



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

Catholic Ladies of Columbia

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

Organized under the Laws of Ohio

Incorporated/Organized..... March 12, 1897

Statutory Home Office

NAIC Company Code..... 56316

Employer's ID Number..... 31-4144574

700 Taylor Road, Suite 280..... Gahanna OH US 43230
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

700 Taylor Road, Suite 280..... Gahanna OH US..... 43230
(Street and Number) (City or Town, State, Country and Zip Code)

800-845-0494

(Area Code) (Telephone Number)

Mail Address

700 Taylor Road, Suite 280..... Gahanna OH US 43230
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

700 Taylor Road, Suite 280..... Gahanna OH US 43230
(Street and Number) (City or Town, State, Country and Zip Code)

800-845-0494

(Area Code) (Telephone Number)

Internet Web Site Address

www.TheCLC.org

800-845-0494

Statutory Statement Contact

Sharon Calvelage

(Area Code) (Telephone Number) (Extension)

(Name)
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(E-Mail Address)

614-944-4748

(Fax Number)

OFFICERS

Name

1. SHARON CALVELAGE

Title

PRESIDENT

Name

2. LONI A. PERKINS

Title

VICE PRESIDENT OF
OPERATIONS

3. ALICE TEYNOR

SECRETARY

4. FAIRY WAGNER

VICE PRESIDENT

OTHER

DIRECTORS OR TRUSTEES

TERESA M BRODMAN

HELEN RALL

IRENE BORROR

SISTER DEBRA WISCHMEYER

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)
SHARON CALVELAGE
1. (Printed Name)
PRESIDENT
(Title)

(Signature)
LONI A. PERKINS
2. (Printed Name)
VICE PRESIDENT OF OPERATIONS
(Title)

(Signature)
ALICE TEYNOR
3. (Printed Name)
SECRETARY
(Title)

Subscribed and sworn to before me
This _____ day of _____ 2016

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 []

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).....	80,302,878		80,302,878	70,966,155
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	2,092,149		2,092,149	2,215,702
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....489,225, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....88,291, Schedule DA).....	577,516		577,516	1,196,659
6. Contract loans (including \$.....0 premium notes).....	1,331,997		1,331,997	1,335,449
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	84,304,540	0	84,304,540	75,713,965
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,080,381		1,080,381	968,326
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	3,796	1,018	2,778	3,517
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	6,194		6,194	8,380
21. Furniture and equipment, including health care delivery assets (\$.....0).....	1,127	1,127	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	80,543	80,543	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	85,476,581	82,688	85,393,893	76,694,187
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	85,476,581	82,688	85,393,893	76,694,187

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			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. Prepaid Pension.....	76,358	76,358	0	
2502. Deposit.....	4,185	4,185	0	
2503.....			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).....	80,543	80,543	0	0

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).....	79,338,039	71,007,611
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	.....	.....
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	424,897	374,302
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	1,157,848	1,305,083
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	.....	.....
5. Refunds due and unpaid (Exhibit 4, Line 10).....	.....	.....
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	4,000	4,000
6.2 Not yet apportioned.....	.....	.....
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	8,427	8,180
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	.....	.....
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	1,632	.....
8.3 Interest Maintenance Reserve (IMR, Line 6).....	147,956	370,414
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	.....	.....
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	12,644	21,951
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	.....	.....
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	1,009	11,902
14. Unearned investment income.....	.....	.....
15. Amounts withheld or retained by Society as agent or trustee.....	349,289	336,359
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	.....	.....
17. Remittances and items not allocated.....	.....	.....
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....	.....
19. Liability for benefits for employees and fieldworkers if not included above.....	.....	.....
20. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	629,007	520,063
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	.....	.....
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	.....	.....
21.4 Payable to subsidiaries and affiliates.....	.....	.....
21.5 Drafts outstanding.....	.....	.....
21.6 Funds held under coinsurance.....	.....	.....
21.7 Derivatives.....	.....	.....
21.8 Payable for securities.....	.....	.....
21.9 Payable for securities lending.....	.....	.....
22. Aggregate write-ins for liabilities.....	0	0
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	82,074,748	73,959,865
24. From Separate Accounts statement.....	.....	.....
25. Total liabilities (Lines 23 and 24).....	82,074,748	73,959,865
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	.....	.....
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	3,319,145	2,734,321
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	3,319,145	2,734,321
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	85,393,893	76,694,187

DETAILS OF WRITE-INS

2201. Convention Reserve.....	.....	.....
2202. .....	.....	.....
2203. .....	.....	.....
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	0	0
2601. .....	.....	.....
2602. .....	.....	.....
2603. .....	.....	.....
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801. .....	.....	.....
2802. .....	.....	.....
2803. .....	.....	.....
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	0	0

Catholic Ladies of Columbia

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).....	11,104,868	10,307,504
2. Considerations for supplementary contracts with life contingencies.....	.....	.....
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,105,074	3,894,561
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	143,093	153,869
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	.....	.....
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....	.....	.....
7. Reserve adjustments on reinsurance ceded.....	.....	.....
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	.....	.....
8.2 Charges and fees for deposit-type contracts.....	.....	.....
8.3 Aggregate write-ins for miscellaneous income.....	7,183	15,828
9. Totals (Lines 1 to 8.3).....	15,360,219	14,371,762
10. Death benefits.....	205,871	374,852
11. Matured endowments (excluding guaranteed annual pure endowments).....	6,707	1,468
12. Annuity benefits.....	4,860,734	5,609,029
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	.....	.....
14. Surrender benefits and withdrawals for life contracts.....	109,183	96,623
15. Interest and adjustments on contract or deposit-type contracts funds.....	41,847	44,023
16. Payments on supplementary contracts with life contingencies.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	8,330,428	6,430,101
18. Totals (Lines 10 to 17).....	13,554,770	12,556,097
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).....	352,830	309,928
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....	.....	.....
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	750,095	717,062
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	19,945	25,754
23. Increase in loading on deferred and uncollected premiums.....	.....	.....
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	.....	.....
25. Aggregate write-ins for deductions.....	31,415	30,853
26. Totals (Lines 18 to 25).....	14,709,055	13,639,694
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	651,164	732,068
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	458	407
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	650,706	731,662
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....(79,361) transferred to the IMR).....	42,848	(2,189)
31. Net income (Lines 29 + 30).....	693,554	729,473
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	2,734,321	1,933,008
33. Net income from operations (Line 31).....	693,554	729,473
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	.....	8,576
35. Change in net unrealized foreign exchange capital gain (loss).....	.....	.....
36. Change in nonadmitted assets.....	215	(1,690)
37. Change in liability for reinsurance in unauthorized and certified companies.....	.....	.....
38. Change in reserve on account of change in valuation basis, (increase) or decrease.....	.....	.....
39. Change in asset valuation reserve.....	(108,944)	64,954
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	.....	.....
41. Other changes in surplus in Separate Accounts statement.....	.....	.....
42. Change in surplus notes.....	.....	.....
43. Cumulative effect of changes in accounting principles.....	.....	.....
44. Change in surplus as a result of reinsurance.....	.....	.....
45. Aggregate write-ins for gains and losses in surplus.....	.0	.0
46. Net change in surplus for the year (Lines 33 through 45).....	584,824	801,313
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	3,319,145	2,734,321

