

AMENDED FILING EXPLANATION

This filing has been amended to include the detail for General Interrogatory No. 5.2, Page Q09. The original date of the lien and the outstanding balance of lien as of 9/30/2016 was omitted in error on the previous submission. Page Q09 is the only page updated with this amendment.



QUARTERLY STATEMENT

As of September 30, 2016

of the Condition and Affairs of the

Catholic Ladies of Columbia

NAIC Group Code..... 0, 0	NAIC Company Code..... 56316	Employer's ID Number..... 31-4144574
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... March 12, 1897	Commenced Business..... March 12, 1897	
Statutory Home Office	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	800-845-0494
	(Street and Number) (City or Town, State, Country and Zip Code)	(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	800-845-0494
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.TheCLC.org	
Statutory Statement Contact	Sharon Calvelage	800-845-0494
	(Name)	(Area Code) (Telephone Number) (Extension)
	sharoncalvelage@yahoo.com	614-944-4748
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. SHARON CALVELAGE	PRESIDENT	2. LONI A. PERKINS	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
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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)	(Signature)	(Signature)
SHARON CALVELAGE	LONI A. PERKINS	ALICE TEYNOR
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	VICE PRESIDENT OF OPERATIONS	SECRETARY
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [] No [x]
This _____ day of _____	b. If no: 1. State the amendment number	1 _____
	2. Date filed	_____
	3. Number of pages attached	_____

Catholic Ladies of Columbia
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:

Reponses

1.11 Farm mortgages.....

1.12 Residential mortgages.....

1.13 Commercial mortgages.....

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.....

1.3 Long-term mortgage loans upon which interest is overdue more than three months:

1.31 Farm mortgages.....

1.32 Residential mortgages.....

1.33 Commercial mortgages.....

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.....

1.42 Residential mortgages.....

1.43 Commercial mortgages.....

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).....\$.....0

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

1.61 Farm mortgages.....

1.62 Residential mortgages.....

1.63 Commercial mortgages.....

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 [X] No []

2.2 If no, explain.....

3. Operating Percentages:

3.1 A&H loss percent.....

3.2 A&H cost containment percent.....

3.3 A&H expense percent excluding cost containment expenses.....

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.....

\$.....

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.....

\$.....

5.1 Does the reporting entiy have outstanding assessments in the form of liens against policy benefits that have increased surplus?.....

Yes [X] No []

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
12/31/2008	1,280,457