



ANNUAL STATEMENT

For the Year Ended December 31, 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 OH	State of Domicile or Port of Entry OH	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)
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	(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 [X] No []
This _____ day of _____ 2017	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	92,639,350		92,639,350	80,302,878
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	1,891,800		1,891,800	2,092,149
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....331,156, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....327,202, Schedule DA).....	658,358		658,358	577,516
6. Contract loans (including \$.....0 premium notes).....	1,323,720		1,323,720	1,331,997
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	96,513,227	0	96,513,227	84,304,540
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,215,850		1,215,850	1,080,381
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	3,648	1,369	2,279	2,778
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	5,552		5,552	6,194
21. Furniture and equipment, including health care delivery assets (\$.....0).....	669	669	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	85,359	85,359	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	97,824,305	87,396	97,736,909	85,393,893
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	97,824,305	87,396	97,736,909	85,393,893

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Pension.....	74,586	74,586	0	
2502. Deposit.....	4,185	4,185	0	
2503. Prepaid Dues / Insurance.....	6,588	6,588	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	85,359	85,359	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	92,028,011	79,338,039
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	332,401	424,897
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	133,583	1,157,848
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....		
6.2 Not yet apportioned.....	4,000	4,000
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	8,377	8,427
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....		1,632
8.3 Interest Maintenance Reserve (IMR, Line 6).....	190,657	147,956
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	11,051	12,644
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	265	1,009
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	372,365	349,289
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....0 and interest thereon \$.....0.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	702,561	629,007
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....		
21.6 Funds held under coinsurance.....		
21.7 Derivatives.....		
21.8 Payable for securities.....		
21.9 Payable for securities lending.....		
22. Aggregate write-ins for liabilities.....	0	0
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	93,783,271	82,074,748
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	93,783,271	82,074,748
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	3,953,636	3,319,145
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	3,953,636	3,319,145
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	97,736,908	85,393,893

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

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	16,771,087	11,104,868
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,368,876	4,105,074
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	85,779	143,093
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	5,748	7,183
9. Totals (Lines 1 to 8.3).....	21,231,490	15,360,219
10. Death benefits.....	262,010	205,871
11. Matured endowments (excluding guaranteed annual pure endowments).....	8,721	6,707
12. Annuity benefits.....	6,123,393	4,860,734
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....		
14. Surrender benefits and withdrawals for life contracts.....	81,896	109,183
15. Interest and adjustments on contract or deposit-type contracts funds.....	26,920	41,847
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	12,689,972	8,330,428
18. Totals (Lines 10 to 17).....	19,192,912	13,554,770
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....	573,675	352,830
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	748,650	750,095
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	27,550	19,945
23. Increase in loading on deferred and uncollected premiums.....		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		
25. Aggregate write-ins for deductions.....	31,109	31,415
26. Totals (Lines 18 to 25).....	20,573,896	14,709,055
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	657,594	651,164
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....		458
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	657,594	650,706
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....128,480 transferred to the IMR).....	55,120	42,848
31. Net income (Lines 29 + 30).....	712,714	693,554
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	3,319,145	2,734,321
33. Net income from operations (Line 31).....	712,714	693,554
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	39	
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....	(4,708)	215
37. Change in liability for reinsurance in unauthorized and certified companies.....		
38. Change in reserve on account of change in valuation basis (increase) or decrease.....		
39. Change in asset valuation reserve.....	(73,554)	(108,944)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statement.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Change in surplus as a result of reinsurance.....		
45. Aggregate write-ins for gains and losses in surplus.....	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	634,491	584,824
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	3,953,636	3,319,145
DETAILS OF WRITE-INS		
08.301. Misc. Income.....	830	650
08.302. Annuity W/D Penalty.....	4,918	6,533
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	5,748	7,183
2501. Pension Benefits.....	31,109	31,415
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	31,109	31,415
4501. Adjustment to Cash Basis.....		
4502. Increase to Convention Reserve.....		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above).....	0	0

CASH FLOW

		1	2
		Current Year	Prior Year
CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance.....	16,771,186	11,107,110
2.	Net investment income.....	4,468,901	4,142,068
3.	Miscellaneous income.....	5,748	7,183
4.	Total (Lines 1 through 3).....	21,245,836	15,256,362
5.	Benefit and loss related payments.....	7,528,837	5,369,944
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7.	Commissions, expenses paid and aggregate write-ins for deductions.....	1,383,322	1,174,485
8.	Dividends paid to policyholders.....		458
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10.	Total (Lines 5 through 9).....	8,912,159	6,544,888
11.	Net cash from operations (Line 4 minus Line 10).....	12,333,677	8,711,474
CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds.....	8,674,349	3,539,290
12.2	Stocks.....	399,340	122,000
12.3	Mortgage loans.....		
12.4	Real estate.....		
12.5	Other invested assets.....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7	Miscellaneous proceeds.....		
12.8	Total investment proceeds (Lines 12.1 to 12.7).....	9,073,689	3,661,290
13.	Cost of investments acquired (long-term only):		
13.1	Bonds.....	21,061,034	13,060,023
13.2	Stocks.....	200,715	
13.3	Mortgage loans.....		
13.4	Real estate.....		
13.5	Other invested assets.....		
13.6	Miscellaneous applications.....		
13.7	Total investments acquired (Lines 13.1 to 13.6).....	21,261,749	13,060,023
14.	Net increase (decrease) in contract loans and premium notes.....	(8,277)	(3,452)
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(12,179,783)	(9,395,281)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes.....		
16.2	Capital and paid in surplus, less treasury stock.....		
16.3	Borrowed funds.....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities.....	(92,496)	50,595
16.5	Dividends to stockholders.....		
16.6	Other cash provided (applied).....	19,444	14,070
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(73,052)	64,665
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	80,842	(619,142)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year.....	577,516	1,196,659
19.2	End of year (Line 18 plus Line 19.1).....	658,358	577,516

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2) through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts.....	16,771,087	293,620	16,477,467				16,771,087		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	4,368,876	943,453	3,425,423				4,368,876		
4. Amortization of interest maintenance reserve (IMR).....	85,779	85,779					85,779		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	0						0		
7. Reserve adjustments on reinsurance ceded.....	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts...	0						0		
8.2 Charges and fees for deposit-type contracts.....	0						0		
8.3 Aggregate write-ins for miscellaneous income.....	5,748	830	4,918	0	0	0	5,748	0	0
9. Totals (Lines 1 to 8.3).....	21,231,490	1,323,682	19,907,808	0	0	0	21,231,490	0	0
10. Death benefits.....	262,010	262,010					262,010		
11. Matured endowments (excluding guaranteed annual pure endowments).....	8,721	8,721					8,721		
12. Annuity benefits.....	6,123,393		6,123,393				6,123,393		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	0						0		
14. Surrender benefits and withdrawals for life contracts.....	81,896	81,896					81,896		
15. Interest and adjustments on contract or deposit-type contract funds.....	26,920	26,920					26,920		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	12,689,972	344,289	12,345,683				12,689,972		
18. Totals (Lines 10 to 17).....	19,192,912	723,836	18,469,076	0	0	0	19,192,912	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	573,675	25,879	547,796				573,675		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	748,650	310,122	297,960				608,082	140,568	
22. Insurance taxes, licenses and fees.....	27,550	23,353					23,353	4,197	
23. Increase in loading on deferred and uncollected premiums.....	0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0						0		
25. Aggregate write-ins for deductions.....	31,109	0	31,109	0	0	0	31,109	0	0
26. Totals (Lines 18 to 25).....	20,573,896	1,083,190	19,345,941	0	0	0	20,429,132	144,765	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	657,594	240,492	561,867	0	0	0	802,359	(144,765)	0
28. Refunds to members.....	0						0		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	657,594	240,492	561,867	0	0	0	802,359	(144,765)	0
DETAILS OF WRITE-INS									
08.301. Misc. Income.....	830	830					830		
08.302. Annuity W/D Penalty.....	4,918		4,918				4,918		
08.303.	0						0		
08.398. Summary of remaining write-ins for Item 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398 above) (Line 8.3 above).....	5,748	830	4,918	0	0	0	5,748	0	0
2501. Pension Benefits.....	31,109		31,109				31,109		
2502.	0						0		
2503.	0						0		
2598. Summary of remaining write-ins for Item 25 from overflow page.....	0	0	0	0	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598 above) (Line 25 above).....	31,109	0	31,109	0	0	0	31,109	0	0