DETAILS OF WRITE-INS

08.301. Misc. Income.....	650	627
08.302. Annuity W/D Penalty.....	6,533	15,201
08.303. .....	.....	.....
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	.0	.0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	7,183	15,828
2501. Pension Benefits.....	31,415	30,853
2502. .....	.....	.....
2503. .....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	31,415	30,853
4501. Adjustment to Cash Basis.....	.....	.....
4502. Increase to Convention Reserve.....	.....	.....
4503. .....	.....	.....
4598. Summary of remaining write-ins for Line 45 from overflow page.....	.0	.0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	.0	.0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	11,107,110	10,307,153
2. Net investment income.....	4,142,068	3,962,169
3. Miscellaneous income.....	7,183	15,828
4. Total (Lines 1 through 3).....	15,256,362	14,285,150
5. Benefit and loss related payments.....	5,369,944	5,495,868
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,174,485	1,084,734
8. Dividends paid to policyholders.....	458	407
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	.....
10. Total (Lines 5 through 9).....	6,544,888	6,581,009
11. Net cash from operations (Line 4 minus Line 10).....	8,711,474	7,704,142
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:	.....	.....
12.1 Bonds.....	3,539,290	8,802,483
12.2 Stocks.....	122,000	312,350
12.3 Mortgage loans.....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,661,290	9,114,833
13. Cost of investments acquired (long-term only):	.....	.....
13.1 Bonds.....	13,060,023	16,006,355
13.2 Stocks.....	.....	.....
13.3 Mortgage loans.....	.....	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	13,060,023	16,006,355
14. Net increase (decrease) in contract loans and premium notes.....	(3,452)	(13,635)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(9,395,281)	(6,877,887)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):	.....	.....
16.1 Surplus notes, capital notes.....	.....	.....
16.2 Capital and paid in surplus, less treasury stock.....	.....	.....
16.3 Borrowed funds.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	50,595	(191,245)
16.5 Dividends to stockholders.....	.....	.....
16.6 Other cash provided (applied).....	14,070	24,423
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	64,665	(166,822)
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).....	(619,142)	659,433
19. Cash, cash equivalents and short-term investments:	.....	.....
19.1 Beginning of year.....	1,196,659	537,225
19.2 End of year (Line 18 plus Line 19.1).....	577,516	1,196,659

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

20.0001
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Total	Insurance						8	9
			2	3	4	5	6	7		
			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.....		11,104,868	151,654	10,953,214				11,104,868		
2. Considerations for supplementary contracts with life contingencies.....		0						0		
3. Net investment income.....		4,105,074	886,485	3,218,589				4,105,074		
4. Amortization of interest maintenance reserve (IMR).....		143,093	143,093					143,093		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		0						0		
6. Commissions and expense allowances on reinsurance ceded.....		0						0		
7. Reserve adjustments on reinsurance ceded.....		0						0		
8. Miscellaneous Income:										
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....		0						0		
8.2 Charges and fees for deposit-type contracts.....		0						0		
8.3 Aggregate write-ins for miscellaneous income.....		7,183	650	6,533	0	0	0	7,183	0	0
9. Totals (Lines 1 to 8.3).....		15,360,219	1,181,883	14,178,336	0	0	0	15,360,219	0	0
10. Death benefits.....		205,871	205,871					205,871		
11. Matured endowments (excluding guaranteed annual pure endowments).....		6,707	6,707					6,707		
12. Annuity benefits.....		4,860,734		4,860,734				4,860,734		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....		0						0		
14. Surrender benefits and withdrawals for life contracts.....		109,183	109,183					109,183		
15. Interest and adjustments on contract or deposit-type contract funds.....		41,847	41,847					41,847		
16. Payments on supplementary contracts with life contingencies.....		0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....		8,330,428	161,372	8,169,056				8,330,428		
18. Totals (Lines 10 to 17).....		13,554,770	524,980	13,029,790	0	0	0	13,554,770	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....		352,830	8,001	344,829				352,830		
20. Commissions and expense allowances on reinsurance assumed.....		0						0		
21. General insurance expenses and fraternal expenses.....		750,095	312,599	300,341				612,940	137,155	
22. Insurance taxes, licenses and fees.....		19,945	15,749					15,749	4,197	
23. Increase in loading on deferred and uncollected premiums.....		0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		0						0		
25. Aggregate write-ins for deductions.....		31,415	0	31,415	0	0	0	31,415	0	0
26. Totals (Lines 18 to 25).....		14,709,055	861,329	13,706,374	0	0	0	14,567,704	141,352	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....		651,164	320,554	471,962	0	0	0	792,515	(141,352)	0
28. Refunds to members.....		0						0		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....		651,164	320,554	471,962	0	0	0	792,515	(141,352)	0

DETAILS OF WRITE-INS

08.301. Misc. Income.....		650	650					650		
08.302. Annuity W/D Penalty.....		6,533		6,533				6,533		
08.303. ....0.....		0						0		
08.398. Summary of remaining write-ins for Item 8.3 from overflow page.....		0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above).....		7,183	650	6,533	0	0	0	7,183	0	0
2501. Pension Benefits.....		31,415		31,415				31,415		
2502. ....0.....		0						0		
2503. ....0.....		0						0		
2598. Summary of remaining write-ins for Item 25 from overflow page.....		0	0	0	0	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above).....		31,415	0	31,415	0	0	0	31,415	0	0

