



# QUARTERLY STATEMENT

As of June 30, 2016  
of the Condition and Affairs of the

## The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0  
(Current Period) (Prior Period)

Organized under the Laws of Ohio

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

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 56383

State of Domicile or Port of Entry Ohio

Commenced Business..... January 16, 1888

1801 Watermark Drive Suite 100..... Columbus .... OH .... US .... 43215  
(Street and Number) (City or Town, State, County and Zip Code)

1801 Watermark Drive Suite 100..... Columbus .... OH .... US .... 43215  
(Street and Number) (City or Town, State, County and Zip Code)

1801 Watermark Drive Suite 100..... Columbus .... OH .... US .... 43215  
(Street and Number or P. O. Box) (City or Town, State, County and Zip Code)

1801 Watermark Drive Suite 100..... Columbus .... OH .... US .... 43215  
(Street and Number) (City or Town, State, County and Zip Code)

www.uct.org  
Kevin C Hecker  
(Name)  
khecker@uct.org  
(E-Mail Address)

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

800-848-0123

(Area Code) (Telephone Number)

800-848-0123

(Area Code) (Telephone Number)

800-848-0123-0142

(Area Code) (Telephone Number) (Extension)

614-487-9675

(Fax Number)

### OFFICERS

Name  
1. Thomas David Hoffman  
3. Joseph Henry Hoffman

Title  
President  
Chief Executive Officer

Name  
2. Stephen Randal Desselles  
4.

Title  
Secretary/Treasurer

Ronald Allen Ives #  
Sandra Elizabeth Shafer #

Senior Vice-President, Chief  
Information Officer  
Vice-President, Fraternal

Kevin Clare Hecker #  
Jeffrey Lee Smith MAAA, FCA

Senior Vice-President & CFO, Chief  
Risk Officer  
Consulting Actuary

### OTHER

David Leonard Burt  
Glenn Edward Suever  
Christopher Barry Phelan

Thomas David Hoffman  
Stephen Randal Desselles

Jerry George Giff  
Mary Frances Applegate

Gordon Paul Woodworth  
Numan Dwight Loafman

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) Thomas David Hoffman 1. (Printed Name) President (Title)	(Signature) Stephen Randal Desselles 2. (Printed Name) Secretary/Treasurer (Title)	(Signature) Joseph Henry Hoffman 3. (Printed Name) Chief Executive Officer (Title)
--	--	--

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

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 [ ]

\_\_\_\_\_  
\_\_\_\_\_

Statement as of June 30, 2016 of the **The Order Of United Commercial Travelers Of America**  
**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	15,383,273	0	15,383,273	15,226,248
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....497,279), cash equivalents (\$.....0) and short-term investments (\$....351,187).....	848,467	0	848,467	1,824,294
6. Contract loans (including \$.....0 premium notes).....	933,029	0	933,029	916,891
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets.....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	17,164,769	0	17,164,769	17,967,433
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	113,233	0	113,233	106,705
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	24,314	0	24,314	29,474
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	85,688	0	85,688	87,364
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	604,514	0	604,514	368,157
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	63,404	0	63,404	63,404
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	206,187	132,940	73,247	52,985
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	523,075	523,075	0	11,790
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	18,785,184	656,015	18,129,169	18,687,312
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	18,785,184	656,015	18,129,169	18,687,312

**DETAILS OF WRITE-INS**

1101. ....	0	0	0	0
1102. ....	0	0	0	0
1103. ....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other Assets Nonadmitted.....	523,075	523,075	0	0
2502. Misc. Accts Recv.....	0	0	0	11,790
2503. ....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	523,075	523,075	0	11,790

**The Order Of United Commercial Travelers Of America**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve).....	3,137,734	3,218,364
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	1,263,440	1,204,712
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....	9,007	16,336
4. Contract claims:		
4.1 Life.....	18,793	30,772
4.2 Accident and health.....	1,163,223	1,460,228
5. Refunds due and unpaid.....	0	0
6. Provisions for refunds payable in following calendar year - estimated amounts:		
6.1 Apportioned for payment.....	0	0
6.2 Not yet apportioned.....	0	0
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....105,460 accident and health premiums.....	107,044	162,021
8. Certificate and contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	0	0
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	0	0
8.3 Interest maintenance reserve (IMR).....	262,221	282,205
9. Commissions to fieldworkers due or accrued - life and annuity contracts \$....276, accident and health \$....13,521 and deposit-type contract funds \$.....0.....	13,797	9,572
10. Commissions and expense allowances payable on reinsurance assumed.....	0	0
11. General expenses due or accrued.....	667,122	566,278
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	0	0
13. Taxes, licenses and fees due or accrued.....	32,350	114,658
14. Unearned investment income.....	0	0
15. Amounts withheld or retained by Society as agent or trustee.....	228,062	183,838
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	0	0
17. Remittances and items not allocated.....	49,480	23,924
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0
19. Liability for benefits for employees and fieldworkers if not included above.....	0	0
20. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve.....	55,737	52,429
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	0	0
21.4 Payable to subsidiaries and affiliates.....	0	0
21.5 Drafts outstanding.....	0	0
21.6 Funds held under coinsurance.....	0	0
21.7 Derivatives.....	0	0
21.8 Payable for securities.....	0	0
21.9 Payable for securities lending.....	0	0
22. Aggregate write-ins for liabilities.....	1,786,430	1,938,857
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	8,794,440	9,264,194
24. From Separate Accounts Statement.....	0	0
25. Total liabilities (Lines 23 to 24).....	8,794,440	9,264,194
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	25,000	25,000
29. Unassigned funds.....	9,309,729	9,398,118
30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement).....	9,334,729	9,423,118
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	18,129,169	18,687,312

**DETAILS OF WRITE-INS**

2201. Amounts Payable to Reinsurer.....	1,262,090	1,358,309
2202. Deferred Income - Reinsurance Assumed.....	207,731	237,407
2203. Unclaimed Funds.....	316,609	343,141
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	1,786,430	1,938,857
2601.....	0	0
2602.....	0	0
2603.....	0	0
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801. Fraternal Fund.....	25,000	25,000
2802.....	0	0
2803.....	0	0
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	25,000	25,000

