Insurance Association
A FRATERNAL BENEFIT SOCIETY

UTU Insurance Association

24950 COUNTRY CLUB BLVD., STE. 340 • NORTH OLMSTED, OHIO 44070-5333
PHONE: 216-228-9400 • FAX: 216-228-0411 • www.utuia.org

KENNETH L. LAUGEL
PRESIDENT

RICHARD A. KUSNIC
SECRETARY AND TREASURER

NAIC – Financial Regulatory Services

August 1, 2016

Cheryl Manning, Insurance Reporting Analyst III

1100 Walnut Street, Suite 1500

Kansas City, MO. 64106-2197

Dear Ms. Manning,

I am writing you to inform you that during a regularly scheduled quarterly meeting with the Ohio Department of Insurance, the Department suggested that the United Transportation Union Insurance Association (UTUIA), NAIC Code 56413, file an amended return for year-end 2015 as well as the first quarter, 2016.

The reason for the request was due to the fact that UTUIA expensed a software cost of $155,000 instead of capitalizing the amount. During a regular year-end audit, UTUIA's outside auditor's noted the expensed item and noted it as a correcting item on UTUIA's Annual Audited Statement. UTUIA's Management agreed with the change. The Ohio Department of Insurance, after noting the adjustment, suggested that UTUIA file the amended returns as noted above.

Please let me know if, in addition to filing the amended returns, you need any additional information from UTUIA.

Sincerely,

Richard A. Kusnic

Secretary Treasurer

United Transportation Union Insurance Association

216-227-5293

Cc: Mark Boston, Financial Regulator, State of Ohio

FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

United Transportation Union Insurance Association

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56413 Employer's ID Number..... 23-7131460

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

Incorporated/Organized..... November 16, 1970 Commenced Business..... March 10, 1971

Statutory Home Office 24950 Country Club Blvd Ste 340….. North Olmsted ..... OH ..... US 44070-5333
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 24950 Country Club Blvd Ste 340….. North Olmsted ..... OH ..... US..... 44070-5333 216-228-9400
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 24950 Country Club Blvd Ste 340….. North Olmsted ..... OH ..... US 44070-5333
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 24950 Country Club Blvd Ste 340….. North Olmsted ..... OH ..... US 44070-5333 216-228-9400
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address utuia.org

Statutory Statement Contact Richard A Kusnic Sr 216-228-9400
(Name) (Area Code) (Telephone Number) (Extension)

Rkusnic@utuia.org 216-228-0411
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Ken Laugel #	President	2. Richard A Kusnic #	Secretary
3. Richard Kusnic #	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

John Lesniewski	John Previsich	John England	Frank James Riha
Nicholas J Dicicco Jr	John J Risch III	William Jennings Thompson	William B Ryan

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

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

(Signature)	(Signature)	(Signature)
Ken Laugel	Richard A Kusnic	Richard Kusnic
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

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

a. Is this an original filing? Yes [X] No [ ]

b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Collectively Renewable		Other Individual Contracts									
					Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written	3,425,406	XXX		XXX		XXX	3,425,406	XXX		XXX		XXX		XXX
2. Premiums earned	3,445,166	XXX		XXX		XXX	3,445,166	XXX		XXX		XXX		XXX
3. Incurred claims	1,288,434	37.4	0	0.0	0	0.0	1,288,434	37.4	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,288,434	37.4	0	0.0	0	0.0	1,288,434	37.4	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	(532,322)	(15.5)	0	0.0	0	0.0	(532,322)	(15.5)	0	0.0	0	0.0	0	0.0
7. Commissions (a)	449,078	13.0		0.0		0.0	449,078	13.0		0.0		0.0		0.0
8. Other general insurance expenses	1,256,802	36.5		0.0		0.0	1,256,802	36.5		0.0		0.0		0.0
9. Taxes, licenses and fees	92,790	2.7		0.0		0.0	92,790	2.7		0.0		0.0		0.0
10. Total other expenses incurred	1,798,670	52.2	0	0.0	0	0.0	1,798,670	52.2	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	890,384	25.8	0	0.0	0	0.0	890,384	25.8	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	890,384	25.8	0	0.0	0	0.0	890,384	25.8	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes $.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	224,158,062		224,158,062
2.	Reinsurance (Line 16)			0
3.	Premiums and considerations (Line 15)	224,586		224,586
4.	Net credit for ceded reinsurance	XXX	214,385	214,385
5.	All other admitted assets (balance)	2,425,002		2,425,002
6.	Total assets excluding separate accounts (Line 26)	226,807,650	214,385	227,022,035
7.	Separate account assets (Line 27)			0
8.	Total assets (Line 28)	226,807,650	214,385	227,022,035
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	165,684,892	214,385	165,899,277
10.	Liability for deposit-type contracts (Line 3)	5,349,761		5,349,761
11.	Claim reserves (Line 4)	1,285,448		1,285,448
12.	Member refunds/reserves (Lines 5 through 6)	8,522		8,522
13.	Premium & annuity considerations received in advance (Line 7)	305,630		305,630
14.	Other contract liabilities (Line 8)	5,718,785		5,718,785
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)			0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.2 inset amount)			0
18	Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount)			0
19.	All other liabilities (balance)	3,668,200		3,668,200
20.	Total liabilities excluding Separate Accounts (Line 23)	182,021,238	214,385	182,235,623
21.	Separate Account liabilities (Line 24)			0
22.	Total liabilities (Line 25)	182,021,238	214,385	182,235,623
23.	Capital & surplus (Line 30)	44,786,412	XXX	44,786,412
24.	Total liabilities, capital & surplus (Line 31)	226,807,650	214,385	227,022,035
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	214,385		
26.	Claim reserves	0		
27.	Member refunds/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	214,385		
34.	Premiums and considerations	0		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	0		
41.	Total net credit for ceded reinsurance	214,385		