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.....	71,007,611	10,271,793	60,735,818	
2. Tabular net premiums or considerations.....	11,090,633	137,418	10,953,215	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	2,792,572	530,910	2,261,662	
5. Tabular less actual reserve released.....	(185,168)		(185,168)	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	84,705,648	10,940,121	73,765,527	0
9. Tabular cost.....	238,344	238,344		XXX
10. Reserves released by death.....	153,736	153,736	XXX	XXX
11. Reserves released by other terminations (net).....	114,793	114,793		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	4,860,734		4,860,734	
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	5,367,607	506,873	4,860,734	0
15. Reserve December 31, current year.....	79,338,041	10,433,248	68,904,793	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	3,947,518 4,059,573
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	124,173 124,173
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	66,098 66,098
6. Cash, cash equivalents and short-term investments.....	(e).....	239 239
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....	0 0
10. Total gross investment income.....	.....	4,138,028 4,250,082
11. Investment expenses.....	.....	(g)..... 143,084
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g)..... 1,922
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i)..... 0
15. Aggregate write-ins for deductions from investment income.....	.....	.....
16. Total deductions (Lines 11 through 15).....	.....	..... 145,006
17. Net investment income (Line 10 minus Line 16).....	.....	..... 4,105,076

DETAILS OF WRITE-INS

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

(a) Includes \$....26,442 accrual of discount less \$....175,492 amortization of premium and less \$....113,467 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.....	.....	.....	0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	0	.....	.....
1.2 Other bonds (unaffiliated).....	.....(34,960)	.....	.....(34,960)	.....	.....
1.3 Bonds of affiliates.....	.....	.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....(1,553)	.....	.....(1,553)	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	0	.....	.....
3. Mortgage loans.....	.....	.....	0	.....	.....
4. Real estate.....	.....	.....	0	.....	.....
5. Contract loans.....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0	.....	.....
7. Derivative instruments.....	.....	.....	0	.....	.....
8. Other invested assets.....	.....	.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	.....(36,513)	.....0	.....(36,513)	.....0	.....0

DETAILS OF WRITE-INS

0901.....	.....	.....	0	.....	.....
0902.....	.....	.....	0	.....	.....
0903.....	.....	.....	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				6 Total (Columns 2 through 5)	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		
2. Deferred and accrued.....	0					0		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	0					0		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct.....	10,081,957	4,278	10,077,679			10,081,957		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	10,081,957	4,278	10,077,679	0	0	10,081,957	0	0
7. Line 5 + Line 6.4.....	10,081,957	4,278	10,077,679	0	0	10,081,957	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	10,081,957	4,278	10,077,679			10,081,957		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	10,081,957	4,278	10,077,679	0	0	10,081,957	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	24,038	24,038				24,038		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	24,038	24,038	0	0	0	24,038	0	0
RENEWAL								
11. Uncollected.....	2,778	2,778				2,778		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	2,778	2,778				2,778		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	2,778	2,778	0	0	0	2,778	0	0
14. Advance.....	8,427	8,427				8,427		
15. Line 13.4 - Line 14.....	(5,648)	(5,648)	0	0	0	(5,648)	0	0
16. Collected during year:								
16.1 Direct.....	1,017,005	141,469	875,535			1,017,005		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	14,872	14,872				14,872		
16.4 Net.....	1,002,133	126,597	875,535	0	0	1,002,133	0	0
17. Line 15 + Line 16.4.....	996,485	120,949	875,535	0	0	996,485	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(2,389)	(2,389)				(2,389)		
19. Renewal premiums and considerations:								
19.1 Direct.....	1,013,745	138,210	875,535			1,013,745		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	14,872	14,872				14,872		
19.4 Net (Line 17 - Line 18).....	998,873	123,338	875,535	0	0	998,873	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	11,119,741	166,526	10,953,214	0	0	11,119,741	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	14,872	14,872	0	0	0	14,872	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	11,104,868	151,654	10,953,214	0	0	11,104,868	0	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		
22. All other.....	0					0		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	0					0		
23.2 Reinsurance assumed.....	0					0		
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....	0					0		
24.2 Reinsurance assumed.....	0					0		
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....	0					0		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	342,102	2,520	339,582			342,102		
28. Single.....	2,362	2,362				2,362		
29. Renewal.....	8,366	3,119	5,247			8,366		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	352,830	8,001	344,829	0	0	352,830	0	0

Catholic Ladies of Columbia
EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7	
	1 Life	Accident and Health			6	7	
		2 Cost Containment	3 All Other				
1. Rent.....	58,868				10,388	69,256	
2. Salaries and wages.....	143,816			20,545	41,090	205,451	
3.11 Insured benefit plans for employees.....	44,662				11,166	55,828	
3.12 Insured benefit plans for fieldworkers.....						0	
3.21 Uninsured benefit plans for employees.....						0	
3.22 Uninsured benefit plans for fieldworkers.....						0	
3.31 Other employee welfare.....						0	
3.32 Other fieldworker welfare.....						0	
4.1 Legal fees and expenses.....	5,010				884	5,894	
4.2 Medical examination fees.....	1,253					1,253	
4.3 Inspection report fees.....						0	
4.4 Fees of public accountants and consulting actuaries.....	149,493					149,493	
4.5 Expense of investigation and settlement of certificate claims.....						0	
5.1 Traveling expenses.....	8,406					8,406	
5.2 Advertising.....	5,289					5,289	
5.3 Postage, express, telegraph and telephone.....	12,623				2,228	14,851	
5.4 Printing and stationery.....						0	
5.5 Cost or depreciation of furniture and equipment.....	2,917					2,917	
5.6 Rental of equipment.....	11,752					11,752	
5.7 Cost or depreciation of EDP equipment and software.....						0	
5.8 Lodge supplies less \$.....0 from sales.....						0	
6.1 Books and periodicals.....						0	
6.2 Bureau and association dues.....	2,724				481	3,205	
6.3 Insurance, except on real estate.....	15,213				2,685	17,898	
6.4 Miscellaneous losses.....						0	
6.5 Collection and bank service charges.....	2,568					2,568	
6.6 Sundry general expenses.....	7,340					7,340	
7.1 Field expense allowance.....	5,038					5,038	
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....						0	
7.3 Field conferences other than local meetings.....						0	
8.1 Official publications.....					23,737	23,737	
8.2 Expense of Supreme Lodge Meetings.....	6,000					6,000	
9.1 Real estate expenses.....						0	
9.2 Investment expenses not included elsewhere.....					122,539	122,539	
9.3 Aggregate write-ins for expenses.....	130,330	0	0	0	44,496	174,826	
10. General Expenses Incurred.....	613,302	0	0	0	143,084	(a) 137,155 (b) 893,541	
11. General expenses unpaid December 31, prior year.....	21,951						
12. General expenses unpaid December 31, current year.....	12,644					12,644	
13. General expenses paid during year (Lines 10 + 11 - 12).....	622,609	0	0	0	143,084	137,155	
DETAILS OF WRITE-INS							
09.301 Marketing & Director Expense.....	84,653					84,653	
09.302 Computer & Data Processing.....	45,677					45,677	
09.303 Fraternal Activities, Donations.....						39,415	
09.398 Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	5,081	
09.399 Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	130,330	0	0	0	0	174,826	

