



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the
CZECH CATHOLIC UNION

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 56324	Employer's ID Number..... 34-0105780
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized.....	Commenced Business.....	
Statutory Home Office	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127 (Street and Number) (City or Town, State, Country and Zip Code)	216-341-0444 (Area Code) (Telephone Number)
Mail Address	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127 (Street and Number) (City or Town, State, Country and Zip Code)	216-341-0444 (Area Code) (Telephone Number)
Internet Web Site Address	WWW.CZECHCCU.ORG	
Statutory Statement Contact	ROBERT L CERMAK (Name) INSURANCE@CZECHCCU.ORG (E-Mail Address)	216-341-0444 (Area Code) (Telephone Number) (Extension) 216-341-0711 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. ROBERT L CERMAK	PRESIDENT	2. JANE M MILCZEWSKI	SECRETARY
3. AUDREY SCHMIDT	1ST VICE PRESIDENT	4. STEIMLA & ASSOCIATES	ACTUARY

OTHER

DIRECTORS OR TRUSTEES			
KARLA MAHONEY	DOLORES JACKLIN	JOSEPH KOCAB	CINDY KVETON
MARYANN LANGEVIN	ANITA SCHAFER		

State of..... OHIO
County of.... CUYAHOGA

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) ROBERT L CERMAK	(Signature) JANE M MILCZEWSKI	(Signature) AUDREY SCHMIDT
1. (Printed Name) PRESIDENT	2. (Printed Name) SECRETARY	3. (Printed Name) 1ST VICE PRESIDENT
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2017

a. Is this an original filing?
b. If no 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	17,409,450		17,409,450	16,152,605
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	.50,000		.50,000	50,000
2.2 Common stocks.....	.349,647		.349,647	463,812
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).....	.45,496		.45,496	43,428
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 (\$....809,425, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	.809,425		.809,425	737,534
6. Contract loans (including \$.....0 premium notes).....	.139,089		.139,089	142,555
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).....	18,803,107	.0	18,803,107	17,589,934
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	.218,754		.218,754	198,343
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	.234		.234	.210
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.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			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.....	.0	.0	.0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	.19,022,095	.0	.19,022,095	17,788,487
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	.19,022,095	.0	.19,022,095	17,788,487

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.....			0	
2502.....			0	
2503.....			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).....	.0	.0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 999999) (including \$.....0 Modco Reserve).....	15,641,674	14,598,161
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).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	46,740	30,898
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.....	35,000	40,000
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	15,030	22,754
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.....		
8.3 Interest Maintenance Reserve (IMR, Line 6).....	79,762	89,541
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).....	52,000	57,495
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).....	691	1,150
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	45,043	33,432
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).....	312,273	277,655
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.....	18,000	9,000
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	16,246,213	15,160,086
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	16,246,213	15,160,086
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.....	2,775,882	2,628,401
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	2,775,882	2,628,401
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	19,022,095	17,788,487

DETAILS OF WRITE-INS

2201. CONVENTION EXPENSE RESERVE.....	18,000	9,000
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).....	18,000	9,000
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

CZECH CATHOLIC UNION
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).....	1,721,602	939,720
2. Considerations for supplementary contracts with life contingencies.....	.....	.....
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	829,890	849,073
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	9,779	11,735
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.....	3,915	9,283
9. Totals (Lines 1 to 8.3).....	2,565,186	1,809,811
10. Death benefits.....	222,512	190,667
11. Matured endowments (excluding guaranteed annual pure endowments).....	1,500	.....
12. Annuity benefits.....	763,289	756,147
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	.....	.....
14. Surrender benefits and withdrawals for life contracts.....	60,325	49,155
15. Interest and adjustments on contract or deposit-type contracts funds.....	.....	.....
16. Payments on supplementary contracts with life contingencies.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	1,043,513	342,104
18. Totals (Lines 10 to 17).....	2,091,139	1,338,073
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).....	.....	.....
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).....	251,391	268,131
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	5,329	6,171
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.....	9,000	9,000
26. Totals (Lines 18 to 25).....	2,356,859	1,621,375
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	208,327	188,436
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	29,706	35,427
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	178,621	153,009
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....0 transferred to the IMR).....	(782)	(7,777)
31. Net income (Lines 29 + 30).....	177,839	145,232
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	2,628,401	2,495,496
33. Net income from operations (Line 31).....	177,839	145,232
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	4,260	(47,039)
35. Change in net unrealized foreign exchange capital gain (loss).....	.....	.....
36. Change in nonadmitted assets.....	.....	.....
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.....	(34,618)	34,712
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).....	147,481	132,905
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	2,775,882	2,628,401

DETAILS OF WRITE-INS

08.301. SUNDY DISCOUNTS , REFUNDS.....	146	.....
08.302. REFUND OF BROKER FEES.....	.....	9,283
08.303. REFUND OF PRIOR REAL ESTATE TAXES.....	3,769	.....
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).....	3,915	9,283
2501. PROVISION FOR CONVENTION EXPENSE.....	9,000	9,000
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).....	9,000	9,000
4501. Audit Adjustment-Duplication of Consideration on Stock.....	.....	.....
4502. .....	.....	.....
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 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,713,854	.932,235
2. Net investment income.....	833,633	.811,312
3. Miscellaneous income.....	3,915	9,283
4. Total (Lines 1 through 3).....	2,551,402	1,752,830
5. Benefit and loss related payments.....	1,031,784	.990,012
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	262,197	.267,434
8. Dividends paid to policyholders.....	34,706	35,427
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	1,328,687	1,292,873
11. Net cash from operations (Line 4 minus Line 10).....	1,222,715	.459,957
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	433,597	.686,496
12.2 Stocks.....	168,344	.470,889
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).....	601,942	1,157,385
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,713,085	1,840,546
13.2 Stocks.....	50,689	.160,014
13.3 Mortgage loans.....		
13.4 Real estate.....	3,807	
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,767,581	2,000,560
14. Net increase (decrease) in contract loans and premium notes.....	(3,466)	(1,869)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,162,173)	(841,306)
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.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	11,349	.651
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	11,349	.651
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).....	71,891	(380,698)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	737,534	1,118,232
19.2 End of year (Line 18 plus Line 19.1).....	809,425	.737,534

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.....	1,721,602	78,126	1,643,476				1,721,602		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	829,890	347,757	482,133				829,890		
4. Amortization of interest maintenance reserve (IMR).....	9,779	4,107	5,672				9,779		
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.....	3,915	3,915	0	0	0	0	3,915	0	0
9. Totals (Lines 1 to 8.3).....	2,565,186	433,905	2,131,281	0	0	0	2,565,186	0	0
10. Death benefits.....	222,512	222,512					222,512		
11. Matured endowments (excluding guaranteed annual pure endowments).....	1,500	1,500					1,500		
12. Annuity benefits.....	763,289		763,289				763,289		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	0						0		
14. Surrender benefits and withdrawals for life contracts.....	60,325	60,325					60,325		
15. Interest and adjustments on contract or deposit-type contract funds.....	0						0		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	1,043,513	3,635	1,039,878				1,043,513		
18. Totals (Lines 10 to 17).....	2,091,139	287,972	1,803,167	0	0	0	2,091,139	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	0						0		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	251,391	104,155	104,155				208,310	43,081	
22. Insurance taxes, licenses and fees.....	5,329	2,241	2,240				4,481	.848	
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.....	9,000	9,000	0	0	0	0	9,000	0	0
26. Totals (Lines 18 to 25).....	2,356,859	403,368	1,909,562	0	0	0	2,312,930	43,929	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	208,327	30,537	221,719	0	0	0	252,256	(43,929)	0
28. Refunds to members.....	29,706	29,706					29,706		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	178,621	831	221,719	0	0	0	222,550	(43,929)	0