Statement as of June 30, 2016 of the **The Order Of United Commercial Travelers Of America**  
**SUMMARY OF OPERATIONS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	5,972,970	6,172,071	12,125,829
2. Considerations for supplementary contracts with life contingencies.....	0	0	0
3. Net investment income.....	237,004	230,727	453,698
4. Amortization of Interest Maintenance Reserve (IMR).....	32,756	27,581	54,512
5. Separate Accounts net gain from operations excluding unrealized gains and losses.....	0	0	0
6. Commissions and expense allowances on reinsurance ceded.....	2,737,810	3,545,000	6,632,434
7. Reserve adjustments on reinsurance ceded.....	0	0	0
8. Miscellaneous income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	0	0	0
8.2 Charges and fees for deposit-type contracts.....	0	0	0
8.3 Aggregate write-ins for miscellaneous income.....	548,109	669,652	1,142,595
9. Totals (Lines 1 to 8.3).....	9,528,649	10,645,031	20,409,068
10. Death benefits.....	162,221	139,519	280,978
11. Matured endowments (excluding guaranteed annual pure endowments).....	38,141	0	218
12. Annuity benefits.....	68,999	20,155	63,281
13. Disability benefits and benefits under accident and health contracts including premiums waived \$.....0	3,860,205	3,999,522	7,672,629
14. Surrender benefits and withdrawals for life contracts.....	9,931	20,676	39,083
15. Interest and adjustments on contract or deposit-type contract funds.....	124	101	171
16. Payments on supplementary contracts with life contingencies.....	0	0	0
17. Increase in aggregate reserve for life and accident and health contracts.....	(21,383)	15,410	(268,031)
18. Totals (Lines 10 to 17).....	4,118,238	4,195,383	7,788,329
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	1,651,700	2,339,825	4,234,283
20. Commissions and expense allowances on reinsurance assumed.....	0	0	0
21. General insurance expenses and fraternal expenses.....	3,884,900	4,059,721	7,787,372
22. Insurance taxes, licenses and fees.....	203,617	250,218	451,715
23. Increase in loading on deferred and uncollected premiums.....	1,053	6,754	5,234
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0	0	0
25. Aggregate write-ins for deductions.....	0	0	0
26. Totals (Lines 18 to 25).....	9,859,508	10,851,901	20,266,933
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(330,859)	(206,870)	142,135
28. Refunds to members.....	0	0	0
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(330,859)	(206,870)	142,135
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....0 transferred to the IMR).....	0	119	44,066
31. Net income (Lines 29 + 30).....	(330,859)	(206,751)	186,201
<b>SURPLUS ACCOUNT</b>			
32. Surplus, December 31, prior year.....	9,423,119	9,612,437	9,612,437
33. Net income from operations (Line 31).....	(330,859)	(206,751)	186,201
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	0	0	0
35. Change in net unrealized foreign exchange capital gain (loss).....	208,763	(283,644)	(575,126)
36. Change in nonadmitted assets.....	37,010	7,630	194,155
37. Change in liability for reinsurance in unauthorized and certified companies.....	0	0	0
38. Change in reserve on account of change in valuation basis (increase) or decrease.....	0	0	0
39. Change in asset valuation reserve.....	(3,308)	4,541	5,452
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	0	0	0
41. Other changes in surplus in Separate Accounts Statement.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Change in surplus as a result of reinsurance.....	0	0	0
45. Aggregate write-ins for gains and losses in surplus.....	0	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	(88,394)	(478,224)	(189,318)
47. Surplus as of statement date (Lines 32 + 46).....	9,334,725	9,134,213	9,423,119

**DETAILS OF WRITE-INS**

08.301. Donations.....	.590	.854	10,809
08.302. Supreme Dues.....	424,495	473,703	896,720
08.303. Misc. Income.....	123,024	195,095	235,066
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	548,109	669,652	1,142,595
2501. ....	0	0	0
2502. ....	0	0	0
2503. ....	0	0	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).....	0	0	0
4501. ....	0	0	0
4502. ....	0	0	0
4503. ....	0	0	0
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0	0

# The Order Of United Commercial Travelers Of America

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	5,923,271	6,125,503	12,133,605
2. Net investment income.....	269,685	286,967	555,290
3. Miscellaneous income.....	2,953,343	4,147,538	8,533,390
4. Total (Lines 1 through 3).....	9,146,299	10,560,008	21,222,285
5. Benefit and loss related payments.....	4,456,453	5,252,241	9,243,653
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	5,685,004	6,599,859	12,255,931
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9).....	10,141,457	11,852,100	21,499,584
11. Net cash from operations (Line 4 minus Line 10).....	(995,158)	(1,292,092)	(277,299)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,499,534	2,868,462	4,031,833
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,499,534	2,868,462	4,031,833
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,478,476	1,786,561	3,167,052
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,478,476	1,786,561	3,167,052
14. Net increase or (decrease) in contract loans and premium notes.....	16,138	(54,743)	(59,800)
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	4,920	1,136,644	924,581
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	14,411	(407,152)	(372,057)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	14,411	(407,152)	(372,057)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(975,827)	(562,600)	275,225
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,824,294	1,549,069	1,549,069
19.2 End of period (Line 18 plus Line 19.1).....	848,467	986,469	1,824,294

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

20.0001 .....	0	0	0
---------------	---	---	---

**EXHIBIT 1****DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Life Insurance.....	456,590	522,287	985,089
2. Individual annuities.....	41,431	16,565	53,603
3. Accident and Health.....	29,336,740	33,188,505	64,213,898
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	29,834,761	33,727,357	65,252,590
6. Fraternal.....	0	0	0
7. Expenses.....	0	0	0
8. Subtotal (Lines 5 through 7).....	29,834,761	33,727,357	65,252,590
9. Deposit-type contracts.....	0	0	0
10. Total.....	29,834,761	33,727,357	65,252,590

