



ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

First Catholic Slovak Ladies Association Of The U.S.A.

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

NAIC Company Code..... 56332

Employer's ID Number..... 34-0220540

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... October 20, 1899

Commenced Business..... January 1, 1892

Statutory Home Office

24950 Chagrin Boulevard..... Beachwood OH US 44122-5634
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

24950 Chagrin Boulevard..... Beachwood OH US 44122-5634
(Street and Number) (City or Town, State, Country and Zip Code)

800-464-4642

(Area Code) (Telephone Number)

Mail Address

24950 Chagrin Boulevard..... Beachwood OH US 44122-5634
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

24950 Chagrin Boulevard..... Beachwood OH US 44122-5634
(Street and Number) (City or Town, State, Country and Zip Code)

800-464-4642

(Area Code) (Telephone Number)

Internet Web Site Address

WWW.FCSLA.ORG

Statutory Statement Contact

Frank Rando
(Name)
frando@fcsla.org
(E-Mail Address)

216-468-1017
(Area Code) (Telephone Number) (Extension)

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OFFICERS

Name
1. Cynthia Maria Maleski
3. Stephen C Hudak

Title
National President
National Treasurer

Name
2. Katherine M Bowes
4.

Title
Interim National Secretary

OTHER

DIRECTORS OR TRUSTEES

Msgr. Peter M Polando
Lawrence M Golofski
Barbara A Sekerak

Cynthia Maria Maleski
Joann Skvarek Banvich
Dennis L Povondra

Jeanette E Palanca
Virginia A Holmes
Dorothy L Urbanowicz

Sue Ann M Seich
Barbara Novotny Waller

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)
Cynthia Maria Maleski
1. (Printed Name)
National President
(Title)

(Signature)
Katherine M Bowes
2. (Printed Name)
Interim National Secretary
(Title)

(Signature)
Stephen C Hudak
3. (Printed Name)
National Treasurer
(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).....	803,175,923		803,175,923	754,741,574
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	1,385,283		1,385,283	2,105,553
2.2 Common stocks.....	5,494,952		5,494,952	4,493,446
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).....	5,315,374		5,315,374	5,490,165
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 (\$....19,470,084, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....2,000,000, Schedule DA).....	21,470,084		21,470,084	22,563,146
6. Contract loans (including \$.....0 premium notes).....	2,573,521		2,573,521	3,335,365
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	14,309,283		14,309,283	10,953,993
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).....	853,724,419	0	853,724,419	803,683,241
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	12,476,013		12,476,013	11,900,611
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	13,249		13,249	15,658
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.....	59,840	6,145	53,695	29,099
21. Furniture and equipment, including health care delivery assets (\$.....0).....	21,771	21,771	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.....	176,657	176,657	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	866,471,949	204,573	866,267,376	815,628,609
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	866,471,949	204,573	866,267,376	815,628,609

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Expense.....	176,657	176,657	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).....	176,657	176,657	0	0

First Catholic Slovak Ladies Association Of The U.S.A.

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	729,648,000	689,142,000
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).....	22,113,535	17,120,109
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	2,006,054	2,256,471
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.....	1,400,000	1,380,000
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).....	483,815	502,551
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).....	1,024,942	1,239,146
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$....85,051 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	85,051	142,041
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	2,018,772	1,445,287
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).....	108,676	108,676
14. Unearned investment income.....	.....	.....
15. Amounts withheld or retained by Society as agent or trustee.....	.....	.....
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.....	25,878	24,000
20. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	7,720,893	6,456,298
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.....	241,228	149,643
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	766,876,843	719,966,222
24. From Separate Accounts statement.....	.....	.....
25. Total liabilities (Lines 23 and 24).....	766,876,843	719,966,222
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	99,390,534	95,662,388
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	99,390,534	95,662,388
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	866,267,377	815,628,610

DETAILS OF WRITE-INS

2201. MONIES HELD FOR CHARITY.....	4,451	8,746
2202. WITHHOLDING TAXES.....	1,935	.....
2203. DEVELOPMENT FUND.....	117,601	11,183
2298. Summary of remaining write-ins for Line 22 from overflow page.....	117,241	129,714
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....	241,228	149,643
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