DETAILS OF WRITE-INS

08.301. REFUND OF REAL ESTATE TAXES.....	3,769	3,769					3,769		
08.302. SUNDRY DISCOUNTS.....	146	146					146		
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).....	3,915	3,915	0	0	0	0	3,915	0	0
2501. CONVENTION MEETING ACCRUAL.....	9,000	9,000					9,000		
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).....	9,000	9,000	0	0	0	0	9,000	0	0

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	14,598,161	6,624,114	7,974,047	
2. Tabular net premiums or considerations.....	1,709,274	65,798	1,643,476	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	494,201	298,154	196,047	
5. Tabular less actual reserve released.....	(36,355)		(36,355)	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	16,765,281	6,988,066	9,777,215	0
9. Tabular cost.....	164,067	164,067		XXX
10. Reserves released by death.....	133,507	133,507	XXX	XXX
11. Reserves released by other terminations (net).....	62,744	62,744		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	763,289		763,289	
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	1,123,607	360,318	763,289	0
15. Reserve December 31, current year.....	15,641,674	6,627,748	9,013,926	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....26,881	.....26,160
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....804,609	.....825,741
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....2,844	.....2,844
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....20,459	.....20,459
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....3,300	.....3,300
5. Contract loans.....	.....7,663	.....7,663
6. Cash, cash equivalents and short-term investments.....	(e).....13,003	.....13,003
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....878,759	.....899,170
11. Investment expenses.....	(g).....64,158	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....3,384	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....1,738	.....
15. Aggregate write-ins for deductions from investment income.....	.....0	.....
16. Total deductions (Lines 11 through 15).....	.....69,280	.....
17. Net investment income (Line 10 minus Line 16).....	.....829,890	.....

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	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....0	.....0

(a) Includes \$....7,267 accrual of discount less \$....29,648 amortization of premium and less \$....17,039 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 \$....1,738 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....0	.....	.....
1.2 Other bonds (unaffiliated).....0	.....(9)	.....
1.3 Bonds of affiliates.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....0	.....	.....
2.11 Preferred stocks of affiliates.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....(782)	.....	.....(782)	.....4,269	.....
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).....	.....(782)	.....0	.....(782)	.....4,260	.....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

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
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.....	1,042,314	57,967	984,347			1,042,314		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	1,042,314	57,967	984,347	0	0	1,042,314	0	0
7. Line 5 + Line 6.4.....	1,042,314	57,967	984,347	0	0	1,042,314	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	1,042,314	57,967	984,347			1,042,314		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	1,042,314	57,967	984,347	0	0	1,042,314	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	659,129		659,129			659,129		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	659,129	0	659,129	0	0	659,129	0	0
RENEWAL								
11. Uncollected.....	0					0		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	0					0		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	0	0	0	0	0	0	0	0
14. Advance.....	15,030	15,030				15,030		
15. Line 13.4 - Line 14.....	(15,030)	(15,030)	0	0	0	(15,030)	0	0
16. Collected during year:								
16.1 Direct.....	12,782	12,782				12,782		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	347	347				347		
16.4 Net.....	12,435	12,435	0	0	0	12,435	0	0
17. Line 15 + Line 16.4.....	(2,595)	(2,595)	0	0	0	(2,595)	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(22,754)	(22,754)	0	0	0	(22,754)	0	0
19. Renewal premiums and considerations:								
19.1 Direct.....	20,506	20,506				20,506		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	347	347				347		
19.4 Net (Line 17 - Line 18).....	20,159	20,159	0	0	0	20,159	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	1,721,949	78,473	1,643,476	0	0	1,721,949	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	347	347	0	0	0	347	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	1,721,602	78,126	1,643,476	0	0	1,721,602	0	0

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

	1	Total	Insurance					7	8
			2	3	4	5	6		
			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		34,706		34,706			34,706		
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
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
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
26. Totals:									
26.1 Reinsurance ceded (Page 6, Line 6)		.0		.0		.0	.0		.0
26.2 Reinsurance assumed		.0		.0		.0	.0		.0
26.3 Net ceded less assumed		.0		.0		.0	.0		.0
COMMISSIONS INCURRED (direct business only)									
27. First year (other than single)		.0					.0		
28. Single		.0					.0		
29. Renewal		.0					.0		
30. Deposit-type contract funds		.0					.0		
31. Totals (to agree with Page 6, Line 19)		.0		.0		.0	.0		.0

CZECH CATHOLIC UNION
EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6	7			
	1	Accident and Health		4 Aggregate of All Other Lines of Business						
		2 Cost Containment	3 All Other							
1. Rent.....	1,500				1,500		3,000			
2. Salaries and wages.....	54,758				43,726	10,931	109,415			
3.11 Insured benefit plans for employees.....							0			
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.....							0			
4.2 Medical examination fees.....							0			
4.3 Inspection report fees.....							0			
4.4 Fees of public accountants and consulting actuaries.....	97,120						97,120			
4.5 Expense of investigation and settlement of certificate claims.....							0			
5.1 Traveling expenses.....	2,286						2,286			
5.2 Advertising.....	10,065						10,065			
5.3 Postage, express, telegraph and telephone.....	4,840					540	5,380			
5.4 Printing and stationery.....	2,347						2,347			
5.5 Cost or depreciation of furniture and equipment.....							0			
5.6 Rental of equipment.....	3,162						3,162			
5.7 Cost or depreciation of EDP equipment and software.....							0			
5.8 Lodge supplies less \$.....0 from sales.....	828						828			
6.1 Books and periodicals.....							0			
6.2 Bureau and association dues.....	1,231						1,231			
6.3 Insurance, except on real estate.....	10,780						10,780			
6.4 Miscellaneous losses.....							0			
6.5 Collection and bank service charges.....							0			
6.6 Sundry general expenses.....	680						680			
7.1 Field expense allowance.....							0			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....							0			
7.3 Field conferences other than local meetings.....							0			
8.1 Official publications.....						15,502	15,502			
8.2 Expense of supreme lodge meetings.....	2,050						2,050			
9.1 Real estate expenses.....	4,263				4,263		8,526			
9.2 Investment expenses not included elsewhere.....					14,669		14,669			
9.3 Aggregate write-ins for expenses.....	12,400	0	0	0		16,108	28,508			
10. General expenses incurred.....	208,310	0	0	0	64,158	(a).....43,081	(b).....315,549			
11. General expenses unpaid December 31, prior year.....	57,203					293	57,496			
12. General expenses unpaid December 31, current year.....	52,000						52,000			
13. General expenses paid during year (Lines 10 + 11 - 12).....	213,513	0	0	0	64,451	43,081	321,045			