**DETAILS OF WRITE-INS**

0401.....	0	0	0
0402.....	0	0	0
0403.....	0	0	0
0498. Summary of remaining write-ins for Line 4 from overflow page.....	0	0	0
0499. Total (Lines 0401 thru 0403 plus 0498) (Line 4 above).....	0	0	0

**NOTES TO FINANCIAL STATEMENTS****NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****A. Accounting Practices**

		State of Domicile	Current Period	Prior Year
<b>NET INCOME</b>				
(1) The Order Of United Commercial Travelers Of America state basis (Page 4, Line 31, Columns 1 & 3)	OH	\$ (330,859)	\$ 186,201	
(2) State Prescribed Practices that increase/decrease NAIC SAP		0	0	
(3) State Permitted Practices that increase/decrease NAIC SAP		0	0	
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	\$ (330,859)	\$ 186,201	
<b>SURPLUS</b>				
(5) The Order Of United Commercial Travelers Of America state basis (Page 3, line 30, Columns 1 & 2)	OH	\$ 9,334,729	\$ 9,423,118	
(6) State Prescribed Practices that increase/decrease NAIC SAP		0	0	
(7) State Permitted Practices that increase/decrease NAIC SAP		0	0	
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	\$ 9,334,729	\$ 9,423,118	

**C. Accounting Policy**

(6) No significant changes

**D. Going Concern**

No significant changes

**NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

No significant changes

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

No significant change.

**NOTE 4 – DISCONTINUED OPERATIONS**

No significant changes

**NOTE 5 – INVESTMENTS****D. Loan-Backed Securities**

(1) No significant change.

	1	2a	2b	c
(2)	Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss		Fair Value 1 – (2a + 2b)
OTTI recognized 1 <sup>st</sup> Quarter		Interest	Non-Interest	
a. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
c. Total 1 <sup>st</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
OTTI recognized 2 <sup>nd</sup> Quarter				
d. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
f. Total 2 <sup>nd</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
OTTI recognized 3 <sup>rd</sup> Quarter				
g. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
i. Total 4 <sup>th</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
OTTI recognized 4 <sup>th</sup> Quarter				
j. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0

**NOTES TO FINANCIAL STATEMENTS**

I.	Total 4th Quarter	\$ 0	\$ 0	\$ 0	\$ 0
m.	Annual aggregate total	XXX	\$ 0	\$ 0	XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
	0	0	0	0	0	
Total			\$0			

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$ 0
		2.	12 Months or Longer	\$ (1,697)
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$ 0
		2.	12 Months or Longer	\$ 329,186

(5)

E. Repurchase Agreements and/or Securities Lending Transactions - N/A

(3) Collateral Received

b.	The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$ 0
----	---	------

I. Working Capital Finance Investments

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

	Book/Adjusting Carrying Value
a.	Up to 180 Days \$ 0
b.	181 to 365 Days 0
c.	Total \$ 0

(3) N/A

J. Offsetting and Netting of Assets and Liabilities - N/A

(1) Assets	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
	\$ 0	\$ 0	\$ 0
(2) Liabilities			
	\$ 0	\$ 0	\$ 0

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

No significant changes

**Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

No significant changes

**Note 9 – Income Taxes**

No significant changes

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

No significant changes

**NOTE 11 – DEBT**

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

(1) N/A

(2) FHLB Capital Stock

a. Aggregate Totals - N/A

1. Current Period

**NOTES TO FINANCIAL STATEMENTS**

	1 Total 2 + 3	2 General Account	3 Separate Accounts
(a) Membership Stock – Class A	\$ 0	\$ 0	\$ 0
(b) Membership Stock – Class B	0	0	0
(c) Activity Stock	0	0	0
(d) Excess Stock	0	0	0
(e) Aggregate Total (a+b+c+d)	\$ 0	\$ 0	\$ 0
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 0	XXX	XXX

## 2. Prior Year-End

	1 Total 2 + 3	2 General Account	3 Separate Accounts
(a) Membership Stock – Class A	\$ 0	\$ 0	\$ 0
(b) Membership Stock – Class B	0	0	0
(c) Activity Stock	0	0	0
(d) Excess Stock	0	0	0
(e) Aggregate Total (a+b+c+d)	\$ 0	\$ 0	\$ 0
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 0	XXX	XXX

## b. Membership Stock (Class A and B) Eligible for Redemption

Membership Stock	1 Current Period Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. Class B	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## (3) Collateral Pledged to FHLB - N/A

## a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Period Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	\$ 0	\$ 0	\$ 0
2. Current Period General Account Total Collateral Pledged	\$ 0	\$ 0	\$ 0
3. Current Period Separate Accounts Total Collateral Pledged	\$ 0	\$ 0	\$ 0
4. Prior Year Total General and Separate Accounts Total Collateral Pledged	\$ 0	\$ 0	\$ 0

## b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Period Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	\$ 0	\$ 0	\$ 0
2. Current Period General Account Total Collateral Pledged	\$ 0	\$ 0	\$ 0
3. Current Period Separate Accounts Total Collateral Pledged	\$ 0	\$ 0	\$ 0
4. Prior Year Total General and Separate Accounts Total Collateral Pledged	\$ 0	\$ 0	\$ 0

## (4) Borrowing from FHLB - N/A

## a. Amount as of the Reporting Date

## 1. Current Period

	1 Total 2 + 3	2 General Account	3 Separate Account	4 Funding Agreements Reserves Established
(a) Debt	\$ 0	\$ 0	\$ 0	XXX
(b) Funding Agreements	0	0	0	\$ 0
(c) Other	0	0	0	XXX
(d) Aggregate Total (a+b+c)	\$ 0	\$ 0	\$ 0	\$ 0

## 2. Prior Year

	1	2	3	4

**NOTES TO FINANCIAL STATEMENTS**

	Total 2 + 3	General Account	Separate Account	Funding Agreements Reserves Established
(a) Debt	\$ 0	\$ 0	\$ 0	XXX
(b) Funding Agreements	0	0	0	\$ 0
(c) Other	0	0	0	XXX
(d) Aggregate Total (a+b+c)	\$ 0	\$ 0	\$ 0	\$ 0