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

 1. Charitable \$.....0; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0
 5. Religious \$.....0; 6. Membership \$.....0; 7. Other \$.....0; 8. Total \$.....0

(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			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	3,756				663	4,419
3. Other state taxes, including \$.....0 for employee benefits.....	8,756					8,756
4. U.S. Social Security taxes.....	5,159			1,922	1,249	8,330
5. All other taxes.....						0
6. Taxes, licenses and fees Incurred.....	17,671	0	0	1,922	1,912	21,505
7. Taxes, licenses and fees unpaid December 31, prior year.....	11,902					11,902
8. Taxes, licenses and fees unpaid December 31, current year.....	1,009					1,009
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	28,564	0	0	1,922	1,912	32,398

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	0	0
6. Paid-in cash.....	458	
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	458	
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....	4,000	
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total (Lines 10 through 14).....	4,000	0
16. Total from prior year.....	4,000	
17. Total dividends or refunds (Line 9 + 15 - 16).....	458	0

DETAILS OF WRITE-INS

0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....	0	0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance:					
0100001. AE 3%.....	9,493		9,493		
0100002. 1941 CSO 2.5%.....	195,844		195,844		
0100003. 1980 CSO 6.0%.....	2,992,542		2,992,542		
0100004. 1980 CSO 5.5%.....	3,387,321		3,387,321		
0100005. 1980 CSO 5.0%.....	316,762		316,762		
0100006. 1980 CSO 4.5%.....	2,210,218		2,210,218		
0100007. 2001 CSO 4.0%.....	1,114,811		1,114,811		
0100008. 2001 CSO 3.5%.....	188,477		188,477		
0100009. Unearned Premium Reserve.....	31,404		31,404		
0199997. Totals (Gross).....	10,446,872	0	10,446,872	0	0
0199998. Reinsurance ceded.....	13,909		13,909		
0199999. Totals (Net).....	10,432,963	0	10,432,963	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. Annuities - Deferred.....	68,692,559	XXX.....	68,692,559	XXX.....	
0200002. Annuities - Immediate.....	0	XXX.....		XXX.....	
0200003. H.O. Pension.....	212,233	XXX.....	212,233	XXX.....	
0299997. Totals (Gross).....	68,904,792	XXX.....	68,904,792	XXX.....	0
0299999. Totals (Net).....	68,904,792	XXX.....	68,904,792	XXX.....	0
Accidental Death Benefits:					
0400001.	284		284		
0499997. Totals (Gross).....	284	0	284	0	0
0499999. Totals (Net).....	284	0	284	0	0
9999999. Totals (Net) - Page 3, Line 1.....	79,338,039	0	79,338,039	0	0

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

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

PARTICIPATING

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [X] No []

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:

Yes [] No [X]

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

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

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

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

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: \$.....

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: \$.....

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: \$.....

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: \$.....

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: \$.....

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

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: \$.....

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

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.....	0						
2. Additional contract reserves (a).....	0						
3. Additional actuarial reserves-Asset/Liability analysis.....	0						
4. Reserve for future contingent benefits.....	0						
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	0	0	0	0	0	0	0
7. Reinsurance ceded.....	0						
8. Totals (Net).....	0	0	0	0	0	0	0
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	0						
10. Additional actuarial reserves-Asset/Liability analysis.....	0						
11. Reserve for future contingent benefits.....	0						
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0						
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	0	0	0	0	0	0	0
17. TABULAR FUND INTEREST.....	0						

NONE**DETAILS OF WRITE-INS**

0501.....	0						
0502.....	0						
0503.....	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						
1202.....	0						
1203.....	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.....	374,302		334,448		39,854	
2. Deposits received during the year.....	145,167		145,167			
3. Investment earnings credited to the account.....	14,206		12,236		1,970	
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	108,778		108,334		444	
8. Other net transfers to or (from) Separate Accounts.....	0					
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	424,897	0	383,517	0	41,380	0
10. Reinsurance balance at the beginning of the year.....	0					
11. Net change in reinsurance assumed.....	0					
12. Net change in reinsurance ceded.....	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).....	424,897	0	383,517	0	41,380	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.....	1,144,992		.22,142	1,122,850							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	1,144,992	0	.22,142	1,122,850	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	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.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	12,856		.12,856								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	12,856	0	(b).....12,856	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	1,157,848	0	.34,998	1,122,850	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	1,157,848	(a).....0	(a).....34,998	1,122,850	0	0	(a).....0	0	0	0	0

(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	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	5,329,730		342,994	4,986,736							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 5,329,730	0	342,994	4,986,736	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	1,157,848	0	34,998	1,122,850	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	1,157,848	0	34,998	1,122,850	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	1,305,083		56,231	1,248,852							
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	1,305,083	0	56,231	1,248,852	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	5,182,495	0	321,761	4,860,734	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	5,182,495	0	321,761	4,860,734	0	0	0	0	0	0	0

(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.

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
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			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
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,018	2,274	1,256
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	1,127	1,858	.731
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	80,543	78,771	(1,772)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	82,688	82,903	.215
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	82,688	82,903	.215

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			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. Prepaid Pension.....	.76,358	.74,586	(1,772)
2502. Prepaid Expenses & Deposits.....	.4,185	.4,185	0
2503. Prepaid Insurance.....			0
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).....	80,543	78,771	(1,772)



1. Significant Account Policies:

A. Accounting practices

	State of Domicile	2015	2014
NET INCOME			
(1) Catholic Ladies of Columbia state basis (Page 4, Line 31, Columns 1 & 2)	OH	675,591	729,473
(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	675,591	729,473
SURPLUS			
(5) Catholic Ladies of Columbia state basis (Page 3, line 30, Columns 1 & 2)	OH	3,301,182	2,734,321
(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	3,301,182	2,734,321

The financial statements of Catholic Ladies of Columbia are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department 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 a Fraternal Benefit Society, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, 1) goodwill arising from the purchase of a subsidiary, controlled or affiliated entity is written off directly to surplus in the year it originates by Ohio domiciled companies. In NAIC SAP, goodwill in amounts not to exceed 10% of an insurer's capital and surplus may be capitalized and all amounts of goodwill are amortized and, 2) 100% of all fixed assets are admitted by Ohio domiciled Fraternal Benefit Societies. In NAIC SAP, fixed assets are not admitted. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

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

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 term of the related insurance policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

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

In addition, the society uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds: Not backed by other loans at amortized cost using the interest method: loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (3) Common Stock: At market value except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.
- (4) Preferred Stock: Cost or Amortized Value in accordance with NAIC procedure.
- (5) Mortgage Loan on Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.