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	79,338,041	10,433,248	68,904,793	
2. Tabular net premiums or considerations.....	16,741,590	264,123	16,477,467	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	3,094,017	540,101	2,553,916	
5. Tabular less actual reserve released.....	560,447		560,447	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	99,734,095	11,237,472	88,496,623	0
9. Tabular cost.....	205,950	205,950		XXX
10. Reserves released by death.....	165,099	165,099	XXX	XXX
11. Reserves released by other terminations (net).....	88,791	88,791		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	7,246,243		7,246,243	
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	7,706,083	459,840	7,246,243	0
15. Reserve December 31, current year.....	92,028,011	10,777,632	81,250,380	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....4,249,975	.....4,382,606
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....125,362	.....128,199
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....65,507	.....65,507
6. Cash, cash equivalents and short-term investments.....	(e).....519	.....519
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....4,441,363	.....4,576,832
11. Investment expenses.....	.....	(g).....203,288
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....1,669
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....204,957
17. Net investment income (Line 10 minus Line 16).....	.....	.....4,371,875

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

- (a) Includes \$.....24,608 accrual of discount less \$.....260,103 amortization of premium and less \$....187,576 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....185,324	.....	.....185,324	.....39	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	.....0	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....(1,724)	.....	.....(1,724)	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....183,600	.....0	.....183,600	.....39	.....0

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....0	.....	.....
0903. ....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page...	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	Insurance						7	8
	1	2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
FIRST YEAR (other than single)								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	0					0		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	0					0		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct.....	13,297,862	14,237	13,283,625			13,297,862		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	13,297,862	14,237	13,283,625	0	0	13,297,862	0	0
7. Line 5 + Line 6.4.....	13,297,862	14,237	13,283,625	0	0	13,297,862	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	13,297,862	14,237	13,283,625			13,297,862		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	13,297,862	14,237	13,283,625	0	0	13,297,862	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	160,145	160,145				160,145		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	160,145	160,145	0	0	0	160,145	0	0
RENEWAL								
11. Uncollected.....	2,279	2,279				2,279		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	2,279	2,279				2,279		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	2,279	2,279	0	0	0	2,279	0	0
14. Advance.....	8,377	8,377				8,377		
15. Line 13.4 - Line 14.....	(6,098)	(6,098)	0	0	0	(6,098)	0	0
16. Collected during year:								
16.1 Direct.....	3,331,130	137,288	3,193,842			3,331,130		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	18,049	18,049				18,049		
16.4 Net.....	3,313,081	119,239	3,193,842	0	0	3,313,081	0	0
17. Line 15 + Line 16.4.....	3,306,982	113,140	3,193,842	0	0	3,306,982	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(6,098)	(6,098)				(6,098)		
19. Renewal premiums and considerations:								
19.1 Direct.....	3,331,130	137,288	3,193,842			3,331,130		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	18,049	18,049				18,049		
19.4 Net (Line 17 - Line 18).....	3,313,080	119,238	3,193,842	0	0	3,313,080	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	16,789,137	311,670	16,477,467	0	0	16,789,137	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	18,049	18,049	0	0	0	18,049	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	16,771,087	293,620	16,477,467	0	0	16,771,087	0	0

EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	1	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	0					0		
22. All other.....	0					0		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	0					0		
23.2 Reinsurance assumed.....	0					0		
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....	0					0		
24.2 Reinsurance assumed.....	0					0		
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....	0					0		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	525,158	9,109	516,049			525,158		
28. Single.....	13,950	13,950				13,950		
29. Renewal.....	34,567	2,820	31,747			34,567		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	573,675	25,879	547,796	0	0	573,675	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2 Cost Containment	3 All Other					Aggregate of All Other Lines of Business
		Life				Investment	Fraternal	Total
1.	Rent.....	56,637					9,995	66,632
2.	Salaries and wages.....	143,163				20,452	40,904	204,519
3.11	Insured benefit plans for employees.....	32,584					8,146	40,730
3.12	Insured benefit plans for fieldworkers.....							0
3.21	Uninsured benefit plans for employees.....							0
3.22	Uninsured benefit plans for fieldworkers.....							0
3.31	Other employee welfare.....							0
3.32	Other fieldworker welfare.....							0
4.1	Legal fees and expenses.....	5,456					963	6,419
4.2	Medical examination fees.....	4,791						4,791
4.3	Inspection report fees.....							0
4.4	Fees of public accountants and consulting actuaries.....	183,881						183,881
4.5	Expense of investigation and settlement of certificate claims.....							0
5.1	Traveling expenses.....	8,673						8,673
5.2	Advertising.....	2,537						2,537
5.3	Postage, express, telegraph and telephone.....	14,672					2,589	17,261
5.4	Printing and stationery.....							0
5.5	Cost or depreciation of furniture and equipment.....	2,644						2,644
5.6	Rental of equipment.....	12,422						12,422
5.7	Cost or depreciation of EDP equipment and software.....							0
5.8	Lodge supplies less \$.....0 from sales.....							0
6.1	Books and periodicals.....							0
6.2	Bureau and association dues.....	734					130	864
6.3	Insurance, except on real estate.....	15,710					2,772	18,482
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....	4,013						4,013
6.6	Sundry general expenses.....	7,251						7,251
7.1	Field expense allowance.....	15,252						15,252
7.2	Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3	Field conferences other than local meetings.....							0
8.1	Official publications.....						26,444	26,444
8.2	Expense of supreme lodge meetings.....							0
9.1	Real estate expenses.....							0
9.2	Investment expenses not included elsewhere.....					182,836		182,836
9.3	Aggregate write-ins for expenses.....	97,664	0	0	0	0	48,626	146,290
10.	General expenses incurred.....	608,084	0	0	0	203,288	(a) 140,569	(b) 951,941
11.	General expenses unpaid December 31, prior year.....	12,644						12,644
12.	General expenses unpaid December 31, current year.....	11,051						11,051
13.	General expenses paid during year (Lines 10 + 11 - 12).....	609,677	0	0	0	203,288	140,569	953,534

