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 [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No [ ]

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No [ ]

32.2 If no, list exceptions:

**OTHER**

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

\$ 0

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

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any?

\$ 0

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	2

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

Name	Amount Paid
	\$

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
	\$

**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U.S. business only.	\$ _____
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____
1.31	Reason for excluding:	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ _____
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ _____
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ _____
1.62	Total incurred claims	\$ _____
1.63	Number of covered lives	\$ _____
	All years prior to most current three years:	
1.64	Total premium earned	\$ _____
1.65	Total incurred claims	\$ _____
1.66	Number of covered lives	\$ _____
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ _____
1.72	Total incurred claims	\$ _____
1.73	Number of covered lives	\$ _____
	All years prior to most current three years:	
1.74	Total premium earned	\$ _____
1.75	Total incurred claims	\$ _____
1.76	Number of covered lives	\$ _____
2.1	Does the reporting entity have Separate Accounts?	Yes [ ] No [ X ]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [ ] No [ ] N/A [ X ]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$ _____
2.4	State the authority under which Separate Accounts are maintained:	
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [ ] No [ X ]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [ ] No [ X ]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$ _____
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [ X ] No [ ]
4.	How often are meetings of the subordinate branches required to be held?	<u>MONTHLY</u>
5.	How are the subordinate branches represented in the supreme or governing body?	<u>BY DELEGATE</u>
6.	What is the basis of representation in the governing body?	<u>ONE DELEGATE AND ONE ALTERNATE FOR EACH 100 MEMBERS OR FRACTION THEREOF</u>
7.1	How often are regular meetings of the governing body held?	<u>EVERY FOUR YEARS</u>
7.2	When was the last regular meeting of the governing body held?	08/25/2014
7.3	When and where will the next regular or special meeting of the governing body be held?	<u>2018 IN CLEVELAND, OHIO</u>
7.4	How many members of the governing body attended the last regular meeting?	32
7.5	How many of the same were delegates of the subordinate branches?	32
8.	How are the expenses of the governing body defrayed?	<u>FROM GENERAL FUNDS</u>
9.	When and by whom are the officers and directors elected?	<u>AT THE CONVENTION , BY THE DELEGATES</u>
10.	What are the qualifications for membership?	<u>GOOD MORAL CHARACTER AND HEALTH, AND OF CHRISTIAN FAITH</u>
11.	What are the limiting ages for admission?	<u>0-90</u>
12.	What is the minimum and maximum insurance that may be issued on any one life?	<u>MINIMUM-\$2,000, MAXIMUM-\$35,000, WITH AMOUNTS OVER \$35,000 REINSURED</u>

**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**

13. Is a medical examination required before issuing a benefit certificate to applicants? Yes [ ] No [ X ]

14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [ ] No [ X ]

15.1 Are notices of the payments required sent to the members? Yes [ X ] No [ ] N/A [ ]

15.2 If yes, do the notices state the purpose for which the money is to be used? Yes [ X ] No [ ]

16. What proportion of first and subsequent year's payments may be used for management expenses?

16.11 First Year	%
16.12 Subsequent Years	%

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

17.2 If so, what amount and for what purpose? \$

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

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

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

19.2 If yes, when?

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [ X ] No [ ]

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

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

21.3 If yes, explain

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

22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an 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 reporting entity have variable annuities with guaranteed benefits? Yes [ ] No [ X ]

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

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

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

25.1 Amount of loss reserves established by these annuities during the current year: \$

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

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

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

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

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

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

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

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

Date	Outstanding Lien Amount
------	-------------------------

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

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

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

29. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

29.1 Direct Premiums Written \$

29.2 Total Incurred Claims \$

**GENERAL INTERROGATORIES**

**PART 2 – FRATERNAL INTERROGATORIES**

29.3 Number of Covered Lives

<b>*Ordinary Life Insurance Includes</b>
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)