- (6) See #2.
- (7) The Society has no subsidiary.
- (8) The Society has no ownership interests in joint ventures.
- (9) The Society has no derivatives.
- (10) The Society has no Accident and Health Contracts.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined. Because the Society is a life insurer, loss adjustment expenses are neither a big factor nor large expense.
- (12) The Society has not modified its capitalization policy from the prior period.
- (13) The Society has no pharmaceutical rebates.

2. Accounting Changes and Correction of Errors:

None *No significant accounting changes or correction of errors have occurred in 2015.*

3. Business Combination and Goodwill:

- A. N/A
- B. The Society had no merger.
- C. The Society had no assumption reinsurance.
- D. The Society had no impairment loss.

4. Discontinued Operations:

N/A

5. Investments:

A. Mortgage Loans, including Mezzanine Real Estate Loans:	None
B. Debt Restructuring:	None
C. Reverse Mortgages:	None
D. Loan-Backed Securities:	None
E. Repurchase Agreements:	None
F. Real Estate:	None
G. Investments in Low-Income Housing Tax Credits (LIHTC):	None
H. Restricted Assets:	None

6. Joint Ventures, Partnerships and Limited Liability Companies:

- A. The Society has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Society did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income:

- A. Due and accrued income was excluded from investment income on the following basis:
Mortgage loans: On loans in foreclosure or delinquent for more than 90 days.
Bonds: Where collection of interest is uncertain and/or the bond is in default.
Real Estate: Where rent is in arrears for more than three months.
- B. Total Amount Excluded: 0.

8. Derivative Instruments (A-F):

N/A *The Society owned no derivative instruments at current year end.*

9. Income Taxes (A-G):

N/A *The Society, as a Fraternal Benefit Society, is not subject to income taxes.*

10. Information Concerning Parent, Subsidiaries and Affiliates:

- A. The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.
- B. The Society does not have an affiliate or subsidiary, therefore no transactions have taken place.
- C. There are no amounts due from or to related parties as of the date of this statement.
- D. The Society has not made any agreements for the benefit of its subsidiaries which result in a material contingent exposure of the Society's assets.
- E. The Society has no management or cost-sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles, involving the society or any affiliated insurer.
- F - N. N/A

11. Debt (A,B):

N/A The Society has no debt or borrowed money as of current year end.

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans. (Year Ending 12/31/15 Pension):***A. Defined Benefit Plan***

The society sponsors non-contributory defined benefit pension plans covering U.S. employees. As of December 31, 2015, the society accrued in accordance with actuarially determined amounts with an offset to the pension cost accrual for the incremental asset amortization.

A summary of assets, obligations and assumptions of the Pension and Other Postretirement Benefit Plans are as follows at December 31, 2015 and 2014:

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	0
		2.	12 Months or Longer	0
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	0
		2.	12 Months or Longer	0

(1) Change in benefit obligation**a. Pension Benefits**

	Overfunded		Underfunded	
	2015	2014	2015	2014
1. Benefit obligation at beginning of year	227,523	238,940		
2. Service cost	0	0		
3. Interest cost	10,606	11,197		
4. Contribution by plan participants		0		
5. Actuarial gain (loss)	2,932	8,239		
6. Foreign currency exchange rate changes		0		
7. Benefits paid	(30,853)	(30,853)		
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits			0	
10. Benefit obligation at end of year	210,208	227,523		

b. Postretirement Benefits**N/A**

	Overfunded		Underfunded	
	2015	2014	2015	2014
1. Benefit obligation at beginning of year				
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				

termination benefits				
10. Benefit obligation at end of year				

c. Special or Contractual Benefits per SSAP No. 11

N/A

	Overfunded		Underfunded	
	2015	2014	2015	2014
1. Benefit obligation at beginning of year				
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year				

(2) Change in plan assets

	Pension Benefits		Postretirement Benefits		Postemployment	
	2015	2014	2015	2014	2015	2014
a. Fair value of plan assets at beginning of year	230,196	246,389				
b. Actual return on plan assets	12,890	14,660				
c. Foreign currency rate changes		0				
d. Employer contribution		0				
e. Plan participants' contributions		0				
f. Benefits paid	(30,853)	(30,853)				
g. Business combinations, divestitures and settlements		0				
h. Fair value of plan assets at end of year	212,233	230,196				

(3) Funded status

	Pension Benefits		Postretirement Benefits	
	2015	2014	2015	2014
Overfunded:				
a. <u>Assets (nonadmitted)</u>				
1. Prepaid benefit costs	65,621	70,558		
2. Overfunded Plan Assets	63,596	67,885		
3. Total assets (nonadmitted)	2,025	2,673		
Underfunded:				
b. <u>Liabilities recognized</u>				
1. Accrued benefit costs				
2. Liability for pension benefits				
3. Total liabilities recognized				
c Unrecognized liabilities	0	0		

(4) Components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits		Postemployment & Compensated Absence Benefits	
	2015	2014	2015	2014	2015	2014
a. Service cost	0	0				
b. Interest cost	10,606	11,197				
c. Expected return on plan assets	(10,740)	(11,569)				
d. Transition asset or obligation	650	655				
e. Gains and losses	4,422	3,745				
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement or curtailment						

h. Total net periodic benefit cost	4,938	4,028				
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(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2015	2014	2015	2014
a. Items not yet recognized as a component of net periodic cost— prior year	(67,885)	(67,137)		
b. Net transition asset or obligation recognized	650	655		
c. Net prior service cost or credit arising during the period				
d. Net prior service cost or credit recognized				
e. Net gain and loss arising during the period	(783)	(5,418)		
f. Net gain and loss recognized	4,422	3,745		
g. Items not yet recognized as a component of net periodic cost— current year	(63,596)	(67,885)		

(6) Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2015	2014	2015	2014
a. Net transition asset or obligation	0	650		
b. Net prior service cost or credit				
c. Net recognized gains and losses	4,237	4,422		

(7) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2015	2014	2015	2014
a. Net transition asset or obligation	0	650		
b. Net prior service cost or credit				
c. Net recognized gains and losses	(63,596)	(67,235)		

(8) Weighted-average assumption used to determine net periodic benefit cost as of Dec. 31st

	12/31/2015	12/31/2014
a. Weighted average discount rate	5.0%	5.0%
b. Expected long-term rate of return on plan assets	5.0%	5.0%
c. Rate of compensation increase	0.0%	0.0%

Weighted-average assumption used to determine projected benefit Obligations as of Dec. 31

a. Weighted average discount rate	5.0%	5.0%
b. Rate of compensation increase	0.0%	0.0%

(9) The amount of the accumulated benefit obligation for defined benefit pension plans was \$210,208 for the current year and \$227,523 for the prior year.