Annual Statement for the year 2016 of the **First Catholic Slovak Ladies Association Of The U.S.A.**
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).....	58,566,058	43,780,203
2. Considerations for supplementary contracts with life contingencies.....	.....	.....
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	42,653,078	40,141,626
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	169,775	138,834
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.....	9,049	20,992
9. Totals (Lines 1 to 8.3).....	101,397,960	84,081,655
10. Death benefits.....	6,437,753	5,754,938
11. Matured endowments (excluding guaranteed annual pure endowments).....	10,282	52,419
12. Annuity benefits.....	24,131,311	18,953,390
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	.....	.....
14. Surrender benefits and withdrawals for life contracts.....	9,370,721	10,172,174
15. Interest and adjustments on contract or deposit-type contracts funds.....	5,275,208	3,451,953
16. Payments on supplementary contracts with life contingencies.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	40,506,007	31,336,316
18. Totals (Lines 10 to 17).....	85,731,282	69,721,190
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).....	1,588,844	1,095,232
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).....	8,667,043	8,500,587
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	326,504	248,582
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.....	0	0
26. Totals (Lines 18 to 25).....	96,313,673	79,565,591
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	5,084,287	4,516,064
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	1,358,435	1,457,056
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	3,725,852	3,059,008
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....(44,425) transferred to the IMR).....	121,581	(51,383)
31. Net income (Lines 29 + 30).....	3,847,433	3,007,625
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	95,662,386	92,544,017
33. Net income from operations (Line 31).....	3,847,433	3,007,625
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	1,127,047	(1,031,620)
35. Change in net unrealized foreign exchange capital gain (loss).....	.....	.....
36. Change in nonadmitted assets.....	18,260	59,827
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.....	(1,264,595)	1,082,537
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).....	3,728,146	3,118,369
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	99,390,532	95,662,386

DETAILS OF WRITE-INS

08.301. Cookbook income.....	7,115	10,061
08.302. Miscellaneous.....	1,934	10,931
08.303. .....	.....	.....
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	9,049	20,992
2501. .....	.....	.....
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).....	0	0
4501. .....	.....	.....
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.....	58,549,731	43,753,753
2. Net investment income.....	46,915,460	44,012,125
3. Miscellaneous income.....	9,049	16,994
4. Total (Lines 1 through 3).....	105,474,240	87,782,872
5. Benefit and loss related payments.....	44,622,269	35,314,807
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	9,974,311	10,995,913
8. Dividends paid to policyholders.....	1,338,435	2,672,056
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	55,935,015	48,982,776
11. Net cash from operations (Line 4 minus Line 10).....	49,539,225	38,800,096
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	26,618,082	20,577,782
12.2 Stocks.....	795,094	53,332
12.3 Mortgage loans.....		2,396
12.4 Real estate.....		
12.5 Other invested assets.....		250,000
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).....	27,413,176	20,883,510
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	82,868,216	59,980,470
13.2 Stocks.....	74,624	24,029
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	82,942,840	60,004,498
14. Net increase (decrease) in contract loans and premium notes.....	(761,844)	226,372
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(54,767,820)	(39,347,360)
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.....	4,139,992	109,236
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(4,458)	64,434
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	4,135,534	173,670
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).....	(1,093,062)	(373,594)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	22,563,144	22,936,738
19.2 End of year (Line 18 plus Line 19.1).....	21,470,083	22,563,144