DETAILS OF WRITE-INS

09.301	Marketing & Director Expense.....	45,761						45,761
09.302	Computer & Data Processing	51,903						51,903
09.303	Fraternal Activities, Donations.....						48,250	48,250
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	376	376
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	97,664	0	0	0	0	48,626	146,290

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

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

(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health		Investment	Fraternal	Total
1.	Real estate taxes.....						0
2.	State insurance department licenses and fees.....	3,789				669	4,458
3.	Other state taxes, including \$0 for employee benefits.....	9,076					9,076
4.	U.S. Social Security taxes.....	11,663			1,669	2,353	15,685
5.	All other taxes.....						0
6.	Taxes, licenses and fees Incurred.....	24,528	0	0	1,669	3,022	29,219
7.	Taxes, licenses and fees unpaid December 31, prior year.....	1,009					1,009
8.	Taxes, licenses and fees unpaid December 31, current year.....	265					265
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	25,272	0	0	1,669	3,022	29,963

EXHIBIT 4 - DIVIDENDS OR REFUNDS

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

DETAILS OF WRITE-INS

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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. AE 3%.....	7,820		7,820		
0100002. 1941 CSO 2.5%.....	190,764		190,764		
0100003. 1980 CSO 6.0%.....	2,998,599		2,998,599		
0100004. 1980 CSO 5.5%.....	3,371,343		3,371,343		
0100005. 1980 CSO 5.0%.....	319,054		319,054		
0100006. 1980 CSO 4.5%.....	2,285,399		2,285,399		
0100007. 2001 CSO 4.0%.....	1,248,118		1,248,118		
0100008. 2001 CSO 3.5%.....	340,428		340,428		
0100009. Unearned Premium Reserve.....	31,746		31,746		
0199997. Totals (Gross).....	10,793,271	0	10,793,271	0	0
0199998. Reinsurance ceded.....	16,019		16,019		
0199999. Totals (Net).....	10,777,252	0	10,777,252	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. Annuities - Deferred.....	81,057,945	XXX	81,057,945	XXX	
0200002. Annuities - Immediate.....	0	XXX		XXX	
0200003. H.O. Pension.....	192,435	XXX	192,435	XXX	
0299997. Totals (Gross).....	81,250,380	XXX	81,250,380	XXX	0
0299999. Totals (Net).....	81,250,380	XXX	81,250,380	XXX	0
Accidental Death Benefits:					
0400001. ADB.....	379		379		
0499997. Totals (Gross).....	379	0	379	0	0
0499999. Totals (Net).....	379	0	379	0	0
9999999. Totals (Net) - Page 3, Line 1.....	92,028,011	0	92,028,011	0	0

EXHIBIT 5 - INTERROGATORIES

- | | | | |
|-----|--|---------|--------|
| 1.1 | Has the reporting entity ever issued both participating and non-participating contracts? | Yes [] | No [X] |
| 1.2 | If not, state which kind is issued
PARTICIPATING | | |
| 2.1 | Does the reporting entity at present issue both participating and non-participating contracts? | Yes [] | No [X] |
| 2.2 | If not, state which kind is issued
PARTICIPATING | | |
| 3. | Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. | Yes [X] | No [] |
| 4. | Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: | Yes [] | No [X] |
| 4.1 | Amount of insurance: | \$..... | |
| 4.2 | Amount of reserve: | \$..... | |
| 4.3 | Basis of reserve: | | |
| 4.4 | Basis of regular assessments: | | |
| 4.5 | Basis of special assessments: | | |
| 4.6 | Assessments collected during year: | \$..... | |
| 5. | If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts. | | |
| 6. | Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? | Yes [] | No [X] |
| 6.1 | If so, state the amount of reserve on such contracts on the basis actually held: | \$..... | |
| 6.2 | That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation. | \$..... | |
| 7. | Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? | Yes [] | No [X] |
| 7.1 | If yes, state the total dollar amount of assets covered by these contracts or agreements: | \$..... | |
| 7.2 | Specify the basis (fair value, amortized cost, etc.) for determining the amount: | | |
| 7.3 | State the amount of reserves established for this business: | \$..... | |
| 7.4 | Identify where the reserves are reported in the blank. | | |
| 8. | Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? | Yes [] | No [X] |
| 8.1 | If yes, state the total dollar amount of account value covered by these contracts or agreements. | \$..... | |
| 8.2 | State the amount of reserves established for this business. | \$..... | |
| 8.3 | Identify where the reserves are reported in the blank. | | |
| 9. | Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? | Yes [] | No [X] |
| 9.1 | If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. | \$..... | |
| 9.2 | State the amount of reserves established for this business. | \$..... | |
| 9.3 | Identify where the reserves are reported in the blank. | | |

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1	2	Other Individual Contracts				
	Total	Collectively Renewable	3 Non-Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	.....0						
2. Additional contract reserves (a).....	.....0						
3. Additional actuarial reserves-Asset/Liability analysis.....	.....0						
4. Reserve for future contingent benefits.....	.....0						
5. Aggregate write-ins for reserves.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. Totals (Gross).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. Reinsurance ceded.....	.....0						
8. Totals (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	.....0						
10. Additional actuarial reserves-Asset/Liability analysis.....	.....0						
11. Reserve for future contingent benefits.....	.....0						
12. Aggregate write-ins for reserves.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
13. Totals (Gross).....	.....0		.....0	.....0	.....0	.....0	.....0
14. Reinsurance ceded.....	.....0						
15. Totals (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16. TOTAL (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
17. TABULAR FUND INTEREST.....	.....0						

NONE

DETAILS OF WRITE-INS							
0501. ....	.....0	.....	.....	.....	.....	.....	.....
0502. ....	.....0	.....	.....	.....	.....	.....	.....
0503. ....	.....0	.....	.....	.....	.....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
0599. Totals (Lines 0501 through 0503+0598) (Line 5 above)	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1201. ....	.....0	.....	.....	.....	.....	.....	.....
1202. ....	.....0	.....	.....	.....	.....	.....	.....
1203. ....	.....0	.....	.....	.....	.....	.....	.....
1298. Summary of remaining write-ins for Line 12 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1299. Totals (Lines 1201 through 1203+1298) (Line 12 above)	.....0	.....0	.....0	.....0	.....0	.....0	.....0

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	.....424,897	.....	.....383,517	.....	.....41,380	.....
2. Deposits received during the year.....	.....18,883	.....	.....18,883	.....	.....	.....
3. Investment earnings credited to the account.....	.....12,974	.....	.....11,067	.....	.....1,907	.....
4. Other net change in reserves.....	.....0	.....	.....	.....	.....	.....
5. Fees and other charges assessed.....	.....0	.....	.....	.....	.....	.....
6. Surrender charges.....	.....0	.....	.....	.....	.....	.....
7. Net surrender or withdrawal payments.....	.....124,353	.....	.....121,374	.....	.....2,979	.....
8. Other net transfers to or (from) Separate Accounts.....	.....0	.....	.....	.....	.....	.....
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....332,401	.....0	.....292,093	.....0	.....40,308	.....0
10. Reinsurance balance at the beginning of the year.....	.....0	.....	.....	.....	.....	.....
11. Net change in reinsurance assumed.....	.....0	.....	.....	.....	.....	.....
12. Net change in reinsurance ceded.....	.....0	.....	.....	.....	.....	.....
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	.....332,401	.....0	.....292,093	.....0	.....40,308	.....0