(10) N/A

(11) N/A

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

a. 2016	29,117
b. 2017	27,971
c. 2018	17,852
d. 2019	23,247
e. 2020	17,016
f. 2021 thru 2025	64,696

Assuming payments are in annuity form.

(13) For 2016, the Company currently intends to make contributions to the defined benefit pension plan in an amount between \$2,500 to \$5,000.

(14) Employer Group Annuity or Direct Participation Account:

The amount of pension fund invested in the Employer's Group Annuity is:

12/31/2015	12/31/2014
\$212,233	\$230,196

(15-21) None

B. Investment Policies and Strategies

N/A

C. Fair Value of Plan Assets

(1) Fair Value Measurements of Plan Assets at Reporting Date:

Description	Level 1	Level 2	Level 3	Total
Group Annuity		212,233		
Total Plan Assets				

(2) None

(3) None

D.- I.

N/A

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations (1-13)

N/A

The Society is a Fraternal Benefit Society and issues no stock.

The Society had no advances to surplus.

The Society has no special surplus funds.

The Society has no surplus notes.

14. Contingencies (A-E):

N/A *The Society had no contingencies.*

15. Leases (A,B):

N/A *The Society does not have any material lease obligations at this time.*

16. Information About Financial Instruments With Off Balance Sheet Risks and Financial Instruments With Concentrations of Credit Risk (1-4):

N/A *The Society has no financial Instruments with Off-Balance Sheet Risk.*

17. Sale, Transfer, and Servicing of Financial Assets and Extinguishing of Liabilities (A-C):

None

18. Gain or Loss to the Reporting Entity From Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans (A-C):

None

19. Direct Premium Written/Produced By Managing General Agents/Third Party Administrators

None. *The Society has no direct premium written/produced by managing general agents / third party administrators.*

20. Fair Value Measurements:

A. Assets at Fair Value

(1) Fair value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Hybrid Security- Issuer Obligations	200,000	0	0	200,000
Total	200,000	0	0	200,000

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
	0	0	0	0
Total	0	0	0	0

(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
	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

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
	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

(3-5) None

B. Liabilities at Fair Value **NONE**

(2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy **Not Applicable.**
 (3) Fair Value of Residential Mortgage-Backed Securities **Not Applicable.**

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds & Schedule DA Short Term Investments	80,694,383	80,191,169	200,000			80,391,169
Preferred Stock	2,128,005	2,092,149				2,092,149
Total	82,822,388	82,283,318	200,000			82,483,318

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Total	0	0.000		

21. Other Items:

A. Extraordinary Items - As a result of the realized and unrealized losses that impacted on the Society's assets, caused by the National economic crisis, the Society's Board took the following action: In accordance with the provisions of the Ohio Department of Insurance Regulation Provisions in the policies issued by Catholic Ladies of Columbia, the lien is based on 3% of the reserve as of 12/31/2008. Notice has been mailed to the membership. The total lien amount is \$1,296,511 as of 12/31/2015.

B. Troubled Debt Restructuring: Debtors **None**

C. Other Disclosures **None**

D. Balance that is Reasonably Possible to be Uncollected - The Company does not believe it has any assets which may become uncollectible which have not already been disclosed and non-admitted in this statement.

E. Business Interruption Insurance Recoveries **None**

F. State Transferable Tax Credits **None**

G. Sub-prime Exposure:
 The Society has completed careful analysis of the Disclosure Requirement regarding Sub-prime Mortgages. It has determined that it has no reportable or direct exposure transactions. The Society has contacted its brokerage firms relative to sub-prime exposure among the issues of Mortgage Backed Securities in its portfolio. The brokerage firms report that the Society has no sub-prime exposure among the Mortgage Backed Securities owned by the Society.

22. Events Subsequent (A-H): **None****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, with directly or indirectly, by the society or by any representative, officer, trustee, or director of the society? **NO**

Catholic Ladies of Columbia

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

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the society have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? **NO**
 a) **N/A**
 b) **N/A**

(2) Does the society 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 which, 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 certificates? **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 society 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 certificates or contracts which were in force or which had existing reserves established by the company as of the effective date of the agreement? **NO**

B. Uncollectible Reinsurance:

None *The Society has no uncollectible reinsurance.*

C-G. **None**

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (A-J):

N/A *The Society has no retrospectively rated contracts or contracts subject to redetermination.*

25. Changes in Incurred Losses and Loss Adjustment Expenses:

None *The Society has no change in incurred losses or loss adjustment expenses.*

26. Intercompany Pooling Arrangements (A-G):

None *The Society has no Intercompany pooling arrangements.*

27. Structured Settlements (A,B):

None *The Society has no Structured Settlements.*

28. Health Care Receivables (A,B):

None *The Society has no Health Care Receivables.*

29. Participating Policies:

- A. 100% of life insurance is participating.
- B. The portfolio average method is applied, recognizing plan of insurance, amount of insurance, year of issue and age at issue.
- C. The Society paid dividends in the amount shown on Exhibit 4 to policyholders.
- D. The Society did not allocate any additional income to its policyholders.