DETAILS OF WRITE-INS

09.301	EDUCATION SCHOLARSHIP AWARDS.....					14,100	14,100
09.302	FRATERNAL AND CHARITABLE DONATIONS.....					2,008	2,008
09.303	DATA PROCESSING FEES AND SUPPLIES.....	12,400					12,400
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	12,400	0	0	0	16,108	28,508

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

1. Charitable \$.....2,008; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....14,100

5. Religious \$.....0; 6. Membership \$.....27,762; 7. Other \$.....0; 8. Total \$.....43,870

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	250					250
3. Other state taxes, including \$.....189 for employee benefits.....	.94			75	.20	189
4. U.S. Social Security taxes.....	4,074			3,259	.815	8,148
5. All other taxes.....	63			50	.13	.126
6. Taxes, licenses and fees Incurred.....	4,481	0	0	3,384	.848	8,713
7. Taxes, licenses and fees unpaid December 31, prior year.....	.679			.460	.11	1,150
8. Taxes, licenses and fees unpaid December 31, current year.....	.345			.276	.70	.691
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	4,815	0	0	3,568	.789	9,172

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		.34,706
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	.34,706	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).....	.34,706	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		.35,000
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total (Line 10 through Line 14).....	.35,000	0
16. Total from prior year.....	.40,000	
17. Total dividends or refunds (Line 9 + 15 - 16).....	.29,706	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 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance:					
0100001. A AMERICAN EXPERIENCE.....AE 4%.....	6,366		6,366		
0100002. B AMERICAN EXPERIENCE.....AE 3.5%.....	61,611		61,611		
0100003. C AMERICAN EXPERIENCE.....AE 3%.....	907,947		907,947		
0100004. D 1958 CSO.....1958 CSO 2.5%.....	665,726		665,726		
0100005. E 1980 CSO.....1980 CSO 5%.....	2,706,241		2,706,241		
0100006. F 1980 CSO.....1980 CSO 4.5%, 4%.....	1,797,124		1,797,124		
0100007. G 2001 CSO.....2001 CSO 4%.....	210,944		210,944		
0100008. H 2001 CSO.....2001 CSO 3.5%.....	128,692		128,692		
0199997. Totals (Gross).....	6,484,652	0	6,484,652	0	0
0199998. Reinsurance ceded.....	173		173		
0199999. Totals (Net).....	6,484,479	0	6,484,479	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. ACCUMULATION AT 4.5%.....	101,588	XXX.....	101,588	XXX.....	
0200002. ACCUMULATION AT 4.0%.....	238,013	XXX.....	238,013	XXX.....	
0200003. ACCUMULATION AT 3.0%.....	3,593,280	XXX.....	3,593,280	XXX.....	
0200004. ACCUMULATION AT 2.0%.....	951,782	XXX.....	951,782	XXX.....	
0200005. ACCUMULATION AT 1.0%.....	4,129,263	XXX.....	4,129,263	XXX.....	
0299997. Totals (Gross).....	9,013,925	XXX.....	9,013,925	XXX.....	0
0299999. Totals (Net).....	9,013,925	XXX.....	9,013,925	XXX.....	0
Accidental Death Benefits:					
0400001. 1959 ADB & 1980 CSO AT 5%.....	741		741		
0499997. Totals (Gross).....	741	0	741	0	0
0499999. Totals (Net).....	741	0	741	0	0
Miscellaneous Reserves:					
0700001. UNIFORM DISTRIBUTION.....	.419		.419		
0700002. NDDFP.....	.428		.428		
0700003. IPDC.....	91,682		91,682		
0700004. EXTRA MORTALITY.....	50,000		50,000		
0799997. Totals (Gross).....	142,529	0	142,529	0	0
0799999. Totals (Net).....	142,529	0	142,529	0	0
9999999. Totals (Net) - Page 3, Line 1.....	15,641,674	0	15,641,674	0	0

CZECH CATHOLIC UNION

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?

Yes [] No [X]

1.2 If not, state which kind is issued

PARTICIPATING

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

Yes [] No [X]

2.2 If not, state which kind is issued

PARTICIPATING

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

Yes [] No [X]

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



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

Yes [] No [X]

4.1 Amount of insurance:

\$.....

4.2 Amount of reserve:

\$.....

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year:

\$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [] No [X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held:

\$.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$.....

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:

\$.....

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business:

\$.....

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?

Yes [] No [X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$.....

8.2 State the amount of reserves established for this business:

\$.....

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [] No [X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders.

\$.....

9.2 State the amount of reserves established for this business:

\$.....

9.3 Identify where the reserves are reported in the blank.

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

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Collectively Renewable	Other Individual Contracts			
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only
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
6. Totals (Gross).....	0	0	0	0	0	0
7. Reinsurance ceded.....	0					
8. Totals (Net).....	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
13. Totals (Gross).....	0	0	0	0	0	0
14. Reinsurance ceded.....	0					
15. Totals (Net).....	0	0	0	0	0	0
16. TOTAL (Net).....	0	0	0	0	0	0
17. TABULAR FUND INTEREST.....	0					

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
0599. Totals (Lines 0501 through 0503+0598) (Line 5 above)	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
1299. Totals (Lines 1201 through 1203+1298) (Line 12 above)	0	0	0	0	0	0

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	0					
2. Deposits received during the year.....	0					
3. Investment earnings credited to the account.....	0					
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	0					
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).....	0	0	0	0	0	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).....	0	0	0	0	0	0

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

Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	36,740		36,740								
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	36,740	0	36,740	0	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.....	10,000		10,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	10,000	0	(b) 10,000	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 0
4. Totals:											
4.1 Direct.....	46,740	0	46,740	0	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.....	46,740	(a) 0	(a) 46,740	0	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 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	971,459		208,170	763,289							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 971,459	0	208,170	763,289	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	46,740	0	46,740	0	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.....	46,740	0	46,740	0	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.....	30,898		30,898								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	30,898	0	30,898	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	987,301	0	224,012	763,289	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.....	987,301	0	224,012	763,289	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$....1,500 in Line 1.1, \$....1,500 in Line 1.4, \$....1,500 in Line 6.1 and \$....1,500 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):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
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:			0
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
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:			0
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.....			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 and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

NONE**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.....			0
2502.....			0
2503.....			0
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).....	0	0	0

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) CZECH CATHOLIC UNION state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 177,839	\$ 145,232
(2) State Prescribed Practices that increase/decrease NAIC SAP					
SURPLUS					
(5) CZECH CATHOLIC UNION state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 2,775,882	\$ 2,628,401
(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	\$ 2,775,882	\$ 2,628,401

B. Use of Estimates in the Preparation of the Financial Statement -none

C. Accounting Policy- per statutory insurance regulations

D. Going Concern-not applicable

Note 2 – Accounting Changes and Corrections of Errors -NONE**Note 3 – Business Combinations and Goodwill- NOT APPLICABLE**

A. Statutory Purchase Method

B. Statutory Merger

C. Assumption Reinsurance

D. Impairment Loss

Note 4 – Discontinued Operations - NOT APPLICABLE**Note 5 – Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans-NONE

(1) The maximum and minimum lending rates for mortgage loans during 2016 were: N/A

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgage was ____ %

B. Debt Restructuring -none

(3) At December 31, 2016, the actuarial reserve was zero

(4) CZECH CATHOLIC UNION recorded an unrealized loss \$ 0 as a result of the re-estimates of the cash flow

C. Reverse Mortgages- none

D. Loan backed Securities -none

E. Repurchase Agreements / other Lending Transactions -none

F. Real Estate Investments -none

G Investments in low Income Housing- none

H. Restricted Assets- none

..				