EXHIBIT 8 - PART 1 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct.....	120,471		55,019	65,452							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	120,471	0	55,019	65,452	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	13,112		13,112								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	13,112	0	(b).....13,112	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	133,583	0	68,131	65,452	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	133,583	(a).....0	(a).....68,131	65,452	0	0	(a).....0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - PART 2 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	6,472,418		349,025	6,123,393							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net..... (d)	6,472,418	0	349,025	6,123,393	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	133,583	0	68,131	65,452	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	133,583	0	68,131	65,452	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	1,157,848		34,998	1,122,850							
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	1,157,848	0	34,998	1,122,850	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	5,448,153	0	382,158	5,065,995	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	5,448,153	0	382,158	5,065,995	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,369	1,018	(351)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	669	1,127	458
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	85,359	80,543	(4,816)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	87,396	82,688	(4,708)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	87,396	82,688	(4,708)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Pension.....	74,586	76,358	1,772
2502. Prepaid Expenses & Deposits.....	4,185	4,185	0
2503. Prepaid Insurance.....	6,588		(6,588)
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	85,359	80,543	(4,816)

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Catholic Ladies of Columbia state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 712,714	\$ 693,554
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 712,714	\$ 693,554
SURPLUS					
(5) Catholic Ladies of Columbia state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,953,636	\$ 3,319,145
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 3,953,636	\$ 3,319,145

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

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

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratable, over the term of the related insurance policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

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

In addition, the society uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds: Not backed by other loans at amortized cost using the interest method: loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (3) Common Stock: At market value except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.
- (4) Preferred Stock: Cost or Amortized Value in accordance with NAIC procedure.
- (5) Mortgage Loan on Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.
- (6) See #2.
- (7) The Society has no subsidiary.
- (8) The Society has no ownership interests in joint ventures.
- (9) The Society has no derivatives.
- (10) The Society has no Accident and Health Contracts.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined. Because the Society is a life insurer, loss adjustment expenses are neither a big factor nor large expense.
- (12) The Society has not modified its capitalization policy from the prior period.
- (13) The Society has no pharmaceutical rebates.

Note 2 – Accounting Changes and Corrections of Errors

None *No significant accounting changes or correction of errors have occurred in 2016.*

Note 3 – Business Combinations and Goodwill

NOTES TO FINANCIAL STATEMENTS

- A.

Statutory Purchase Method

N/A
- B.

Statutory Merger

The Society had no merger.
- C.

Assumption Reinsurance

The Society had no assumption reinsurance.
- D.

Impairment Loss

The Society had no impairment loss.

Note 4 – Discontinued Operations N/A

Note 5 – Investments

- A.

Mortgage Loans, including Mezzanine Real Estate Loans

None
- B.

Debt Restructuring

None
- C.

Reverse Mortgages

None
- D.

Loan-Backed Securities

None
- E.

Repurchase Agreements and/or Securities Lending Transactions

None
- F.

Real Estate

None
- G.

Investments in Low-Income Housing Trade Credits (LIHTC)

None
- H.

Restricted Assets

None
- I.

Working Capital Finance Investments

None
- J.

Offsetting and Netting of Assets and Liabilities

None
- K.

Structured Notes

None
- L..

5* Securities

None

Investment	Number of 5* Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds – AC			\$	\$	\$	\$
(2) Bonds – FV			\$	\$	\$	\$
(3) Preferred Stock – AC			\$	\$	\$	\$
(4) Preferred Stock – FV			\$	\$	\$	\$
(5) Total (1 + 2 + 3 + 4)			\$	\$	\$	\$

AC – Amortized Cost FV – Fair Value

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

- A.

The Society has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B.

The Society did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

Note 7 – Investment Income

- A.

Due and accrued income was excluded from investment income on the following basis:

Mortgage loans: On loans in foreclosure or delinquent for more than 90 days.

Bonds: Where collection of interest is uncertain and/or the bond is in default.

Real Estate: Where rent is in arrears for more than three months.
- B.

Total Amount Excluded: 0.

Note 8 – Derivative Instruments (A-F)

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

Note 9 – Income Taxes (A-G)

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

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

- A.

The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.
- B.

The Society does not have an affiliate or subsidiary, therefore no transactions have taken place.
- C.

There are no amounts due from or to related parties as of the date of this statement.
- D.

The Society has not made any agreements for the benefit of its subsidiaries which result in a material contingent exposure of the Society's assets.
- E.

The Society has no management or cost-sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles, involving the society or any affiliated insurer.
- F.- N.

N/A

Note 11 – Debt (A,B)

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

NOTES TO FINANCIAL STATEMENTS

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

The society sponsors non-contributory defined benefit pension plans covering U.S. employees. As of December 31, 2016, the society accrued in accordance with actuarially determined amounts with an offset to the pension cost accrual for the incremental asset amortization.

A summary of assets, obligations and assumptions of the Pension and Other Postretirement Benefit Plans are as follows at December 31, 2016 and 2015:

(1)

Change in Benefit Obligation			Overfunded		Underfunded	
a.	Pension Benefits		2016	2015	2016	2015
	1.	Benefit obligation at beginning of year	\$ 210,208	\$ 227,523	\$	\$
	2.	Service cost				
	3.	Interest cost	9,739	10,606		
	4.	Continuation by plan participants				
	5.	Actuarial gain (loss)	(64,361)	2,932		
	6.	Foreign currency exchange rate changes				
	7.	Benefits paid	30,853	30,853		
	8.	Plan amendments				
	9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
	10.	Benefit obligation at end of year	\$ 124,733	\$ 210,208	\$	\$
			Overfunded		Underfunded	
b.	Postretirement Benefits		2016	2015	2016	2015
	1.	Benefit obligation at beginning of year	\$	\$	\$	\$
	2.	Service cost				
	3.	Interest cost				
	4.	Continuation by plan participants				
	5.	Actuarial gain (loss)				
	6.	Foreign currency exchange rate changes				
	7.	Benefits paid				
	8.	Plan amendments				
	9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
	10.	Benefit obligation at end of year	\$	\$	\$	\$
			Overfunded		Underfunded	
c.	Special or Contractual Benefits per SSAP No. 11		2016	2015	2016	2015
	1.	Benefit obligation at beginning of year	\$	\$	\$	\$
	2.	Service cost				
	3.	Interest cost				
	4.	Continuation by plan participants				
	5.	Actuarial gain (loss)				
	6.	Foreign currency exchange rate changes				
	7.	Benefits paid				
	8.	Plan amendments				
	9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
	10.	Benefit obligation at end of year	\$	\$	\$	\$

(2)

Change in plan assets		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2016	2015	2016	2015	2016	2015
a.	Fair value of plan assets at beginning of year	\$ 212,233	\$ 230,196	\$	\$	\$	\$
b.	Actual return on plan assets	11,055	12,890				
c.	Foreign currency exchange rate changes						

NOTES TO FINANCIAL STATEMENTS

d.	Reporting entity contribution						
e.	Plan participants' contributions						
f.	Benefits paid	30,853	30,853				
g.	Business combinations, divestitures and settlements						
h.	Fair value of plan assets at end of year	\$ 192,435	\$ 212,233	\$	\$	\$	\$