30. Premium Deficiency Reserves (1-3):

N/A

31. Reserves for Life Contracts and Deposit Type Contracts:

1. The society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computed reserves.
2. Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age. Regular reserves are computed by the regular reserve for the plan at a rated age and holding in addition one-half of the extra premium charge for one year.
3. As of December 31, 2015, the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set by the State of OH.
4. The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 by formula. 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 under Page 7, Annuity, Line 4, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of 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. The total amount of all such products is entered under Page 7, Line 4.
6. The details for "Other Increases" (net) under Page 7, Line 7, are: **None**

32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics:

A.	Subject to discretionary withdrawal:	General Account	Separate Account with Guarantees	Separate Account	Total	% of Total
	(1) With fair value adjustment:	-	-	-	-	-
	(2) Book value less current surrender charges of 5% or more:	11,627,166	-	-	11,627,166	16.77%
	(3) At fair value:	-	-	-	-	-
	(4) Total with adjustments or at fair value, (total 1- 3):	11,627,166	-	-	11,627,166	16.77%
	(5) At book value without adjustment:	57,490,290	-	-	57,490,290	82.92%
B.	Not subject to discretionary withdrawal provision	212,233	-	-	212,233	0.31%
C.	Total (Gross):	69,329,688	-	-	69,329,688	100%
D.	Reinsurance ceded:	-	-	-	-	-
E.	Total (Net) (C)-(D)	69,329,688	-	-	69,329,688	100%

*Reconciliation of Total Annuity Actuarial Reserves and Deposit Fund Liabilities.

F. Life & Accident & Health Annual Statement

(1)	Exh. 5, Annuities, Totals (Net):	\$68,922,755
(2)	Exh. 5, Suppl. Contracts w/Life Contingencies, Total (Net):	0
(3)	Exh. 7, L14, Col.1:	\$424,897
(4)	Subtotal:	\$69,347,652

Separate Accounts Annual Statement (5-12):

None

33. Premium and Annuity Considerations Deferred and Uncollected:

Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2015 were as follows:

	<u>Gross</u>	<u>Net of Loading</u>
(1) Industrial	\$0	\$0
(2) Ordinary new business	\$0	\$0
(3) Ordinary renewal	\$ 3,796	\$ 3,796
(4) Credit Life	\$0	\$0
(5) Group Life	\$0	\$0
(6) Group Annuity	\$0	\$0
(7) Totals	\$ 3,796	\$ 3,796

34. Separate Accounts (A-C):

None *The Society does not have any separate accounts.*

35. Loss/Claim Adjustment Expenses:

Not Required.

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]
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. 12/31/2012
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. 04/21/2014
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). 04/21/2014

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 [X] No [] N/A []

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

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 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(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 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?

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?

L. Allen Bailey, FSA, MAAA, Allen Bailey & Associates, Inc. 8310-1 Capital of Texas Hwy N. Suite 370 Austin, Texas 78746

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

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 subordinator 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	\$ 0
21.22 Borrowed from others	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

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	\$ 0
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

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

INVESTMENT

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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

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

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

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

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ _____ 0

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: \$ _____ 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 [] No [X]

25.2 If yes, state the amount thereof at December 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
		<input type="checkbox"/> \$ _____

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 of the current year: \$ _____ 0

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

28.01 For 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
Raymond James Bank, N.A.	710 Carilion Parkway, St. Petersburg, FL 33716

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

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

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

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

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

28.05 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

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:

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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

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 Holdings	4 Date of Valuation

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	80,391,169	80,606,092	214,923
30.2	Preferred Stocks	2,092,149	2,128,005	35,856
30.3	Totals	82,483,318	82,734,096	250,779

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

Brokers, Custodians, Broker Statements

Yes [X] No []

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 reliance 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:

OTHER33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ N/A

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? \$ N/A

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
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ N/A

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 – LIFE 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?	
Monthly		
5.	How are the subordinate branches represented in the supreme or governing body?	
By Delegates		
6.	What is the basis of representation in the governing body?	
One Delegate per Fifty Members		
7.1	How often are regular meetings of the governing body held?	
Every Four Years		
7.2	When was the last regular meeting of the governing body held?	08/01/2013
7.3	When and where will the next regular or special meeting of the governing body be held?	
August 2017 Ohio		
7.4	How many members of the governing body attended the last regular meeting?	123
7.5	How many of the same were delegates of the subordinate branches?	86
8.	How are the expenses of the governing body defrayed?	
General Funds		
9.	When and by whom are the officers and directors elected?	
By Delegates at Convention		
10.	What are the qualifications for membership?	
Roman Catholics, Their Families & Friends, Plus Good Health & Moral Character		

GENERAL INTERROGATORIES**PART 2 – LIFE INTERROGATORIES**

11. What are the limiting ages for admission?
0-75

12. What is the minimum and maximum insurance that may be issued on any one life?
None

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 [] No [X]

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 [X] No []

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

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

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

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

25. For reporting entities having sold annuities to another insurer 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 [X] No []

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
12/31/2008	\$ 1,296,511

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

GENERAL INTERROGATORIES**PART 2 – LIFE INTERROGATORIES**

0				
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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	\$	168,767
29.2 Total Incurred Claims	\$	219,921
29.3 Number of Covered Lives		7,785

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

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

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

	1 2015	2 2014	3 2013	4 2012	5 2011
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	53,211	54,129	54,782	53,476	53,595
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	1,477	1,315	2,076	3,418	2,957
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	4,278	5,723	8,681	9,363	12,948
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	147,376	193,306	202,695	706,859	247,923
5. Annuity (Line 20.4, Column 3).....	10,953,214	10,108,476	7,455,607	9,419,858	3,971,597
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	11,104,868	10,307,504	7,666,982	10,136,080	4,232,468
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	85,393,893	76,694,187	69,168,733	63,350,622	54,081,372
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	82,074,748	73,959,865	67,235,724	61,836,028	52,574,882
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	79,338,039	71,007,611	64,577,510	60,247,000	51,316,000
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....	424,897	374,302	528,396	372,285	271,776
14. Asset valuation reserve (Page 3, Line 21.1).....	629,007	520,063	585,017	533,918	454,244
15. Surplus (Page 3, Line 30).....	3,319,145	2,734,323	1,933,008	1,514,594	1,506,490
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	8,711,474	7,704,142	5,560,289	8,976,772	4,215,000
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	3,932,189	3,256,386	2,520,025	2,048,512	1,960,734
18. 50% of the Calculated RBC Amount.....	1,072,851	755,478	770,339	1,287,901	375,246
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).....	.95.3	.93.7	.93.5	.92.2	.95.9
20. Stocks (Lines 2.1 and 2.2).....	2.5	2.9	3.7	3.9	
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....	0.7	1.6	0.8	1.8	1.5
24. Contract loans (Line 6).....	1.6	1.8	2.0	2.2	2.6
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.1	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	82,688	82,903	81,213	82,579	85,214
40. Total admitted assets (Page 2, Line 28, Col. 3).....	85,393,893	76,694,187	69,168,733	63,350,622	54,081,372
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,105,076	3,894,157	3,531,515	3,443,652	3,026,871
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	42,848	(2,189)	76,554	80,308	(86,073)
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....		8,576	9,435	(117,449)	.96,147
44. Total of above Lines 41, 42 and 43.....	4,147,924	3,900,544	3,617,503	3,406,511	3,036,945