## b. Maximum Amount During Reporting Period (Current Period)

	1 Total 2 + 3	2 General Account	3 Separate Accounts
1. Debt	\$ 0	\$ 0	\$ 0
2. Funding Agreements	0	0	0
3. Other	0	0	0
4. Aggregate Total (Lines 1+2+3)	\$ 0	\$ 0	\$ 0

## c. FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	
2. Funding Agreements	
3. Other	

**NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

## A. Defined Benefit Plan - N/A

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		Current Period	Prior Year	Current Period	Prior Year	Current Period	Prior Year
a.	Service cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b.	Interest cost	0	0	0	0	0	0
c.	Expected return on plan assets	0	0	0	0	0	0
d.	Transition asset or obligation	0	0	0	0	0	0
e.	Gains and losses	0	0	0	0	0	0
f.	Prior service cost or credit	0	0	0	0	0	0
g.	Gain or loss recognized due to a settlement curtailment	0	0	0	0	0	0
h.	Total net periodic benefit cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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

No significant changes

**NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

## A. Contingent Commitments

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$0.

(2) Detail of other contingent commitments

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception Allowed Under SSAP No. 5R)	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted
	\$ 0	XXX	\$ 0	XXX
Total	\$ 0	XXX	\$ 0	XXX

(3)

a. Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal the total of column 4 for (2) above.)	\$ 0
--	------

**NOTES TO FINANCIAL STATEMENTS**

b.	Current liability recognized in F/S	
1.	Noncontingent liabilities	\$ 0
2.	Contingent liabilities	\$ 0
c.	Ultimate financial statement impact if action under the guarantee is required	
1.	Investments in SCA	\$ 0
2.	Joint Venture	0
3.	Dividends to stockholders (capital contribution)	0
4.	Expense	0
5.	Other	0
6.	Total (should equal (3)a)	\$ 0

## B. Assessments - N/A

## (1) Where Amount is Unknown

Where Amount is Known

## (2)

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year –end	\$ 0
b.	Decreases current period:	\$ 0
c.	Increases current period:	\$ 0
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current period	\$ 0

## C. Gain Contingencies - N/A

## D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits N/A

The Order Of United Commercial Travelers Of America paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$ 0

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period:

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant:

(f) Per Claim [ ] (g) Per Claimant [ ]

## E. Joint and Several Liabilities N/A

## F. All Other Contingencies N/A

**Note 15 – leases**

No significant changes

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No significant changes

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

## B. Transfer and Servicing of Financial Assets - N/A

## (2) N/A

## (4) N/A

(a) N/A

(b) N/A

## C. Wash Sales - NONE

## (1) N/A

## (2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2016 and reacquired within 30 days of the sale date are: N/A

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
		0	\$ 0	\$ 0	\$ 0

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

**NOTES TO FINANCIAL STATEMENTS**

No significant changes

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

No significant changes

**NOTE 20 – FAIR VALUE MEASUREMENTS**

A. N/A

## (1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0

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 current period	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 current period
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0					
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

b. Liabilities	Beginning Balance at current period	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 current period
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0					
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## (3) N/A

## (4) N/A

## (5) N/A

B. N/A

C. N/A

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

D. Not Practicable to Estimate Fair Value - N/A

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

**NOTE 21 – OTHER ITEMS**

No significant changes

**Note 22 – Events Subsequent**

No significant changes

**Note 23 – Reinsurance**

No significant changes

**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION**

E. Risk Sharing Provisions of the Affordable Care Act - N/A

## (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions NO

## (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current period:

a.	Permanent ACA Risk Adjustment Program	AMOUNT
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 0	
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 0	
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 0	
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA	\$ 0	

**NOTES TO FINANCIAL STATEMENTS**

Risk Adjustment	
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)
b. Transitional ACA Reinsurance Program	
Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance
Liabilities	
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium
5.	Ceded reinsurance premiums payable due to ACA Reinsurance
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance
Operations (Revenue & Expenses)	
7.	Ceded reinsurance premiums due to ACA Reinsurance
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments
9.	ACA Reinsurance contributions – not reported as ceded premium
c. Temporary ACA Risk Corridors Program	
Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors
Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors
Operations (Revenue & Expenses)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)
4.	Effect of ACA Risk Corridors on change in reserves for rate credits

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance: N/A

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Period on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	9	10	11
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program										
1.	Premium adjustments receivable	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	A	\$ 0	\$ 0
2.	Premium adjustments (payable)	0	0	0	0	0	0	0	B	0	0
3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
b.	Transitional ACA Reinsurance Program										
1.	Amounts recoverable for claims paid	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	C	\$ 0	\$ 0
2.	Amounts recoverable for claims unpaid (contra liability)	0	0	0	0	0	0	0	D	0	0
3.	Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	E	0	0
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums	0	0	0	0	0	0	0	F	0	0
5.	Ceded reinsurance premiums payable	0	0	0	0	0	0	0	G	0	0
6.	Liability for amounts held under uninsured plans	0	0	0	0	0	0	0	H	0	0
7.	Subtotal ACA Transitional Reinsurance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
c.	Temporary ACA Risk Corridors Program										
1.	Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	\$ 0
2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	J	0	0
3.	Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0		0	0
d.	Total for ACA Risk Sharing Provisions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

A. N/A

B.N/A

C.N/A

D.N/A

E.N/A

F.N/A

G.N/A

H.N/A

I.N/A

J.N/A

---

## **NOTES TO FINANCIAL STATEMENTS**

---

The company did not have any changes in the provision for incurred claim and claim adjustment expenses attributable to insured events of prior years.