NOTES TO FINANCIAL STATEMENTS

- I. Working Capital Finance Investments-none
- J. Offsetting and Netting of Assets and Liabilities-none
- K. Structured Notes- none

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies - NOT APPLICABLE**Note 7 – Investment Income**

- A Due and accrued income was excluded from investment income from bonds where collection of the amount was uncertain.
- B. Amount excluded was \$0.

Note 8 – Derivative Instruments -none**Note 9 – Income Taxes -not applicable**

At December 31, 2016 there are no tax issues.

The following is income tax expense for 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Amount
2016	\$
2015	\$

- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties -not applicable**Note 11 – Debt-none****Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. Defined Benefit Plan

(1)	Change in Benefit Obligation	Overfunded		Underfunded	
		2016	2015	2016	2015
a.	Pension Benefits				
	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	\$	\$	\$	\$
b.	Overfunded		Underfunded		
	Postretirement Benefits	2016	2015	2016	2015
	1. Benefit obligation at beginning of year	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

	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	\$	\$	\$	\$	\$	\$
b.	Actual return on plan assets						
c.	Foreign currency exchange rate changes						
d.	Reporting entity contribution						
e.	Plan participants' contributions						
f.	Benefits paid						
g.	Business combinations, divestitures and settlements						
h.	Fair value of plan assets at end of year	\$	\$	\$	\$	\$	\$

(3)	Funded status	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Assets (nonadmitted)				
	1. Prepaid benefit costs	\$	\$	\$	\$
	2. Overfunded plans assets				
	3. Total assets (nonadmitted)	\$	\$	\$	\$
	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						
c.	Expected return on plan assets						
d.	Transition asset or obligation						

NOTES TO FINANCIAL STATEMENTS

e.	Gains and losses						
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost	\$	\$	\$	\$	\$	\$

(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	\$	\$	\$	\$
b.	Net transition asset or obligation recognized				
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				
f.	Net gain and loss recognized				
g.	Items not yet recognized as a component of net periodic cost – current year	\$	\$	\$	\$
(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	\$	\$	\$	\$
(7)	Amounts in unassigned funds (surplus) that have not yet been recognized 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	\$	\$	\$	\$
(8)	Weighted-average assumptions used to determine net periodic benefit cost as of December 31	2016		2015	
		%	%	%	%
a.	Weighted-average discount rate				
b.	Expected long-term rate of return on plan assets				
c.	Rate of compensation increase				
Weighted-average assumptions used to determine projected benefit obligations as of December 31					
d.	Weighted-average discount rate				
e.	Rate of compensation increase				

(9) The amount of the accumulated benefit obligation for defined benefit pension plans was \$ _____ for the current year and \$ _____ for the prior year.

(10)

(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	\$
b.	2018	\$
c.	2019	\$
d.	2020	\$
e.	2021	\$
f.	2022 through 20	\$

(13)

(14)

NOTES TO FINANCIAL STATEMENTS

(15)

(16)

(17)

(18)

(19)

(20)

(21)

B. Investment Policies and Strategies

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
	\$	\$	\$	\$
Total Plan Assets	\$	\$	\$	\$

(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

E. Defined Contribution Plans

F. Multiemployer Plans

G. Consolidated/Holding Company Plans

H. Postemployment Benefits and Compensated Absences

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

(1)

(2)

(3)

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

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: \$

(11) The reporting entity issued the following surplus debentures or similar obligations:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note*	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity
	%	\$	\$	\$	\$	\$	
Total	XXX	\$	\$	\$	\$	\$	XXX

* Total should agree with Page 3, Line 33.

(12) The impact of any restatement due to prior quasi-reorganizations is as follows:

Description (Year)	Change in Surplus	Change in Gross Paid in and Contributed Surplus

NOTES TO FINANCIAL STATEMENTS

	\$	\$
--	----	----

(13) The effective dates of all quasi-reorganizations in the prior 10 years are: _____.

Note 14 – Liabilities, Contingencies and Assessments**A. Contingent Commitments**

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

(2) Detail of other contingent commitments

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

(3)

a.	Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal the total of column 4 for (2) above.)	\$
b.	Current liability recognized in F/S	
1.	Noncontingent liabilities	\$
2.	Contingent liabilities	\$
c.	Ultimate financial statement impact if action under the guarantee is required	
1.	Investments in SCA	\$
2.	Joint Venture	
3.	Dividends to stockholders (capital contribution)	
4.	Expense	
5.	Other	
6.	Total (should equal (3)a)	\$

B. Assessments**(1) Where Amount is Unknown**

Where Amount is Known

(2)

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

C. Gain Contingencies**D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits**

CZECH CATHOLIC UNION paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

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

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

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

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

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

E. Joint and Several Liabilities**F. All Other Contingencies****Note 15 – Leases****A. Lessee Operating Lease****(1)****(2)**

a. At January 1, 2017 the minimum aggregate rental commitments are as follows:

NOTES TO FINANCIAL STATEMENTS

	Year Ending December 31	Operating Leases
1.	2017	\$
2.	2018	\$
3.	2019	\$
4.	2020	\$
5.	2021	\$
6.	Total	\$

(3)

B. Revenue, Net Income or Assets with Respect to Leases

(1) For operating leases:

a.

b.

c.	Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:	
	Year Ending December 31	Operating Leases
1.	2017	\$
2.	2018	\$
3.	2019	\$
4.	2020	\$
5.	2021	\$
6.	Total	\$

(d)

(2) For leveraged leases:

(a)

(b)

	2016	2015
1. Income from leveraged leases before income tax including investment tax credit	\$	\$
2. Less current income tax		
3. Net income from leveraged leases	\$	\$

(c) The components of the investment in leveraged leases at December 31, 2016 and 2015 were as shown below:

	2016	2015
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2. Estimated residual value of leased assets		
3. Unearned and deferred income		
4. Investment in leveraged leases		
5. Deferred income taxes related to leveraged leases		
6. Net investment in leveraged leases	\$	\$

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

1. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:

	Assets		Liabilities	
	2016	2015	2016	2015
a. Swaps	\$	\$	\$	\$
b. Futures				
c. Options				
d. Total	\$	\$	\$	\$

2.

3.

4.