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
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).....	5,182,495	6,081,973	5,685,936	3,513,314	2,353,569
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....					
47. Increase in Life Reserves (Line 17, Column 2).....	161,372	93,707	(108,116)	646,000	138,000
48. Increase in Accident and Health Reserves (Line 17, Column 5).....					
49. Refunds to Members (Line 28, Column 1).....					
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.....	9.9	10.0	11.2	19.6	15.5
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.....	3.9	2.8	2.2	4.6	4.7
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	320,554	257,907	205,858	148,820	58,495
58. Annuity (Column 3).....	471,962	620,020	276,339	150,732	201,161
59. Supplementary Contracts (Column 4).....					
60. Accident and Health (Column 5).....					
61. Aggregate of All Other Lines of Business (Column 6).....					
62. Fraternal (Column 8).....	(141,352)	(145,860)	(130,044)	(147,270)	
63. Expense (Column 9).....					
64. Total (Column 1).....	651,164	732,068	352,153	152,282	259,656

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:

EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	7,956	54,129
2. Issued during year.....	82	1,477
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....	29	29
6. Subtotals, Lines 2 to 5.....	111	1,506
7. Additions by refunds during year.....	XXX.	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	8,067	55,635
Deductions During Year:		
10. Death.....	118	249
11. Maturity.....	17	83
12. Disability.....		
13. Expiry.....		
14. Surrender.....	76	305
15. Lapse.....	71	1,787
16. Conversion.....		
17. Decreased (net).....		
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	282	2,424
21. In force end of year (b) (Line 9 minus 20).....	7,785	53,211
22. Reinsurance ceded end of year.....	XXX.	6,063
23. Line 21 minus Line 22.....	XXX.	47,148

DETAILS OF WRITE-INS

0801.....		
0802.....		
0803.....		
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.....		
1902.....		
1903.....		
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.....		153	2,745	
2. Issued during year.....		2	293	
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. TOTALS (Lines 1 to 4).....	0	155	3,038	0
Deduction during year:				
6. Decreased during year (net).....		6	125	
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	6	125	0
9. In force end of year (Line 5 minus Line 8).....	0	149	2,913	0
10. Amount on deposit.....		41,380	68,692,559	XXX.
Income now payable:				
11. Amount of income payable.....		108,334		XXX.
Deferred fully paid:				
12. Account balance.....	XXX.	XXX.	51,861,105	XXX.
Deferred not fully paid:				
13. Account balance.....	XXX.	XXX.	18,119,148	XXX.

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	Direct Business						Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5			
		2 Life Insurance Premiums	3 Annuity Considerations						
1. Alabama.....	AL N						0		
2. Alaska.....	AK N						0		
3. Arizona.....	AZ N						0		
4. Arkansas.....	AR N						0		
5. California.....	CA N						0		
6. Colorado.....	CO N						0		
7. Connecticut.....	CT N						0		
8. Delaware.....	DE N						0		
9. District of Columbia.....	DC N						0		
10. Florida.....	FL N						0		
11. Georgia.....	GA N						0		
12. Hawaii.....	HI N						0		
13. Idaho.....	ID N						0		
14. Illinois.....	IL N						0		
15. Indiana.....	IN L	1,467	2,633			4,099			
16. Iowa.....	IA N						0		
17. Kansas.....	KS N						0		
18. Kentucky.....	KY L	262				262			
19. Louisiana.....	LA N						0		
20. Maine.....	ME N						0		
21. Maryland.....	MD N						0		
22. Massachusetts.....	MA N						0		
23. Michigan.....	MI L	.685	2,673,972			2,674,657			
24. Minnesota.....	MN N						0		
25. Mississippi.....	MS N						0		
26. Missouri.....	MO N						0		
27. Montana.....	MT N						0		
28. Nebraska.....	NE N						0		
29. Nevada.....	NV N						0		
30. New Hampshire.....	NH N						0		
31. New Jersey.....	NJ N						0		
32. New Mexico.....	NM N						0		
33. New York.....	NY N						0		
34. North Carolina.....	NC N						0		
35. North Dakota.....	ND N						0		
36. Ohio.....	OH L	166,353	8,278,241			8,444,594			
37. Oklahoma.....	OK N						0		
38. Oregon.....	OR N						0		
39. Pennsylvania.....	PA N						0		
40. Rhode Island.....	RI N						0		
41. South Carolina.....	SC N						0		
42. South Dakota.....	SD N						0		
43. Tennessee.....	TN N						0		
44. Texas.....	TX N						0		
45. Utah.....	UT N						0		
46. Vermont.....	VT N						0		
47. Virginia.....	VA N						0		
48. Washington.....	WA N						0		
49. West Virginia.....	WV N						0		
50. Wisconsin.....	WI N						0		
51. Wyoming.....	WY N						0		
52. American Samoa.....	AS N						0		
53. Guam.....	GU N						0		
54. Puerto Rico.....	PR N						0		
55. US Virgin Islands.....	VI N						0		
56. Northern Mariana Islands.....	MP N						0		
57. Canada.....	CAN N						0		
58. Aggregate Other Alien.....	OT XXX	0	0	0	0	0	0	0	
59. Subtotal.....	(a) 4 XXX	168,767	10,954,846	0	0	11,123,613	0		
90. Reporting entity contributions for employee benefit plans.....							0		
91. Dividends or refunds applied to purchase paid-up additions and annuities.....							0		
92. Dividends or refunds applied to shorten endowment or premium paying period.....							0		
93. Premium or annuity considerations waived under disability or other contract provisions.....							0		
94. Aggregate other amounts not allocable by State.....		0	0	0	0	0	0	0	
95. Totals (Direct Business).....		168,767	10,954,846	0	0	11,123,613	0		
96. Plus Reinsurance Assumed.....							0		
97. Totals (All Business).....		168,767	10,954,846	0	0	11,123,613	0		
98. Less Reinsurance Ceded.....		14,872					14,872		
99. Totals (All Business) less reinsurance ceded.....		153,895	10,954,846	(b) 0	0	11,108,741	0		

DETAILS OF WRITE-INS

58001.....	XXX						0	
58002.....	XXX						0	
58003.....	XXX						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	
9402.....	XXX						0	
9403.....	XXX						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.

(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:

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

2015 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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