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.....	58,566,058	3,652,897	54,913,161				58,566,058		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	42,653,078	14,500,660	28,152,418				42,653,078		
4. Amortization of interest maintenance reserve (IMR).....	169,775	169,775	-				169,775		
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.....	9,049	9,049	0	0	0	0	9,049	0	0
9. Totals (Lines 1 to 8.3).....	101,397,960	18,332,381	83,065,579	0	0	0	101,397,960	0	0
10. Death benefits.....	6,437,753	6,437,753	-	-			6,437,753		
11. Matured endowments (excluding guaranteed annual pure endowments).....	10,282	10,282	-	-			10,282		
12. Annuity benefits.....	24,131,311	-	24,131,311	-			24,131,311		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	0	-	-	-			0		
14. Surrender benefits and withdrawals for life contracts.....	9,370,721	4,162,163	5,208,558	-			9,370,721		
15. Interest and adjustments on contract or deposit-type contract funds.....	5,275,208	273,856	4,990,969	10,383			5,275,208		
16. Payments on supplementary contracts with life contingencies.....	0	-	-	-			0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	40,506,007	385,007	40,121,000	-			40,506,007		
18. Totals (Lines 10 to 17).....	85,731,282	11,269,061	74,451,838	10,383	0	0	85,731,282	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	1,588,844	170,006	1,418,838				1,588,844		
20. Commissions and expense allowances on reinsurance assumed.....	0	-	-	-			0		
21. General insurance expenses and fraternal expenses.....	8,667,043	2,933,884	1,955,923				4,889,807	3,777,236	
22. Insurance taxes, licenses and fees.....	326,504	163,252	163,252				326,504		
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.....	0	0	0	0	0	0	0	0	0
26. Totals (Lines 18 to 25).....	96,313,673	14,536,203	77,989,851	10,383	0	0	92,536,437	3,777,236	
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	5,084,287	3,796,178	5,075,728	(10,383)	0	0	8,861,523	(3,777,236)	
28. Refunds to members.....	1,358,435	1,358,435					1,358,435		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	3,725,852	2,437,743	5,075,728	(10,383)	0	0	7,503,088	(3,777,236)	

DETAILS OF WRITE-INS

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.....	689,142,000	253,729,000	435,413,000	
2. Tabular net premiums or considerations.....	58,711,161	3,798,000	54,913,161	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	.29,137,142	10,132,000	19,005,142	
5. Tabular less actual reserve released.....	1,065,056		1,065,056	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	778,055,359	267,659,000	510,396,359	0
9. Tabular cost.....	4,121,000	4,121,000		XXX
10. Reserves released by death.....	4,770,000	4,770,000	XXX	XXX
11. Reserves released by other terminations (net).....	4,654,000	4,654,000		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	34,375,007		34,375,007	
13. Net transfers to or (from) Separate Accounts.....	487,352		487,352	
14. Total deductions (Lines 9 to 13).....	.48,407,359	13,545,000	34,862,359	0
15. Reserve December 31, current year.....	729,648,000	254,114,000	475,534,000	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a) -	-
1.1 Bonds exempt from U.S. tax.....	(a) -	-
1.2 Other bonds (unaffiliated).....	(a)	40,669,300
1.3 Bonds of affiliates.....	(a) -	-
2.1 Preferred stocks (unaffiliated).....	(b)	123,239
2.11 Preferred stocks of affiliates.....	(b) -	-
2.2 Common stocks (unaffiliated).....	.....	90,449
2.21 Common stocks of affiliates.....	.....	90,449
3. Mortgage loans.....	(c) -	-
4. Real estate.....	(d)	399,538
5. Contract loans.....	.....	183,962
6. Cash, cash equivalents and short-term investments.....	(e)	23,721
7. Derivative instruments.....	(f) -	-
8. Other invested assets.....	.....	1,049,750
9. Aggregate write-ins for investment income.....	.....	0
10. Total gross investment income.....	.....	.42,539,960
11. Investment expenses.....	.....	(g)
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g)
13. Interest expense.....	.....	(h)
14. Depreciation on real estate and other invested assets.....	.....	(i)
15. Aggregate write-ins for deductions from investment income.....	.....	0
16. Total deductions (Lines 11 through 15).....	.....	.462,284
17. Net investment income (Line 10 minus Line 16).....	.....	.42,653,077