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

A. Transfers of Receivables Reported as Sales

(1)

(2)

B. Transfer and Servicing of Financial Assets

(1)

(2)

NOTES TO FINANCIAL STATEMENTS

(3)
(4)
(5)
(6)
(7)

C. Wash Sales

(1)

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

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

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2016:

		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	\$	\$
b.	Total net other income or expenses (including interest paid to or received from plans)			
c.	Net gain or (loss) from operations			
d.	Total claim payment volume	\$	\$	\$

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2016:

		ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a.	Gross reimbursement for medical cost incurred	\$	\$	\$
b.	Gross administrative fees accrued			
c.	Other income or expenses (including interest paid to or received from plans)			
d.	Gross expenses incurred (claims and administrative)			
e.	Total net gain or loss from operations	\$	\$	\$

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

(1)
(2)
(3)
(4)

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

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
Total	XXX	XXX	XXX	XXX	\$

Note 20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
COMMON STOCK	\$ 349,647	\$	\$	\$ 349,647
Total	\$ 349,647	\$	\$	\$ 349,647

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

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

a. Assets	Beginning	Transfers Into	Transfers	Total Gains	Total Gains	Purchases	Issuances	Sales	Settlements	Ending

NOTES TO FINANCIAL STATEMENTS

	Balance at 1/1/2016	Level 3	Out of Level 3	and (Losses) Included in Net Income	and (Losses) Included in Surplus						Balance at 12/31/2016
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

b. Liabilities	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
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3)

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 17,697,778	\$ 17,409,450	\$	\$ 17,697,778	\$	\$
PREFERRED STOCKS	46,830	50,000		46,830		
COMMON STOCKS	349,647	349,647	349,647			
CASH & SHORT TERM INVESTMENTS	809,425	809,425	809,425			
TOTAL	18,903,680	18,618,522	1,159,072	17,744,608		

D.

Not Practicable to Estimate Fair Value

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

Note 21 – Other Items

A. Unusual or Infrequent Items

B. Troubled Debt Restructuring Debtors

C. Other Disclosures

D. Business Interruption Insurance Recoveries

E. State Transferable and Non-Transferable Tax Credits

(1) Carrying Value of Transferable and Non-Transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-Transferable State Tax Credits by State and in Total

Description of State Transferable and Non-Transferable Tax Credits	State	Carrying Value	Unused Amount
		\$	\$
Total		\$	\$

(2) Method of Estimating Utilization of Remaining Transferable and Non-Transferable State Tax Credits

(3) Impairment Loss

(4) State Tax Credits Admitted and Nonadmitted

	Total Admitted	Total Nonadmitted
a. Transferable	\$	\$
b. Non-Transferable	\$	\$

F. Subprime Mortgage Related Risk Exposure

(1)

(2) Direct Exposure Through Investments in Subprime Mortgage Loans

	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure	\$	\$	\$	\$	%
b. Mortgages in good standing					%
c. Mortgages with restored terms					%
d. Total	\$	\$	\$	\$	XXX

(3) Direct Exposure Through Other Investments

	Actual Cost	Book/Adjusted Carrying	Fair Value	Other-Than-Temporary

NOTES TO FINANCIAL STATEMENTS

			Value (Excluding Interest)		Impairment Losses Recognized
a.	Residential mortgage backed securities	\$	\$	\$	\$
b.	Commercial mortgage backed securities				
c.	Collateralized debt obligations				
d.	Structured securities				
e.	Equity investments in SCAs*				
f.	Other assets				
g.	Total	\$	\$	\$	\$

* These investments comprise % of the company's invested assets.

(4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

		Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at end of Current Period	IBNR Reserves at End of Current Period
a.	Mortgage guaranty coverage	\$	\$	\$	\$
b.	Financial guaranty coverage				
c.	Other lines (specify):				
d.	Total	\$	\$	\$	\$

G. Retained Assets

(1)

(2)

				In Force	
		As of End of Current Year		As of End of Prior Year	
		Number	Balance	Number	Balance
a.	Up to and including 12 months	\$	\$	\$	\$
b.	13 to 24 months				
c.	25 to 36 months				
d.	37 to 48 months				
e.	49 to 60 months				
f.	Over 60 months				
g.	Total	\$	\$	\$	\$

(3)

			Individual		Group
		Number	Balance/Amount	Number	Balance/Amount
a.	Number/balance of retained asset account at the beginning of the year		\$		\$
b.	Number/amount of retained asset accounts issued/added during the year				
c.	Investment earnings credited to retained asset accounts during the year	N/A		N/A	
d.	Fees and other charges assessed to retained asset accounts during the year	N/A		N/A	
e.	Number/amount of retained asset accounts transfer to state unclaimed property funds during the year				
f.	Number/amount of retained asset accounts closed/withdrawn during the year				
g.	Number balance of retained asset accounts at the end of the year		\$		\$

H. Insurance-Linked Securities (ILS) Contracts

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

Note 22 – Events Subsequent

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [] No []

ACA fee assessment payable for the upcoming year	\$	\$
ACA fee assessment paid		
Premium written subject to ACA 9010 assessment		
Total adjusted capital before surplus adjustment (Five-Year Historical Line 17)		

NOTES TO FINANCIAL STATEMENTS

F.	Total adjusted capital (Five-Year Historical Line 17 minus 22B above)	
G.	Authorized control level	\$
H.	Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?	Yes [] No []

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?
- (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?

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?
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____
 - b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ _____
- (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?

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. \$ _____
- (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? If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ _____

B. Uncollectible Reinsurance

- (1) CZECH CATHOLIC UNION has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

a.	Claims incurred	\$
b.	Claims adjustment expenses incurred	
c.	Premiums earned	
d.	Other	
	Entity	Amount
		\$

C. Commutation of Ceded Reinsurance

CZECH CATHOLIC UNION has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Claims incurred	\$
(2)	Claims adjustment expenses incurred	
(3)	Premiums earned	
(4)	Other	
	Entity	Amount

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

- (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a.

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				%	%	\$	\$

- (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		%	%	\$	\$

E.

NOTES TO FINANCIAL STATEMENTS

F.

G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework

(1) Captive Reinsurers in Which a Risk-Based Capital Shortfall Exists per the Risk-Based Capital XXX/AXXX Captive Reinsurance Consolidated Exhibit:

a. Captives with Risk-Based Capital Shortfall

Cession ID	NAIC Company Code	ID Number	Name of Captive Reinsurer	Amount of Risk-Based Capital Shortfall
0	0			
Total	XXX	XXX	XXX	\$

b. Effect of Risk-Based Capital Shortfall on Total Adjusted Capital (TAC)

1. Total Adjusted Capital (TAC)	(Five-Year Historical Line 30)	\$	3,106,517
2. Risk-Based Capital Shortfall	(Sum of G(1)a1 Column 5)	\$	
3. Total Adjusted Capital (TAC) Before Risk-Based Capital Shortfall	(G(1)b1 + G(1)b2)	\$	3,106,517

(2) Captive Reinsurers for Which a Non-Zero Primary Security Shortfall is Shown on the Risk-Based Capital XXX/AXXX Reinsurance Primary Security Shortfall by Cession Exhibit

Cession ID	NAIC Company Code	ID Number	Name of Captive Reinsurer	Amount of Risk-Based Capital Shortfall
0	0			
Total	XXX	XXX	XXX	\$

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A.

B.

C.

D.

Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

E.

Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [] No []

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

a.	Permanent ACA Risk Adjustment Program	AMOUNT
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	
3.	Premium adjustments payable due to ACA Risk Adjustment	
Operations (Revenue & Expenses)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$
b.	Transitional ACA Reinsurance Program	
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$

NOTES TO FINANCIAL STATEMENTS

Operations (Revenue & Expenses)																	
7.	Ceded reinsurance premiums due to ACA Reinsurance								\$								
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments																
9.	ACA Reinsurance contributions – not reported as ceded premium								\$								
c. Temporary ACA Risk Corridors Program																	
Assets																	
1.	Accrued retrospective premium due to ACA Risk Corridors								\$								
Liabilities																	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors																
Operations (Revenue & Expenses)																	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)																
4.	Effect of ACA Risk Corridors on change in reserves for rate credits								\$								

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

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

Explanations of Adjustments

A.
B.
C.
D.
E.
F.
G.
H.
I.
J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
a.	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1.	Accrued retrospective premium								A	\$	
2.	Reserve for rate credits for policy experience rating refunds								B		
b.	2015										

NOTES TO FINANCIAL STATEMENTS

1.	Accrued retrospective premium	\$									C	\$		
2.	Reserve for rate credits for policy experience rating refunds										D			
c.	2016										E	\$		
1.	Accrued retrospective premium	\$									F			
2.	Reserve for rate credits or policy experience rating refunds													
d.	Total for Risk Corridors	\$										\$		

A.
B.
C.
D.
E.
F.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a.. 2014	\$	\$	\$	\$	\$	\$
b. 2015	\$	\$	\$	\$	\$	\$
c. 2016	\$	\$	\$	\$	\$	\$
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**Note 26 – Intercompany Pooling Arrangements**

A.
B.
C.
D.
E.
F.
G.

Note 27 – Structured Settlements

A.

Loss Reserves Eliminated by Annuities	Unrecorded Loss Contingencies
\$	\$

B.

Life Insurance Company and Location	Licensed in Company's State of Domicile YES/NO	Statement Value (i.e. Present Value) of Annuities
		\$

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
	\$	\$	\$	\$	\$

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
0	0	\$	\$	\$	\$	\$	\$	\$	\$

Note 29 – Participating Policies**Note 30 – Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserve: \$

NOTES TO FINANCIAL STATEMENTS

2. Date of most recent evaluation of this liability:
 3. Was anticipated investment income utilized in the calculation? Yes [] No []

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

(1)
 (2)
 (3)
 (4)
 (5)
 (6) The details for other changes:

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

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					%
(3)	At fair value					%
(4)	Total with market value adjustment or at fair value (total of 1 through 3)					%
(5)	At book value without adjustment (minimal or no charge or adjustment)	9,013,925			9,013,925	100.000%
B.	Not subject to discretionary withdrawal					%
C.	Total (gross: direct + assumed)	9,013,925			9,013,925	100.000%
D.	Reinsurance ceded					
E.	Total (net (C) - (D))	\$ 9,013,925	\$	\$	\$ 9,013,925	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 9,013,925
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	
(4)	Subtotal	\$ 9,013,925
Separate Accounts Statement:		
(5)	Exhibit 3, Line 0299999, Column 2	\$
(6)	Exhibit 3, Line 0399999, Column 2	
(7)	Policyholder dividend and coupon accumulations	
(8)	Policyholder premiums	
(9)	Guaranteed interest contracts	
(10)	Other contract deposit funds	
(11)	Subtotal	\$
(12)	Combined Total	\$ 9,013,925

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	234	234
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	\$ 234	\$ 234

Note 34 – Separate Accounts

A. Separate Account Activity

(1)
 (2) In accordance with the products/transactions recorded within the separate account, some assets are considered legally insulated whereas others are not legally insulated from the general account. (The legal insulation of the separate account assets prevents such assets from being generally available to satisfy claims resulting from the general account.)

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2016 and 2015 the Company separate account statement included legally insulated assets of \$ _____ and \$ _____, respectively. The assets legally insulated from the general account as of December 31, 2016 are attributed to the following products/transactions:

Product/Transaction	Legally Insulated Assets	Separate Account Assets (Not Legally Insulated)
	\$	\$
Total	\$	\$

(3) In accordance with the products/transaction recorded within the separate account, some separate account liabilities are guaranteed by the general account. (In accordance with the guarantees provided, if the investment proceeds are insufficient to cover the rate of return guaranteed for the product, the policyholder proceeds will be remitted by the general account.)

As of December 31, 2016, the general account of XYZ Company had a maximum guarantee for separate account liabilities of \$ _____. To compensate the general account for the risk taken, the separate account has paid risk charges as follows for the past five (5) years:

a.	2016	\$
b.	2015	\$
c.	2014	\$
d.	2013	\$
e.	2012	\$

The total separate account guarantees paid by the general account for the preceding four years ending December 31, 2014, 2013, 2012, and 2011 was \$ _____, \$ _____, \$ _____, and \$ _____, respectively.

(4)

B. General Nature and Characteristics of Separate Accounts Business

Separate Accounts with Guarantees

	Index	Nonindexed Guarantee Less than/equal to 4%	Nonindexed Guarantee More than 4%	Nonguaranteed Separate Accounts	Total
(1) Premiums, considerations or deposits for year ended 12/31/2016	\$	\$	\$	\$	\$
Reserves at 12/31/2016					
(2) For accounts with assets at:					
a. Fair value	\$	\$	\$	\$	\$
b. Amortized cost					
c. Total reserves*	\$	\$	\$	\$	\$
(3) By withdrawal characteristics					
a. Subject to discretionary withdrawal					
1. With market value adjustment	\$	\$	\$	\$	\$
2. At book value without market value adjustment and with current surrender charge of 5% or more					
3. At fair value					
4. At book value without market value adjustment and with current surrender charge less than 5%					
5. Subtotal	\$	\$	\$	\$	\$
b. Not subject to discretionary withdrawal					
c. Total	\$	\$	\$	\$	\$
(4) Reserves for asset default risk in lieu or AVR	\$	\$	\$	\$	\$

* Line 2(c) should equal Line 3(h)

C. Reconciliation of Net Transfers to or (from) Separate Accounts

(1) Transfers as reported in the Summary of Operations of the Separate Accounts Statement:

a. Transfers to Separate Accounts (Page 4, Line 1.4)	\$
b. Transfer from Separate Accounts (Page 4, Line 10)	\$
c. Net transfers to or (from) Separate Accounts (a) - (b)	\$

(2) Reconciling adjustments:

Adjustment	Amount
	\$

(3) Transfers as reported in the Summary of Operations of the Fraternal Annual Statement

(1c) + (2) = (Page 4, Line 24)

\$

Note 35 – Loss/Claim Adjustment Expenses

The balance in the liability for unpaid accident and health claim adjustment expenses as of _____ and _____ was \$ _____ and \$ _____, respectively.

CZECH CATHOLIC UNION incurred \$ _____ and paid \$ _____ of claim adjustment expenses in the current year, of which \$ _____ of the paid amount was attributable to insured or covered events of prior years. CZECH CATHOLIC UNION did not increase or decrease the provision for insured events of prior years.

NOTES TO FINANCIAL STATEMENTS

CZECH CATHOLIC UNION took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$_____.