**Note 26 – Intercompany Pooling Arrangements**

No significant changes

**Note 27 – Structured Settlements**

No significant changes

**Note 28 – Health care receivables**

No significant changes

**Note 29 – Participating policies**

No significant changes

**Note 30 – Premium Deficiency Reserves**

No significant changes

**Note 31 – Reserves for Life Contracts and Deposit-Type Contracts**

No significant changes

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

No significant changes

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

No significant changes

**Note 34 – Separate Accounts**

No significant changes

**Note 35 – Loss/Claim Adjustment Expenses**

No significant changes

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

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

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

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

2.2 If yes, date of change:

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

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

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

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

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  03/27/2012

6.4 By what department or departments?  
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

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

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

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

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

**FINANCIAL**

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

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

Yes [ ] No [X]

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

\$ 0

**INVESTMENT**

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

Yes [ ] No [X]

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

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

\$ 0

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

\$ 0

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

Yes [ ] No [X]

14.2 If yes, please complete the following:

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

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

Yes [ ] No [X]

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

Yes [ ] No [X]

If no, attach a description with this statement.

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

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

\$ 0

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

\$ 0

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

\$ 0

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

Yes [ ] No [X]

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

1 Name of Custodian(s)	2 Custodian Address
US Bank National Association	1555 N River Center Dr. Ste. 302; Milwaukee, WI 53212
Wachovia Securities	2010 N. Tryon St.; Charlotte, NC 28201

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Scotiabank	Exchange Tower, 130 King St West, 20th Floor; Toronto, ON M5X 1K1	Canadian investments are in compliance with OSFI.

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

Yes [ ] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
107680	Jason Gingerich; Prime Advisors	22635 NE Marketplace Dr., Ste. 160; Redmond, WA 98053
N/A	Karen Dalgleish; Scotiabank	130 King St. West, 20th FL, Toronto, ON M5X 1K1

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

Yes [X] No [ ]

18.2 If no, list exceptions:

**The Order Of United Commercial Travelers Of America**  
**GENERAL INTERROGATORIES (continued)**

**PART 2 - FRATERNAL**

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1	Long-term mortgages in good standing:	Responses
1.11	Farm mortgages.....	\$.....0
1.12	Residential mortgages.....	\$.....0
1.13	Commercial mortgages.....	<u>\$.....0</u>
1.14	Total mortgages in good standing.....	\$.....0
1.2	Long-term mortgages in good standing with restructured terms:	
1.21	Total mortgages in good standing with restructured terms.....	\$.....0
1.3	Long-term mortgage loans upon which interest is overdue more than three months:	
1.31	Farm mortgages.....	\$.....0
1.32	Residential mortgages.....	\$.....0
1.33	Commercial mortgages.....	<u>\$.....0</u>
1.34	Total mortgages with interest overdue more than three months.....	\$.....0
1.4	Long-term mortgage loans in process of foreclosure:	
1.41	Farm mortgages.....	\$.....0
1.42	Residential mortgages.....	\$.....0
1.43	Commercial mortgages.....	<u>\$.....0</u>
1.44	Total mortgages in process of foreclosure.....	\$.....0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2).....	<u>\$.....0</u>

1.6 Long-term mortgages foreclosed, properties transferred to real estate in current quarter:

1.61	Farm mortgages.....	\$.....0
1.62	Residential mortgages.....	\$.....0
1.63	Commercial mortgages.....	<u>\$.....0</u>
1.64	Total mortgages foreclosed and transferred to real estate.....	\$.....0

2.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurance for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done?

Yes [ ] No [X]

2.2 If no, explain.....

---



---

3. Operating Percentages:

3.1	A&H loss percent.....	67.2
3.2	A&H cost containment percent.....	0.0
3.3	A&H expense percent excluding cost containment expenses.....	42.4

4.1 Do you act as a custodian for health savings accounts?..... Yes [ ] No [X]  
 4.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$.....0  
 4.3 Do you act as an administrator for health savings accounts?..... Yes [ ] No [X]  
 4.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$.....0

5.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?..... Yes [ ] No [X]  
 5.2 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 Amounts
	0

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
------------------------------	-------------------	------------------------	------------------------	----------------------------------	--------------------------------------	---------------------------	---	---