(3)	Funded status		Pension Benefits		Postretirement Benefits	
	Overfunded:		2016	2015	2016	2015
a.	Assets (nonadmitted)					
	1.	Prepaid benefit costs	\$ 61,485	\$ 65,621	\$	\$
	2.	Overfunded plans assets	6,217	(63,596)		
	3.	Total assets (nonadmitted)	\$ 67,702	\$ 2,025	\$	\$
	Underfunded:					
b.	Liabilities recognized					
	1.	Accrued benefits costs	\$	\$	\$	\$
	2.	Liability for pension benefits				
	3.	Total liabilities recognized	\$	\$	\$	\$
c.	Unrecognized liabilities		\$	\$	\$	\$

(4)

Components of net periodic benefit cost		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2016	2015	2016	2015	2016	2015
a.	Service cost	\$	\$	\$	\$	\$	\$
b.	Interest cost	9,739	10,606				
c.	Expected return on plan assets	(9,840)	(10,740)				
d.	Transition asset or obligation		650				
e.	Gains and losses	4,237	4,422				
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost	\$ 4,136	\$ 4,938	\$	\$	\$	\$

(5)	Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost		Pension Benefits		Postretirement Benefits	
			2016	2015	2016	2015
a.	Items not yet recognized as a component of net periodic cost – prior year	\$ (63,596)	\$ (67,885)	\$	\$	
b.	Net transition asset or obligation recognized		650			
c.	Net prior service cost or credit arising during the period					
d.	Net prior service cost or credit recognized					
e.	Net gain and loss arising during the period	65,576	(783)			
f.	Net gain and loss recognized	4,237	4,422			
g.	Items not yet recognized as a component of net periodic cost – current year	\$ 6,217	\$ (63,596)	\$	\$	

(6)	Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Net transition asset or obligations	\$	\$	\$	\$
b.	Net prior service cost or credit				
c.	Net recognized gains and losses	\$	\$ 4,237	\$	\$

(7)			Pension Benefits		Postretirement Benefits	
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NOTES TO FINANCIAL STATEMENTS

Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost		2016	2015	2016	2015
a.	Net transition asset or obligations	\$	\$	\$	\$
b.	Net prior service cost or credit				
c.	Net recognized gains and losses	\$ 6,217	\$ (63,596)	\$	\$

(8)	Weighted-average assumptions used to determine net periodic benefit cost as of December 31		2016	2015
a.	Weighted-average discount rate		5.000%	5.000%
b.	Expected long-term rate of return on plan assets		5.000%	5.000%
c.	Rate of compensation increase		%	%
Weighted-average assumptions used to determine projected benefit obligations as of December 31				
d.	Weighted-average discount rate		5.000%	5.000%
e.	Rate of compensation increase		%	%

(9) The amount of the accumulated benefit obligation for defined benefit pension plans was \$124,733 for the current year and \$210,208 for the prior year.

(10) N/A

(11)	Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage point change in assumed health care cost trend rates would have the following effects:		1 Percentage Point Increase	1 Percentage Point Decrease
a.	Effect on total of service and interest cost components		\$	\$
b.	Effect on postretirement benefit obligation		\$	\$

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

	Year(s)	Amount
a.	2017	\$ 30,853
b.	2018	\$ 21,828
c.	2019	\$ 17,852
d.	2020	\$ 17,852
e.	2021	\$ 17,852
f.	2022 through 2026	\$ 89,260

(13) For 2016, the Company currently intends to make contributions to the defined benefit pension plan in an amount between \$2,500 to \$5,000.00

(14) Employer Group Annuity or Direct Participation Account: The amount of pension fund invested in the Employer's Group Annuity is:

2016:	192,435
2015:	212,233

B. Investment Policies and Strategies N/A

C. Fair Value of Plan Assets

(1) Fair Value Measurements of Plans Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
Group Annuity	\$	\$ 192,435	\$	\$ 192,435
Total Plan Assets	\$	\$ 192,435	\$	\$ 192,435

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

Description for each class of plan assets	Beginning Balance at 1/1/2016	Transfers into Level 3	Transfers out of Level 3	Return on Assets Still Held	Return on Assets Sold	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Plan Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3)

D. Basis Used to Determine Expected Long-Term Rate-of-Return N/A

E. Defined Contribution Plans N/A

F. Multiemployer Plans N/A

G. Consolidated/Holding Company Plans N/A

H. Postemployment Benefits and Compensated Absences N/A

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) N/A

NOTES TO FINANCIAL STATEMENTS

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations N/A

The Society is a Fraternal Benefit Society and issues no stock.
The Society had no advances to surplus.
The Society has no special surplus funds.
The Society has no surplus notes.

Note 14 – Liabilities, Contingencies and Assessments (A-F)

N/A The Society had no contingencies

Note 15 – Leases

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

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

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

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

NONE.

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

NONE.

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

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

Note 20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Corp. Bond - Industrial & Miscellaneous - Issuer Obligation	\$ 78,000	\$	\$	\$ 78,000
Total	\$ 78,000	\$	\$	\$ 78,000

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

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

	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
a. Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
b. Liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(3) NONE.

(4) NONE.

(5) NONE.

B. Liabilities at Fair Value NONE.

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

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds & Schedule DA Short Term Investments	\$ 94,273,714	\$ 92,888,552	\$ 78,000	\$	\$	\$ 92,966,552
Preferred Stock	1,794,948	1,891,800				1,891,800
TOTAL	96,068,663	94,780,352	78,000			94,858,352

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
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NOTES TO FINANCIAL STATEMENTS

	\$	0	0 %	
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Note 21 – Other Items

A. Unusual or Infrequent Items

Extraordinary Items - As a result of the realized and unrealized losses that impacted on the Society’s assets, caused by the National economic crisis, the Society’s Board took the following action: In accordance with the provisions of the Ohio Department of Insurance Regulation Provisions in the policies issued by Catholic Ladies of Columbia, the lien is based on 3% of the reserve as of 12/31/2008. Notice has been mailed to the membership. The total lien amount is \$1,289,322 as of 12/31/2016.

B. Troubled Debt Restructuring Debtors NONE.

C. Other Disclosures NONE.

D. Business Interruption Insurance Recoveries NONE.

The Company does not believe it has any assets which may become uncollectible which have not already been disclosed and non-admitted in this statement.

E. State Transferable and Non-Transferable Tax Credits NONE.

F. Subprime Mortgage Related Risk Exposure NONE.

G. Retained Assets

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

H. Insurance-Linked Securities (ILS) Contracts NONE.

Management of Risk Related to:			Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
(1)	Directly-Written Insurance Risks			
	a.	ILS Contracts as Issuer	0	\$
	b.	ILS Contracts as Ceding Insurer	0	\$
	c.	ILS Contracts as Counterparty	0	\$
(2)	Assumed Insurance Risks			
	a.	ILS Contracts as Issuer	0	\$
	b.	ILS Contracts as Ceding Insurer	0	\$
	c.	ILS Contracts as Counterparty	0	\$

Note 22 – Events Subsequent (A-H)

NONE.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1)

Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

NO.
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

NO.

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

NO.

a.

N/A

b.

N/A
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

NO.