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

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating? OHIO

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

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 08/26/2014

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. 12/31/2013

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). 01/26/2015

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 [X]

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

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

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

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

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

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

5.2 If yes, provide 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 [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(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 [X]

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
JAMES G ZUPKA CPA INC. 5240 E98TH ST. CLEVELAND, OH. 44125

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

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

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

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

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Joe Steimla & Associates, Inc. Joseph H. Steimla, Actuary 2867 Gypsum Circle, Naperville, IL 60564

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

0

12.13 Total book/adjusted carrying value

\$

0

12.2 If yes, provide explanation

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 [X] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

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

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

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

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

20.11 To directors or other officers \$ 0

20.12 To stockholders not officers \$ 0

20.13 Trustees, supreme or grand (Fraternal only) \$ 0

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

20.21 To directors or other officers \$ 0

20.22 To stockholders not officers \$ 0

20.23 Trustees, supreme or grand (Fraternal only) \$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]

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

21.21 Rented from others \$

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 [X]

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 [X]

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 [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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 <i>Risk-Based Capital Instructions</i> ?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input type="checkbox"/>]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
	If no, attach a description with this statement.		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 <i>Financial Condition Examiners Handbook</i> ?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:		
	1 Name of Custodian(s)	2 Custodian's Address	
	WELLS FARGO ADVISORS	950 MAIN AVE. STE 300, CLEVELAND, OH.44113	
	JANNEY MONGOMERY SCOTT	822 HANNA BLDG. CLEVELAND, OH. 44115	
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , 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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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	

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [X] No []

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
19766J 10 2	COLUMBIA US GOV MORT FUND	67,164
67075A 10 6	NUVEEN PREFD & INCOME TERM FUND	45,860
74433A 10 9	PRUDENTIAL ST CORP BOND FUND	26,058
354713 50 5	FRANKLIN STRATEGIC INC FUND	43,896
30286C 64 2	FIRST TRUST INT RATE HEDGE 94	42,944
112830 10 4	BROOKFIELD REAL ASSETS	36,611
21942U 30 0	CORNERSTONE	271
25155T 51 0	DWS STRATEGIC INC FUND	18,870
29.2999 TOTAL		281,674

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
COLUMBIA US GOV MORT FUND	FAMILY 2.5% 2031	2,700	12/31/2016
NUVEEN PREFD & INC TERM FUND	CITI GROUP TAX DEBT	1,743	12/31/2016
PRUDENTIAL ST CORP BOND FUND	US TREAS NOTE 2017	2,468	12/31/2016
FRANKLIN STRATEGIC INC FUND	FRANKLIN LOWER TIER FLOAT R	2,068	12/31/2016
FIRST TRUST INT RATE HEDGE 94	ALLIANCE EQUITY CONV	1,503	12/31/2016
BROOKFIELD REAL ASSETS		1,464	12/31/2016
CORNERSTONE		271	12/31/2016
DWS STRATEGIC INC FUND		755	12/31/2016

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	17,409,450	17,697,778	288,328
30.2	Preferred Stocks	50,000	46,830	(3,170)
30.3	Totals	17,459,450	17,744,608	285,158

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

BROKER STATEMENTS

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes [X] No []

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any?

\$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

Name	Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ _____
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____
1.31	Reason for excluding:	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ _____
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ _____
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ _____
1.62	Total incurred claims	\$ _____
1.63	Number of covered lives	\$ _____
	All years prior to most current three years:	
1.64	Total premium earned	\$ _____
1.65	Total incurred claims	\$ _____
1.66	Number of covered lives	\$ _____
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ _____
1.72	Total incurred claims	\$ _____
1.73	Number of covered lives	\$ _____
	All years prior to most current three years:	
1.74	Total premium earned	\$ _____
1.75	Total incurred claims	\$ _____
1.76	Number of covered lives	\$ _____
2.1	Does the reporting entity have Separate Accounts?	Yes [] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [] No [] N/A [X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$ _____
2.4	State the authority under which Separate Accounts are maintained:	
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [] No [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [] No [X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$ _____
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [X] No []
4.	How often are meetings of the subordinate branches required to be held?	<u>MONTHLY</u>
5.	How are the subordinate branches represented in the supreme or governing body?	<u>BY DELEGATE</u>
6.	What is the basis of representation in the governing body?	<u>ONE DELEGATE AND ONE ALTERNATE FOR EACH 100 MEMBERS OR FRACTION THEREOF</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?	08/25/2014
7.3	When and where will the next regular or special meeting of the governing body be held?	<u>2018 IN CLEVELAND, OHIO</u>
7.4	How many members of the governing body attended the last regular meeting?	32
7.5	How many of the same were delegates of the subordinate branches?	32
8.	How are the expenses of the governing body defrayed?	<u>FROM GENERAL FUNDS</u>
9.	When and by whom are the officers and directors elected?	<u>AT THE CONVENTION , BY THE DELEGATES</u>
10.	What are the qualifications for membership?	<u>GOOD MORAL CHARACTER AND HEALTH, AND OF CHRISTIAN FAITH</u>
11.	What are the limiting ages for admission?	<u>0-90</u>
12.	What is the minimum and maximum insurance that may be issued on any one life?	<u>MINIMUM-\$2,000, MAXIMUM-\$35,000, WITH AMOUNTS OVER \$35,000 REINSURED</u>

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

13. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No [X]

14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No [X]

15.1 Are notices of the payments required sent to the members? Yes [X] No [] N/A []

15.2 If yes, do the notices state the purpose for which the money is to be used? Yes [X] 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 [X]

17.2 If so, what amount and for what purpose? \$

18.1 Does the reporting entity pay an old age disability benefit? Yes [] No [X]

18.2 If yes, at what age does the benefit commence?

19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No [X]

19.2 If yes, when?

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [X] No []

21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [] No [X]

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

21.3 If yes, explain

22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No [X]

22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [] No [] N/A [X]

23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [] No [X]

24.1 Does the reporting entity have variable annuities with guaranteed benefits? Yes [] No [X]

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

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

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

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

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

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

26.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

26.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

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

27.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No [X]

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
------	-------------------------

28.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

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

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

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 \$

29.2 Total Incurred Claims \$

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

29.3 Number of Covered Lives

*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).....	18,774	18,909	18,909	18,922	18,931
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	186	240	182	83	280
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	57,967	70,869	52,990	16,976	33,306
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	20,159	19,871	21,386	58,950	87,599
5. Annuity (Line 20.4, Column 3).....	1,643,476	848,980	1,235,499	994,955	978,203
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).....	1,721,602	939,720	1,309,875	1,070,881	1,099,108
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	19,022,095	17,788,487	17,345,072	16,176,566	15,165,569
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	16,246,213	15,160,086	14,849,576	13,806,690	13,062,179
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	15,641,674	14,598,161	14,256,057	13,190,745	12,332,959
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....					
14. Asset valuation reserve (Page 3, Line 21.1).....	312,273	277,655	312,367	387,714	488,478
15. Surplus (Page 3, Line 30).....	2,775,882	2,628,401	2,495,496	2,369,876	1,978,389
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	1,222,715	459,957	1,163,991	815,573	374,674
Risk-Based Capital Analysis					
17. Total adjusted capital.....	3,106,517	2,926,416	2,827,863	2,782,590	2,522,614
18. 50% of the calculated RBC amount.....	275,983	213,110	197,978	201,612	513,772
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).....	.92.6	.91.8	.87.3	.79.4	.53.9
20. Stocks (Lines 2.1 and 2.2).....	2.1	2.9	5.1	8.0	12.1
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.2	0.2	0.3	0.3	0.4
23. Cash, cash equivalents and short-term investments (Line 5).....	4.3	4.2	6.5	11.4	9.4
24. Contract loans (Line 6).....	0.7	0.8	0.8	0.9	0.9
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					23.3
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	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....					
40. Total admitted assets (Page 2, Line 28, Col. 3).....	19,022,095	17,788,487	17,345,072	16,176,566	15,165,569
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	829,890	849,073	806,817	698,112	568,642
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	(782)	(7,777)	12,578	248,020	4,334
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	4,260	(47,039)	(4,479)	(139,145)	(182,324)
44. Total of above Lines 41, 42 and 43.....	833,368	794,257	814,916	806,987	390,652