**NONE**

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2	3 Life Insurance Premiums				
1. Alabama.....	AL.....L.....	5,076	0	377,220	0	382,296	0
2. Alaska.....	AK.....N.....	133	0	3,105	0	3,238	0
3. Arizona.....	AZ.....L.....	2,405	500	930,702	0	933,607	0
4. Arkansas.....	AR.....L.....	3,742	0	722,624	0	726,366	0
5. California.....	CA.....L.....	33,382	0	152,088	0	185,471	0
6. Colorado.....	CO.....L.....	1,333	1,200	900,890	0	903,423	0
7. Connecticut.....	CT.....L.....	2,139	0	4,232	0	6,370	0
8. Delaware.....	DE.....L.....	0	0	4,875	0	4,875	0
9. District of Columbia.....	DC.....L.....	313	0	1,812	0	2,125	0
10. Florida.....	FL.....L.....	35,927	0	1,492,415	0	1,528,342	0
11. Georgia.....	GA.....L.....	16,216	0	194,341	0	210,556	0
12. Hawaii.....	HI.....N.....	0	0	2,049	0	2,049	0
13. Idaho.....	ID.....L.....	0	0	1,591,007	0	1,591,007	0
14. Illinois.....	IL.....L.....	26,645	380	1,429,294	0	1,456,319	0
15. Indiana.....	IN.....L.....	19,734	0	1,765,773	0	1,785,508	0
16. Iowa.....	IA.....L.....	7,587	0	668,637	0	676,225	0
17. Kansas.....	KS.....L.....	7,610	900	184,121	0	192,631	0
18. Kentucky.....	KY.....L.....	13,761	0	102,920	0	116,681	0
19. Louisiana.....	LA.....L.....	10,431	0	1,096,896	0	1,107,327	0
20. Maine.....	ME.....N.....	382	10,000	4,431	0	14,813	0
21. Maryland.....	MD.....L.....	1,888	0	20,590	0	22,478	0
22. Massachusetts.....	MA.....L.....	2,453	0	39,991	0	42,444	0
23. Michigan.....	MI.....L.....	50,921	0	702,074	0	752,995	0
24. Minnesota.....	MN.....L.....	5,224	0	57,139	0	62,363	0
25. Mississippi.....	MS.....L.....	15,797	600	2,421,840	0	2,438,237	0
26. Missouri.....	MO.....L.....	9,637	0	555,171	0	564,807	0
27. Montana.....	MT.....L.....	249	0	701,140	0	701,389	0
28. Nebraska.....	NE.....L.....	2,820	0	3,012,657	0	3,015,477	0
29. Nevada.....	NV.....L.....	1,420	0	300,548	0	301,968	0
30. New Hampshire.....	NH.....L.....	795	0	7,642	0	8,438	0
31. New Jersey.....	NJ.....L.....	9,505	0	13,354	0	22,859	0
32. New Mexico.....	NM.....N.....	117	0	7,925	0	8,042	0
33. New York.....	NY.....L.....	970	0	43,407	0	44,377	0
34. North Carolina.....	NC.....L.....	9,947	0	884,654	0	894,601	0
35. North Dakota.....	ND.....L.....	2,364	0	636,648	0	639,012	0
36. Ohio.....	OH.....L.....	41,662	27,651	438,397	0	507,711	0
37. Oklahoma.....	OK.....L.....	7,441	0	253,005	0	260,446	0
38. Oregon.....	OR.....L.....	7,459	0	795,115	0	802,574	0
39. Pennsylvania.....	PA.....L.....	22,105	0	324,687	0	346,791	0
40. Rhode Island.....	RI.....L.....	1,610	0	4,037	0	5,547	0
41. South Carolina.....	SC.....L.....	4,158	0	198,346	0	202,504	0
42. South Dakota.....	SD.....L.....	4,938	0	309,718	0	314,656	0
43. Tennessee.....	TN.....L.....	17,987	200	164,084	0	182,271	0
44. Texas.....	TX.....L.....	30,544	0	730,474	0	761,018	0
45. Utah.....	UT.....L.....	370	0	277,333	0	277,703	0
46. Vermont.....	VT.....L.....	0	0	6,304	0	6,304	0
47. Virginia.....	VA.....L.....	11,201	0	1,587,635	0	1,598,836	0
48. Washington.....	WA.....N.....	232	0	63,081	0	63,313	0
49. West Virginia.....	WV.....L.....	4,849	0	751,135	0	755,984	0
50. Wisconsin.....	WI.....L.....	8,745	0	1,561,668	0	1,570,413	0
51. Wyoming.....	WY.....L.....	294	0	561,223	0	561,517	0
52. American Samoa.....	AS.....N.....	0	0	0	0	0	0
53. Guam.....	GU.....N.....	0	0	0	0	0	0
54. Puerto Rico.....	PR.....N.....	0	0	0	0	0	0
55. US Virgin Islands.....	VI.....N.....	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP.....N.....	0	0	0	0	0	0
57. Canada.....	CAN.....L.....	11,431	0	78,052	0	89,483	0
58. Aggregate Other Alien.....	OT.....XXX.....	0	0	0	0	0	0
59. Subtotals.....	(a).46.....	475,949	41,431	.29,138,507	0	.29,655,888	0
90. Reporting entity contributions for employee benefit plans.....	XXX.....	0	0	0	0	0	0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....	0	0	0	0	0	0
92. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX.....	0	0	0	0	0	0
93. Premium or annuity considerations waived under disability or other contract provisions.....	XXX.....	0	0	0	0	0	0
94. Aggregate other amounts not allocable by state.....	XXX.....	0	0	0	0	0	0
95. Totals (Direct Business).....	XXX.....	475,949	41,431	.29,138,507	0	.29,655,888	0
96. Plus reinsurance assumed.....	XXX.....	0	0	0	0	0	0
97. Totals (All Business).....	XXX.....	475,949	41,431	.29,138,507	0	.29,655,888	0
98. Less reinsurance ceded.....	XXX.....	379,307	27,789	.23,325,521	0	.23,732,617	0
99. Totals (All Business) less reinsurance ceded.....	XXX.....	.96,642	13,642	.5,812,987	0	.5,923,271	0

## DETAILS OF WRITE-INS

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

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

**The Order of United Commercial Travelers of America**

FEIN: 31-4273120  
NAIC: 56383  
Ohio

**UCT Charities**

FEIN: 31-1486573  
Ohio

**UCT Insurance Agency LLC**

FEIN: 47-3632781  
Ohio

**Q12**

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>Members</b>														
0.....		56383.....	31-4273120..	0.....	0.....		The Order of United Commercial Travelers of America	OH.....	RE.....	The Order of United Commercial Travelers of America	Board.....	0.000	The Order of United Commercial Travelers of America	0.....
0.....		0.....	31-1486573..	0.....	0.....		UCT Charities.....	OH.....	OTH.....	The Order of United Commercial Travelers of America	Other.....	0.000	The Order of United Commercial Travelers of America	1.....
0.....		0.....	47-3632781..	0.....	0.....		UCT Insurance Agency LLC.....	OH.....	DS.....	The Order of United Commercial Travelers of America	Ownership.....	100.000	The Order of United Commercial Travelers of America	0.....

**Asteris Explanation**

1 This entity is a 501(c)(3) charitable organization that provides scholarships. The Board of Directors of UCT Charities is appointed by the Board of The Order of United Commercial Travelers of America.

# The Order Of United Commercial Travelers Of America

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO

**Explanations:**

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.