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$0

NOTES TO FINANCIAL STATEMENTS

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? **NO.**

- B. Uncollectible Reinsurance **NONE.** *The Society has no uncollectible reinsurance.*
- C. Commutation of Ceded Reinsurance **NONE.**
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation **NONE.**
- E. **NONE.**
- F. **NONE.**
- G. **NONE.**

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination (A-J)

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

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

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

Note 26 – Intercompany Pooling Arrangements (A-G)

None. *The Society has no Intercompany pooling arrangements.*

Note 27 – Structured Settlements (A,B)

None. *The Society has no Structured Settlements.*

Note 28 – Health Care Receivables

None. *The Society has no Health Care Receivables.*

Note 29 – Participating Policies

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

Note 30 – Premium Deficiency Reserves **N/A**

1. Liability carried for premium deficiency reserve: **N/A**
2. Date of most recent evaluation of this liability: **N/A**
3. Was anticipated investment income utilized in the calculation? **N/A**

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

1. The society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computed reserves.
2. Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age. Regular reserves are computed by the regular reserve for the plan at a rated age and holding in addition one-half of the extra premium charge for one year.
3. As of December 31, 2016, the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set by the State of OH.
4. The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 by formula. The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7.
5. For the determination of Tabular Interest on funds not involving life contingencies under Page 7, Annuity, Line 4, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation. The total amount of all such products is entered under Page 7, Line 4.
6. The details for "Other Increases" (net) under Page 7, Line 7, are: **None**

The details for other changes: **N/A**

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

NOTES TO FINANCIAL STATEMENTS

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

A.	Subject to Discretionary Withdrawal:		General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
	(1)	With market value adjustment	\$	\$	\$	\$	%
	(2)	At book value less current surrender charge of 5% or more	17,673,165			17,673,165	21.751%
	(3)	At fair value					%
	(4)	Total with market value adjustment or at fair value (total of 1 through 3)	17,673,165			17,673,165	%
	(5)	At book value without adjustment (minimal or no charge or adjustment)	63,384,780			63,384,780	78.012%
B.	Not subject to discretionary withdrawal		192,435			192,435	0.237%
C.	Total (gross: direct + assumed)		81,250,380			81,250,380	100.000%
D.	Reinsurance ceded						
E.	Total (net (C) - (D))		\$ 81,250,380	\$	\$	\$ 81,250,380	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 81,250,380
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	332,401
(4)	Subtotal	\$ 81,582,781
Separate Accounts Statement:		
(5)	Exhibit 3, Line 0299999, Column 2	\$ 0
(6)	Exhibit 3, Line 0399999, Column 2	0
(7)	Policyholder dividend and coupon accumulations	0
(8)	Policyholder premiums	0
(9)	Guaranteed interest contracts	0
(10)	Other contract deposit funds	0
(11)	Subtotal	\$ 0
(12)	Combined Total	\$ 81,582,781

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

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

		Gross	Net of Loading
(1)	Industrial	\$	\$
(2)	Ordinary new business		
(3)	Ordinary renewal	3,648	3,648
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	\$ 3,648	\$ 3,648

Note 34 – Separate Accounts

None The Society does not have any separate accounts.

Note 35 – Loss/Claim Adjustment Expenses NOT REQUIRED.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes ☐ No ☒

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☐ No ☐ N/A ☐

1.3

State regulating?

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☐

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2012

3.2

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

04/21/2014

3.3

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

04/21/2014

3.4

By what department or departments?
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes ☒ No ☐ N/A ☐

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

4.1

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

4.11

sales of new business?

Yes ☐ No ☐

4.12

renewals?

Yes ☐ No ☐

4.2

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

4.21

sales of new business?

Yes ☐ No ☐

4.22

renewals?

Yes ☐ No ☐

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☐

5.2

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

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

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☐

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☐

7.2

If yes,

7.21

State the percentage of foreign control

%

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes ☐ No ☐

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 ☐

8.4

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

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

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes ☐ No ☐

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes ☐ No ☐

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes ☒ No ☐ N/A ☐

10.6

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
L. Allen Bailey, FSA, MAAA, Allen Bailey & Associates, Inc. 8310-1 Capital of Texas Hwy N. Suite 370 Austin, Texas, 78746
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes ☐ No ☒

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$0
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes ☐ No ☒
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes ☐ No ☒
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes ☐ No ☐ N/A ☒
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes ☒ No ☐

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is no, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes ☐ No ☒
- 15.2

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

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

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes ☒ No ☐
17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes ☒ No ☐
18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes ☒ No ☐

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes ☐ No ☒
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11

To directors or other officers

\$0

20.12

To stockholders not officers

\$0

20.13

Trustees, supreme or grand (Fraternal only)

\$0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21

To directors or other officers

\$0

20.22

To stockholders not officers

\$0

20.23

Trustees, supreme or grand (Fraternal only)

\$0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes ☐ No ☒
- 21.2

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

21.21

Rented from others

\$

21.22

Borrowed from others

\$

21.23

Leased from others

\$

21.24

Other

\$
- 22.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes ☐ No ☒
- 22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$

22.22

Amount paid as expenses

\$

22.23

Other amounts paid

\$
- 23.1

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

Yes ☐ No ☒
- 23.2

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

\$0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01

Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [X] No []

24.02

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

24.03

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

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*?

Yes [] No [] N/A [X]

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$

24.06

If answer to 24.04 is no, report amount of collateral for other programs

\$

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [] No [] N/A [X]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [] No [] N/A [X]

24.09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes [] No [] N/A [X]

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

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

\$0

24.102

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

\$0

24.103

Total payable for securities lending reported on the liability page:

\$0

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes [] No [X]

25.2

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

25.21

Subject to repurchase agreements

\$0

25.22

Subject to reverse repurchase agreements

\$0

25.23

Subject to dollar repurchase agreements

\$0

25.24

Subject to reverse dollar repurchase agreements

\$0

25.25

Placed under option agreements

\$0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$0

25.27

FHLB Capital Stock

\$0

25.28

On deposit with states

\$0

25.29

On deposit with other regulatory bodies

\$0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$0

25.32

Other

\$0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A [X]

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

27.2

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

\$

28.

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

Yes [X] No []

28.01

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

1 Name of Custodian(s)	2 Custodian's Address
Raymond James Bank, N.A.	710 Carilion Parkway, St. Petersburg, FL 33716

28.02

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

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

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]

28.04

If yes, give full and complete information relating thereto:

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

28.05

Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

1 Name of Firm or Individual	2 Affiliation
Parkway Advisors LP 6550 Directors Parkway Abilene, TX 79606	U

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	
1.62	Total incurred claims	\$	
1.63	Number of covered lives	\$	
	All years prior to most current three years:		
1.64	Total premium earned	\$	
1.65	Total incurred claims	\$	
1.66	Number of covered lives	\$	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	
1.72	Total incurred claims	\$	
1.73	Number of covered lives	\$	
	All years prior to most current three years:		
1.74	Total premium earned	\$	
1.75	Total incurred claims	\$	
1.76	Number of covered lives	\$	
2.1	Does the reporting entity have Separate Accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A[<input checked="" type="checkbox"/>]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$	
2.4	State the authority under which Separate Accounts are maintained:		
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"	\$	
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
4.	How often are meetings of the subordinate branches required to be held? <u>Monthly</u>		
5.	How are the subordinate branches represented in the supreme or governing body? <u>By Delegates</u>		
6.	What is the basis of representation in the governing body? <u>One Delegate per Fifty Members</u>		
7.1	How often are regular meetings of the governing body held? <u>Every Four Years</u>		
7.2	When was the last regular meeting of the governing body held?	08/01/2013	
7.3	When and where will the next regular or special meeting of the governing body be held? <u>August 2017 Ohio</u>		
7.4	How many members of the governing body attended the last regular meeting?	123	
7.5	How many of the same were delegates of the subordinate branches?	86	
8.	How are the expenses of the governing body defrayed? <u>General Funds</u>		
9.	When and by whom are the officers and directors elected? <u>By Delegates at Convention</u>		
10.	What are the qualifications for membership? <u>Roman Catholics, Their Families & Friends, Plus Good Health & Moral Character</u>		
11.	What are the limiting ages for admission? <u>0-75</u>		
12.	What is the minimum and maximum insurance that may be issued on any one life? <u>None</u>		

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

13.