CZECH CATHOLIC UNION
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).....	1,047,626	995,969	647,127	588,959	942,305
46. Total certificate benefits - accident and health (Line 13, Column 5).....	.....	.....	.....	.....	.....
47. Increase in life reserves (Line 17, Column 2).....	3,635	14,180	(24,562)	87,078	38,461
48. Increase in accident and health reserves (Line 17, Column 5).....	.....	.....	.....	.....	.....
49. Refunds to members (Line 28, Column 1).....	29,706	35,427	30,679	535	75,349
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.....	14.6	28.5	25.9	24.6	27.1
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.....	0.6	.....	0.8	0.6	0.3
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).....	831	160,829	57,516	10,079	(217,295)
58. Annuity (Column 3).....	221,719	35,974	36,717	48,099	(119,371)
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).....	(43,929)	(43,794)	(49,915)	.....	.....
63. Expense (Column 9).....	.....	.....	.....	.....	.....
64. Total (Column 1).....	178,621	153,009	44,318	58,178	(336,666)

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:

CZECH CATHOLIC UNION
EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	3,704	18,909
2. Issued during year.....	27	186
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	27	186
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).....	3,731	19,095
Deductions During Year:		
10. Death.....	.56	195
11. Maturity.....	1	1
12. Disability.....		
13. Expiry.....	.4	4
14. Surrender.....	.24	110
15. Lapse.....	10	.11
16. Conversion.....		
17. Decreased (net).....		
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	.95	321
21. In force end of year (b) (Line 9 minus Line 20).....	3,636	18,774
22. Reinsurance ceded end of year.....	XXX.....	.82
23. Line 21 minus Line 22.....	XXX.....	18,692

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.....3,517 , amount, \$....17,903,688.

Additional accidental death benefits included in life certificates were in amount \$....20,000. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]
 If not, how are such expenses met?.....FROM GENERAL FUND

**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.....			347	
2. Issued during year.....			28	
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Totals (Lines 1 to 4).....	0	0	375	0
Deduction during year:				
6. Decreased during year (net).....			36	
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	0	36	0
9. In force end of year (Line 5 minus Line 8).....	0	0	339	0
10. Amount on deposit.....				XXX.....
Income now payable:				
11. Amount of income payable.....				XXX.....
Deferred fully paid:				
12. Account balance.....	XXX.....	XXX.....		XXX.....
Deferred not fully paid:				
13. Account balance.....	XXX.....	XXX.....		XXX.....

CZECH CATHOLIC UNION

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	1		Direct Business				7 Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5			
		2 Life Insurance Premiums	3 Annuity Considerations						
1. Alabama.....	AL	N					0		
2. Alaska.....	AK	N					0		
3. Arizona.....	AZ	N					0		
4. Arkansas.....	AR	N					0		
5. California.....	CA	N					0		
6. Colorado.....	CO	N					0		
7. Connecticut.....	CT	N					0		
8. Delaware.....	DE	N					0		
9. District of Columbia.....	DC	N					0		
10. Florida.....	FL	N					0		
11. Georgia.....	GA	N					0		
12. Hawaii.....	HI	N					0		
13. Idaho.....	ID	N					0		
14. Illinois.....	IL	L	2,727	108,500			111,227		
15. Indiana.....	IN	N					0		
16. Iowa.....	IA	L	2,853				2,853		
17. Kansas.....	KS	N					0		
18. Kentucky.....	KY	N					0		
19. Louisiana.....	LA	N					0		
20. Maine.....	ME	N					0		
21. Maryland.....	MD	N					0		
22. Massachusetts.....	MA	N					0		
23. Michigan.....	MI	L	.596	4,200			4,796		
24. Minnesota.....	MN	N	1,252				1,252		
25. Mississippi.....	MS	N					0		
26. Missouri.....	MO	N	1,266				1,266		
27. Montana.....	MT	N					0		
28. Nebraska.....	NE	N	3,672				3,672		
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	4,690	66,000			70,690		
34. North Carolina.....	NC	N					0		
35. North Dakota.....	ND	N					0		
36. Ohio.....	OH	L	17,178	1,464,776			1,481,954		
37. Oklahoma.....	OK	N					0		
38. Oregon.....	OR	N					0		
39. Pennsylvania.....	PA	N	1,809				1,809		
40. Rhode Island.....	RI	N					0		
41. South Carolina.....	SC	N					0		
42. South Dakota.....	SD	N					0		
43. Tennessee.....	TN	N					0		
44. Texas.....	TX	N					0		
45. Utah.....	UT	N					0		
46. Vermont.....	VT	N					0		
47. Virginia.....	VA	N					0		
48. Washington.....	WA	N					0		
49. West Virginia.....	WV	N					0		
50. Wisconsin.....	WI	N					0		
51. Wyoming.....	WY	N					0		
52. American Samoa.....	AS	N					0		
53. Guam.....	GU	N					0		
54. Puerto Rico.....	PR	N					0		
55. US Virgin Islands.....	VI	N					0		
56. Northern Mariana Islands.....	MP	N					0		
57. Canada.....	CAN	N					0		
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	
59. Subtotal.....		(a) 4	36,043	1,643,476	0	0	1,679,519	0	
90. Reporting entity contributions for employee benefit plans		XXX					0		
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	34,706				34,706		
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	0	
95. Totals (Direct Business).....		XXX	70,749	1,643,476	0	0	1,714,225	0	
96. Plus reinsurance assumed.....		XXX					0		
97. Totals (All Business).....		XXX	70,749	1,643,476	0	0	1,714,225	0	
98. Less reinsurance ceded.....		XXX	.347				.347		
99. Totals (All Business) less reinsurance ceded.....		XXX	70,402	1,643,476	(b) 0	0	1,713,878	0	

DETAILS OF WRITE-INS

58001.....	XXX						0	
58002.....	XXX						0	
58003.....	XXX						0	
58998. Summ. of remaining write-ins for line 58 from overflow	XXX	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 plus 58998) (Line 58)	XXX	0	0	0	0	0	0	0
9401.....	XXX						0	
9402.....	XXX						0	
9403.....	XXX						0	
9498. Summ. of remaining write-ins for line 94 from overflow	XXX	0	0	0	0	0	0	0
9499. Total (Lines 9401 through 9403 plus 9498) (Line 94 above)	XXX	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

2016 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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