**Bar Code:**


**NONE**

Statement as of June 30, 2016 of the **The Order Of United Commercial Travelers Of America**  
**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	15,226,249	16,657,647
2. Cost of bonds and stocks acquired.....	1,478,476	3,167,052
3. Accrual of discount.....	4,077	7,632
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	12,772	35,486
6. Deduct consideration for bonds and stocks disposed of.....	1,499,534	4,031,833
7. Deduct amortization of premium.....	43,286	93,979
8. Total foreign exchange change in book/adjusted carrying value.....	204,519	(515,756)
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9).....	15,383,273	15,226,249
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	15,383,273	15,226,249

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	13,040,317	1,139,469	1,142,312	99,100	13,040,317	13,136,574		13,167,952
2. NAIC 2 (a).....	2,597,506	98,711	0	(99,266)	2,597,506	2,596,951		2,212,258
3. NAIC 3 (a).....	0	0	0	0	0	0		0
4. NAIC 4 (a).....	0	0	0	0	0	0		0
5. NAIC 5 (a).....	0	0	0	0	0	0		0
6. NAIC 6 (a).....	0	0	0	0	0	0		0
7. Total Bonds.....	15,637,823	1,238,180	1,142,312	(166)	15,637,823	15,733,525	0	15,380,210
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0		0
9. NAIC 2.....	0	0	0	0	0	0		0
10. NAIC 3.....	0	0	0	0	0	0		0
11. NAIC 4.....	0	0	0	0	0	0		0
12. NAIC 5.....	0	0	0	0	0	0		0
13. NAIC 6.....	0	0	0	0	0	0		0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	15,637,823	1,238,180	1,142,312	(166)	15,637,823	15,733,525	0	15,380,210

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE DA - PART 1****Short-Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	350,250	XXX.....	350,250	4	.0

**SCHEDULE DA - VERIFICATION****Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	153,958	170,024
2. Cost of short-term investments acquired.....	1,187,604	2,964,816
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	991,313	2,980,882
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	350,249	153,958
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	350,249	153,958

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

**Sch. DB - Pt. C - Sn. 1**  
**NONE**

**Sch. DB - Pt. C - Sn. 2**  
**NONE**

**Sch. DB - Verification**  
**NONE**

**Sch. E - Verification**  
**NONE**

**Sch. A - Pt. 2**  
**NONE**

**Sch. A - Pt. 3**  
**NONE**

**Sch. B - Pt. 2**  
**NONE**

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**SCHEDULE D - PART 3**

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>									
912828 M5 6 US TREASURY N/B.....									
..... 05/20/2016.... NOMURA SECURITIES COMPANY LTD.....									
..... 25,844 ..... 25,000 ..... 12 1.....									
0599999. Total Bonds - U.S. Government.....									
..... 25,844 ..... 25,000 ..... 12 XXX									
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
3128MJ VV 9 FHLMC G08627.....									
..... 04/21/2016.... VARIOUS.....									
..... 152,382 ..... 145,689 ..... 354 1.....									
3135G0 K3 6 FNMA.....									
..... 05/18/2016.... KEY MCDONNALD.....									
..... 99,813 ..... 100,000 ..... 136 1.....									
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....									
..... 252,195 ..... 245,689 ..... 490 XXX									
<b>Bonds - Industrial and Miscellaneous</b>									
459200 JG 7 IBM CORP.....									
..... 05/19/2016.... CITIGROUP/ELECTRONIC.....									
..... 105,573 ..... 100,000 ..... 910 1FE.....									
46625H QJ 2 JPMORGAN CHASE & CO.....									
..... 05/24/2016.... WELLSCORP.....									
..... 100,686 ..... 100,000 ..... 609 1FE.....									
887317 BA 2 TIME WARNER INC.....									
..... 05/06/2016.... CS.....									
..... 98,711 ..... 100,000 ..... .8 2FE.....									
3899999. Total Bonds - Industrial and Miscellaneous.....									
..... 304,970 ..... 300,000 ..... 1,527 XXX									
8399997. Total Bonds - Part 3.....									
..... 583,009 ..... 570,689 ..... 2,029 XXX									
8399999. Total Bonds.....									
..... 583,009 ..... 570,689 ..... 2,029 XXX									
9999999. Total Bonds, Preferred and Common Stocks.....									
..... 583,009 ..... XXX ..... 2,029 XXX									