Is a medical examination required before issuing a benefit certificate to applicants?

Yes ☒ No ☐

14.

Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?

Yes ☐ No ☒

15.1

Are notices of the payments required sent to the members?

Yes ☒ No ☐ N/A ☐

15.2

If yes, do the notices state the purpose for which the money is to be used?

Yes ☐ No ☒

16.

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

16.11

First Year

%

16.12

Subsequent Years

%

17.1

Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?

Yes ☐ No ☒

17.2

If so, what amount and for what purpose?

\$

18.1

Does the reporting entity pay an old age disability benefit?

Yes ☐ No ☒

18.2

If yes, at what age does the benefit commence?

19.1

Has the constitution or have the laws of the reporting entity been amended during the year?

Yes ☐ No ☒

19.2

If yes, when?

20.

Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time?

Yes ☒ No ☐

21.1

State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements?

Yes ☒ No ☐

21.2

If so, was an additional reserve included in Exhibit 5?

Yes ☐ No ☒ N/A ☐

21.3

If yes, explain

22.1

Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year?

Yes ☐ No ☒

22.2

If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds?

Yes ☐ No ☐ N/A ☒

23.

Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement?

Yes ☐ No ☒

24.1

Does the reporting entity have variable annuities with guaranteed benefits?

Yes ☐ No ☒

24.2

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

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

25.

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

25.1

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

\$

25.2

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

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

26.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

26.2

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

\$

26.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

26.4

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

\$

27.1

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

Yes ☒ No ☐

27.2

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

Date	Outstanding Lien Amount
12/31/2008	\$ 1,289,322

28.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ☐ No ☐ N/A ☒

28.2

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

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

29.

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

29.1

Direct Premiums Written

\$ 309,885

29.2

Total Incurred Claims

\$ 262,010

20.1

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

29.3 Number of Covered Lives

7,712

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

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
Amounts of life insurance in this exhibit should be shown in thousands (OMIT 000).

	1 2016	2 2015	3 2014	4 2013	5 2012
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	54,613	53,211	54,129	54,782	53,476
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	3,697	1,477	1,315	2,076	3,418
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	14,237	4,278	5,723	8,681	9,363
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	279,383	147,376	193,306	202,695	706,859
5. Annuity (Line 20.4, Column 3).....	16,477,467	10,953,214	10,108,476	7,455,607	9,419,858
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	16,771,087	11,104,868	10,307,504	7,666,982	10,136,080
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	97,736,909	85,393,893	76,694,187	69,168,733	63,350,622
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	93,783,271	82,074,748	73,959,865	67,235,724	61,836,028
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	92,028,011	79,338,039	71,007,611	64,577,510	60,247,000
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....	332,401	424,897	374,302	528,396	372,285
14. Asset valuation reserve (Page 3, Line 21.1).....	702,561	629,007	520,063	585,017	533,918
15. Surplus (Page 3, Line 30).....	3,953,636	3,319,145	2,734,323	1,933,008	1,514,594
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	12,333,677	8,711,474	7,704,142	5,560,289	8,976,772
Risk-Based Capital Analysis					
17. Total adjusted capital.....	4,658,197	3,932,189	3,256,386	2,520,025	2,048,512
18. 50% of the calculated RBC amount.....	1,001,875	1,072,851	755,478	770,339	1,287,901
Percentage Distribution of Cash, Cash Equivalent and Invested Assets (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	96.0	95.3	93.7	93.5	92.2
20. Stocks (Lines 2.1 and 2.2).....	2.0	2.5	2.9	3.7	3.9
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....	0.7	0.7	1.6	0.8	1.8
24. Contract loans (Line 6).....	1.4	1.6	1.8	2.0	2.2
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.1
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	87,396	82,688	82,903	81,213	82,579
40. Total admitted assets (Page 2, Line 28, Col. 3).....	97,736,909	85,393,893	76,694,187	69,168,733	63,350,622
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,371,875	4,105,076	3,894,157	3,531,515	3,443,652
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	55,120	42,848	(2,189)	76,554	80,308
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	39		8,576	9,435	(117,449)
44. Total of above Lines 41, 42 and 43.....	4,427,033	4,147,924	3,900,544	3,617,503	3,406,511

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2016	2 2015	3 2014	4 2013	5 2012
Benefits and Reserve Increases (Page 6)					
45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	6,476,020	5,182,495	6,081,973	5,685,936	3,513,314
46. Total certificate benefits - accident and health (Line 13, Column 5).....					
47. Increase in life reserves (Line 17, Column 2).....	344,289	161,372	93,707	(108,116)	646,000
48. Increase in accident and health reserves (Line 17, Column 5).....					
49. Refunds to members (Line 28, Column 1).....					
Operating Percentages					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	7.9	9.9	10.0	11.2	19.6
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	2.8	3.9	2.8	2.2	4.6
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	240,492	320,554	257,907	205,858	148,820
58. Annuity (Column 3).....	561,867	471,962	620,020	276,339	150,732
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....					
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....	(144,765)	(141,352)	(145,860)	(130,044)	(147,270)
63. Expense (Column 9).....					
64. Total (Column 1).....	657,594	651,164	732,068	352,153	152,282

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	7,785	53,211
2. Issued during year.....	177	3,697
3. Reinsurance assumed.....		
4. Revived during year.....	1	5
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	178	3,702
7. Additions by refunds during year.....	XXX	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	7,963	56,913
Deductions During Year:		
10. Death.....	113	274
11. Maturity.....	29	93
12. Disability.....		
13. Expiry.....		
14. Surrender.....	65	301
15. Lapse.....	41	1,195
16. Conversion.....		
17. Decreased (net).....	3	437
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	251	2,300
21. In force end of year (b) (Line 9 minus Line 20).....	7,712	54,613
22. Reinsurance ceded end of year.....	XXX	6,389
23. Line 21 minus Line 22.....	XXX	48,224

DETAILS OF WRITE-INS

0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above).....	0	0
1901.		
1902.		
1903.		
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above).....	0	0

- (a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).
- (b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....0 , amount, \$.....0.
Additional accidental death benefits included in life certificates were in amount \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No []
If not, how are such expenses met?.....

EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS,
ANNUITIES AND ACCIDENT AND HEALTH INSURANCE

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....		149	2,913	
2. Issued during year.....		1	416	
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Totals (Lines 1 to 4).....	0	150	3,329	0
Deduction during year:				
6. Decreased during year (net).....		11	219	
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	11	219	0
9. In force end of year (Line 5 minus Line 8).....	0	139	3,110	0
10. Amount on deposit.....				XXX
Income now payable:				
11. Amount of income payable.....		121,374		XXX
Deferred fully paid:				
12. Account balance.....	XXX	XXX	50,333,824	XXX
Deferred not fully paid:				
13. Account balance.....	XXX	XXX	32,559,232	XXX

Catholic Ladies of Columbia
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.		1	Direct Business					
			Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Mem- bership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
			2 Life Insurance Premiums	3 Annuity Considerations				
1.	Alabama.....	AL	N				.0	
2.	Alaska.....	AK	N				.0	
3.	Arizona.....	AZ	N				.0	
4.	Arkansas.....	AR	N				.0	
5.	California.....	CA	N				.0	
6.	Colorado.....	CO	N				.0	
7.	Connecticut.....	CT	N				.0	
8.	Delaware.....	DE	N				.0	
9.	District of Columbia.....	DC	N				.0	
10.	Florida.....	FL	N				.0	
11.	Georgia.....	GA	N				.0	
12.	Hawaii.....	HI	N				.0	
13.	Idaho.....	ID	N				.0	
14.	Illinois.....	IL	N				.0	
15.	Indiana.....	IN	L	10,364	128,817		139,181	
16.	Iowa.....	IA	N				.0	
17.	Kansas.....	KS	N				.0	
18.	Kentucky.....	KY	L	108	2,942		3,049	
19.	Louisiana.....	LA	N				.0	
20.	Maine.....	ME	N				.0	
21.	Maryland.....	MD	N				.0	
22.	Massachusetts.....	MA	N				.0	
23.	Michigan.....	MI	L	70,210	5,143,248		5,213,458	
24.	Minnesota.....	MN	N				.0	
25.	Mississippi.....	MS	N				.0	
26.	Missouri.....	MO	N				.0	
27.	Montana.....	MT	N				.0	
28.	Nebraska.....	NE	N				.0	
29.	Nevada.....	NV	N				.0	
30.	New Hampshire.....	NH	N				.0	
31.	New Jersey.....	NJ	N				.0	
32.	New Mexico.....	NM	N				.0	
33.	New York.....	NY	N				.0	
34.	North Carolina.....	NC	N				.0	
35.	North Dakota.....	ND	N				.0	
36.	Ohio.....	OH	L	229,203	11,204,244		11,433,448	
37.	Oklahoma.....	OK	N				.0	
38.	Oregon.....	OR	N				.0	
39.	Pennsylvania.....	PA	N				.0	
40.	Rhode Island.....	RI	N				.0	
41.	South Carolina.....	SC	N				.0	
42.	South Dakota.....	SD	N				.0	
43.	Tennessee.....	TN	N				.0	
44.	Texas.....	TX	N				.0	
45.	Utah.....	UT	N				.0	
46.	Vermont.....	VT	N				.0	
47.	Virginia.....	VA	N				.0	
48.	Washington.....	WA	N				.0	
49.	West Virginia.....	WV	N				.0	
50.	Wisconsin.....	WI	N				.0	
51.	Wyoming.....	WY	N				.0	
52.	American Samoa.....	AS	N				.0	
53.	Guam.....	GU	N				.0	
54.	Puerto Rico.....	PR	N				.0	
55.	US Virgin Islands.....	VI	N				.0	
56.	Northern Mariana Islands.....	MP	N				.0	
57.	Canada.....	CAN	N				.0	
58.	Aggregate Other Alien.....	OT	XXX	.0	.0	.0	.0	.0
59.	Subtotal.....	(a).....	4	309,885	16,479,251	.0	.0	16,789,136
90.	Reporting entity contributions for employee benefit plans	XXX						.0
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						.0
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						.0
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX						.0
94.	Aggregate other amounts not allocable by State.....	XXX		.0	.0	.0	.0	.0
95.	Totals (Direct Business).....	XXX		309,885	16,479,251	.0	.0	16,789,136
96.	Plus reinsurance assumed.....	XXX						.0
97.	Totals (All Business).....	XXX		309,885	16,479,251	.0	.0	16,789,136
98.	Less reinsurance ceded.....	XXX		18,049				18,049
99.	Totals (All Business) less reinsurance ceded.....	XXX		291,836	16,479,251	(b).....	.0	16,771,087
DETAILS OF WRITE-INS								
58001.		XXX						.0
58002.		XXX						.0
58003.		XXX						.0
58998.	Summ. of remaining write-ins for line 58 from overflow	XXX		.0	.0	.0	.0	.0
58999.	Total (Lines 58001 through 58003 plus 58998) (Line 58)	XXX		.0	.0	.0	.0	.0
9401.		XXX						.0
9402.		XXX						.0
9403.		XXX						.0
9498.	Summ. of remaining write-ins for line 94 from overflow	XXX		.0	.0	.0	.0	.0
9499.	Total (Lines 9401 through 9403 plus 9498) (Line 94 above	XXX		.0	.0	.0	.0	.0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
Explanation of basis of allocation by states, etc., of premiums and annuity considerations

(a) Insert the number of L responses except for Canada and Other Alien.
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

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

2016 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve (Replications (Synthetic) Assets	32	Schedule D – Part 3	E13
Asset Valuation Reserve Default Component	27	Schedule D – Part 4	E14
Asset Valuation Reserve Equity Component	29	Schedule D – Part 5	E15
Asset Valuation Reserve	26	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Part 2 – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	14	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 1	15	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2	16	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Part D – Section 2	E23
Exhibit of Life Insurance	24	Schedule DB – Verification	SI14
Exhibit of Net Investment Income	8	Schedule DL – Part 1	E24
Exhibit of Nonadmitted Assets	17	Schedule DL – Part 2	E25
Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance	24	Schedule E – Part 1 – Cash	E26
Five-Year Historical Data	21	Schedule E – Part 2 – Cash Equivalents	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	25	Schedule E – Part 3 – Special Deposits	E28
General Interrogatories	19	Schedule E – Verification Between Years	SI15
Jurat Page	1	Schedule F	33
Liabilities, Surplus and Other Funds	3	Schedule H – Accident and Health Exhibit – Part 1	34
Life Insurance (State Page)	23	Schedule H – Part 5 – Health Claims	36
Notes To Financial Statements	18	Schedule H – Parts – 2, 3, and 4	35
Overflow Page For Write-Ins	52	Schedule S – Part 1 – Section 1	37
Schedule A – Part 1	E01	Schedule S – Part 1 – Section 2	38
Schedule A – Part 2	E02	Schedule S – Part 2	39
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 1	40
Schedule A – Verification Between Years	SI02	Schedule S – Part 3 – Section 2	41
Schedule B – Part 1	E04	Schedule S – Part 4	42
Schedule B – Part 2	E05	Schedule S – Part 5	43
Schedule B –Part 3	E06	Schedule S – Part 6	44
Schedule B – Verification Between Years	SI02	Schedule S – Part 7	45
Schedule BA – Part 1	E07	Schedule T – Part 2 – Interstate Compact	46
Schedule BA – Part 2	E08	Schedule T – Premiums and Annuity Considerations	47
Schedule BA –Part 3	E09	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	48
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 1A – Detail of Insurance Holding Company System	49
Schedule D – Part 1	E10	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	50
Schedule D – Part 1A – Section 1	SI05	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 2	SI08	Summary of Operations	4
		Supplemental Exhibits and Schedules Interrogatories	51