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 For eign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	10 Unrealized Valuation Increase/ (Decrease)	Change in Book/Adjusted Carrying Value					16 Total Foreign Exchange Change in B/A.C.V. (11+12-13)	17 Book/Adjusted Carrying Value at Disposal Date	18 Foreign Exchange Gain (Loss) on Disposal	19 Realized Gain (Loss) on Stock Dividends Received During Year	20 Total Gain (Loss) on Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Design- ation or Market Indicator (a)	
										11 Current Year's Other-Than- Temporary Impairment Recognized	12 Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A.C.V.								
<b>Bonds - U.S. Government</b>																						
38378K DB 2	GNMA 2013-43 B.....	06/01/2016.	MBS PMT.....			17,803	17,803	18,099	17,853	0	(50)	0	(50)	0	17,803	0	0	0	0	173	04/16/2039....	1
912828 SM 3	US TREASURY N/B.....	04/21/2016.	CITIGROUP/ELECTRONIC			150,627	150,000	150,879	150,538	0	(132)	0	(132)	0	150,406	0	221	221	840	03/31/2017....	1	
0599999. Total Bonds - U.S. Government.....						168,430	167,803	168,978	168,391	0	(182)	0	(182)	0	168,209	0	221	221	1,013	XXX	XXX	
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																						
3128M4 WK 5	FHLMC G03050.....	06/01/2016.	MBS PMT.....			1,818	1,818	1,941	1,830	0	(12)	0	(12)	0	1,818	0	0	0	0	37	07/01/2037....	1
3128M7 L4 6	FHLMC G05447.....	06/01/2016.	MBS PMT.....			1,815	1,815	1,908	1,823	0	(8)	0	(8)	0	1,815	0	0	0	0	34	05/01/2039....	1
3128M8 AV 6	FHLMC G06020.....	06/01/2016.	MBS PMT.....			1,172	1,172	1,276	1,182	0	(10)	0	(10)	0	1,172	0	0	0	0	27	12/01/2039....	1
3128MJ S3 5	FHLMC G08537.....	06/01/2016.	MBS PMT.....			5,103	5,103	5,029	5,100	0	3	0	3	0	5,103	0	0	0	0	65	07/01/2043....	1
3128MJ UA 6	FHLMC G08576.....	06/01/2016.	MBS PMT.....			5,136	5,136	5,148	5,137	0	(1)	0	(1)	0	5,136	0	0	0	0	74	03/01/2044....	1
3128MJ VV 9	FHLMC G08627.....	06/01/2016.	MBS PMT.....			13,731	13,731	14,327	8,255	0	(32)	0	(32)	0	13,731	0	0	0	0	142	02/01/2045....	1
31292S B3 3	FHLMC C09058.....	06/01/2016.	MBS PMT.....			6,796	6,796	7,093	6,825	0	(29)	0	(29)	0	6,796	0	0	0	0	112	03/01/2044....	1
3132GK F4 3	FHLMC Q04087.....	06/01/2016.	MBS PMT.....			2,144	2,144	2,180	2,146	0	(2)	0	(2)	0	2,144	0	0	0	0	31	10/01/2041....	1
3132GV L6 7	FHLMC Q09949.....	06/01/2016.	MBS PMT.....			3,599	3,599	3,778	3,607	0	(7)	0	(7)	0	3,599	0	0	0	0	46	08/01/2042....	1
313376 BR 5	FHLB.....	05/23/2016.	HILLTOP.....			101,613	100,000	101,893	0	0	(103)	0	(103)	0	101,790	0	(177)	(177)	773	12/14/2018....	1	
3137EA DK 2	FHLMC.....	05/06/2016.	MORGAN STANLEY.....			100,846	100,000	98,072	98,647	0	131	0	131	0	98,778	0	2,068	2,068	965	08/01/2019....	1	
3138AW 4W 0	FNMA #AJ5336.....	06/01/2016.	MBS PMT.....			3,476	3,476	3,593	3,484	0	(8)	0	(8)	0	3,476	0	0	0	0	44	11/01/2026....	1
3138M2 A3 0	FNMA #AO9925.....	06/01/2016.	MBS PMT.....			4,036	4,036	4,313	4,051	0	(15)	0	(15)	0	4,036	0	0	0	0	59	07/01/2042....	1
31398Q ZS 9	FHLMC 3745 AV.....	06/01/2016.	MBS PMT.....			6,485	6,485	7,055	6,516	0	(30)	0	(30)	0	6,485	0	0	0	0	108	09/15/2023....	1
31417Y TT 4	FNMA #MA0561.....	06/01/2016.	MBS PMT.....			3,389	3,389	3,526	3,397	0	(8)	0	(8)	0	3,389	0	0	0	0	56	11/01/2040....	1
31418R GS 4	FNMA #AD3808.....	06/01/2016.	MBS PMT.....			1,450	1,450	1,531	1,456	0	(7)	0	(7)	0	1,450	0	0	0	0	27	04/01/2040....	1
31419G CZ 5	FNMA #AE5487.....	06/01/2016.	MBS PMT.....			2,909	2,909	3,024	2,917	0	(8)	0	(8)	0	2,909	0	0	0	0	43	10/01/2025....	1
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....						265,518	263,059	265,687	156,373	0	(146)	0	(146)	0	263,627	0	1,891	1,891	2,643	XXX	XXX	
<b>Bonds - Industrial and Miscellaneous</b>																						
341099 CP 2	DUKE ENERGY FLORIDA INC.....	05/19/2016.	FIRST TENNESSEE.....			131,341	125,000	132,369	129,675	0	(326)	0	(326)	0	129,349	0	1,992	1,992	3,003	08/15/2021....	1FE.....	
45824R AA 7	INTEGRATED TEAM SJHC.....	C 05/31/2016.	SINK.....			138	140	177	131	0	0	0	0	0	46	177	(39)	0	(39)	4	11/30/2042....	1FE.....
78461G AB 8	SNC-LAVALIN INNISFREE.....	C 06/30/2016.	SINK.....			254	254	322	238	0	0	0	0	0	84	322	(67)	0	(67)	8	06/30/2044....	1FE.....
767201 AK 2	RIO TINTO FIN USA LTD.....	R 06/17/2016.	TENDER OFFER.....			106,972	100,000	104,865	102,912	0	(269)	0	(269)	0	102,643	0	4,329	4,329	2,236	11/02/2020....	1FE.....	
3899999. Total Bonds - Industrial and Miscellaneous.....						238,705	225,394	237,733	232,956	0	(595)	0	(595)	0	130	232,491	(106)	6,321	6,321	6,215	5,251	XXX
8399997. Total Bonds - Part 4.....						672,653	656,256	672,398	557,720	0	(923)	0	(923)	0	130	664,327	(106)	8,433	8,433	8,327	8,907	XXX
8399999. Total Bonds.....						672,653	656,256	672,398	557,720	0	(923)	0	(923)	0	130	664,327	(106)	8,433	8,433	8,327	8,907	XXX
999999. Total Bonds, Preferred and Common Stocks.....						672,653	XXX	672,398	557,720	0	(923)	0	(923)	0	130	664,327	(106)	8,433	8,433	8,327	8,907	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

KeyBank.....	Cleveland, Ohio USA.....		.....0.000	.....0	.....0	.....79,331	.....93,860	.....12,807	XXX
Modern Woodmen.....	Rock Island, IL USA.....		.....0.000	.....0	.....0	.....(913,905)	.....(460,312)	.....391,948	XXX
Royal Bank.....	Calgary, AB Canada.....		.....0.000	.....0	.....0	.....22,255	.....16,016	.....(18,377)	XXX
Scotia Wealth.....	Toronto, ON Canada.....		.....0.000	.....0	.....0	.....64,910	.....74,497	.....108,785	XXX
0199999. Total Open Depositories.....		XXX	XXX	.....0	.....0	.....(747,409)	.....(275,940)	.....495,163	XXX
0399999. Total Cash on Deposit.....		XXX	XXX	.....0	.....0	.....(747,409)	.....(275,940)	.....495,163	XXX
0499999. Cash in Society's Office.....		XXX	XXX	XXX	XXX	.....2,119	.....2,115	.....2,116	XXX
0599999. Total Cash.....		XXX	XXX	.....0	.....0	.....(745,290)	.....(273,825)	.....497,279	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

**NONE**