DETAILS OF WRITE-INS

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

(a) Includes \$....253,856 accrual of discount less \$....4,804,231 amortization of premium and less \$....947,077 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 \$....174,791 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.....	.....150	.....	.....150	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....75,321	.....	.....75,321	.....127,027	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....200	.....	.....200	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....1,485	.....	.....1,485	.....1,000,021	.....
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).....	.....77,156	.....0	.....77,156	.....1,127,047	.....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.....	39,300,308	78,580	39,221,728			39,300,308		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	39,300,308	78,580	39,221,728	0	0	39,300,308	0	0
7. Line 5 + Line 6.4.....	39,300,308	78,580	39,221,728	0	0	39,300,308	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	39,300,308	78,580	39,221,728			39,300,308		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	39,300,308	78,580	39,221,728	0	0	39,300,308	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	954,457	953,161	1,296			954,457		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	954,457	953,161	1,296	0	0	954,457	0	0
RENEWAL								
11. Uncollected.....	13,249	13,249				13,249		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	13,249	13,249				13,249		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	13,249	13,249	0	0	0	13,249	0	0
14. Advance.....	483,815	483,815				483,815		
15. Line 13.4 - Line 14.....	(470,566)	(470,566)	0	0	0	(470,566)	0	0
16. Collected during year:								
16.1 Direct.....	18,557,616	2,867,479	15,690,137			18,557,616		
16.2 Reinsurance assumed.....	0		-			0		
16.3 Reinsurance ceded.....	262,650	262,650	-			262,650		
16.4 Net.....	18,294,966	2,604,829	15,690,137	0	0	18,294,966	0	0
17. Line 15 + Line 16.4.....	17,824,400	2,134,263	15,690,137	0	0	17,824,400	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(486,893)	(486,893)				(486,893)		
19. Renewal premiums and considerations:								
19.1 Direct.....	18,573,943	2,883,806	15,690,137			18,573,943		
19.2 Reinsurance assumed.....	0		-			0		
19.3 Reinsurance ceded.....	262,650	262,650	-			262,650		
19.4 Net (Line 17 - Line 18).....	18,311,293	2,621,156	15,690,137	0	0	18,311,293	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	58,828,708	3,915,547	54,913,161	0	0	58,828,708	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	262,650	262,650	0	0	0	262,650	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	58,566,058	3,652,897	54,913,161	0	0	58,566,058	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 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
REFUNDS APPLIED (included in Part 1)									
21. To pay renewal premiums		11,362	11,362				11,362		
22. All other		1,102,571	1,102,571				1,102,571		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED									
23. First year (other than single):									
23.1 Reinsurance ceded		0					0		
23.2 Reinsurance assumed		0					0		
23.3 Net ceded less assumed		0	0	0	0	0	0	0	0
24. Single:									
24.1 Reinsurance ceded		0					0		
24.2 Reinsurance assumed		0					0		
24.3 Net ceded less assumed		0	0	0	0	0	0	0	0
25. Renewal:									
25.1 Reinsurance ceded		0					0		
25.2 Reinsurance assumed		0					0		
25.3 Net ceded less assumed		0	0	0	0	0	0	0	0
26. Totals:									
26.1 Reinsurance ceded (Page 6, Line 6)		0	0	0	0	0	0	0	0
26.2 Reinsurance assumed		0	0	0	0	0	0	0	0
26.3 Net ceded less assumed		0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)									
27. First year (other than single)		1,472,981	54,143	1,418,838			1,472,981		
28. Single		70,276	70,276	-			70,276		
29. Renewal		45,587	45,587	-			45,587		
30. Deposit-type contract funds		0	-	-			0		
31. Totals (to agree with Page 6, Line 19)		1,588,844	170,006	1,418,838	0	0	1,588,844	0	0

Annual Statement for the year 2016 of the **First Catholic Slovak Ladies Association Of The U.S.A.**
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.....	399,538	-	-	-	-	-	399,538			
2. Salaries and wages.....	1,813,635	-	-	-	-	180,500	1,994,135			
3.11 Insured benefit plans for employees.....	307,241	-	-	-	-	27,000	334,241			
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.....	328,444	-	-	-	-	-	328,444			
4.2 Medical examination fees.....	51,173	-	-	-	-	-	51,173			
4.3 Inspection report fees.....	-	-	-	-	-	-	0			
4.4 Fees of public accountants and consulting actuaries.....	314,819	-	-	-	-	-	314,819			
4.5 Expense of investigation and settlement of certificate claims.....	-	-	-	-	-	-	0			
5.1 Traveling expenses.....	88,281	-	-	-	-	29,427	117,708			
5.2 Advertising.....	204,015	-	-	-	-	18,151	222,166			
5.3 Postage, express, telegraph and telephone.....	204,475	-	-	-	-	-	204,475			
5.4 Printing and stationery.....	36,638	-	-	-	-	-	36,638			
5.5 Cost or depreciation of furniture and equipment.....	36,658	-	-	-	-	-	36,658			
5.6 Rental of equipment.....	-	-	-	-	-	-	0			
5.7 Cost or depreciation of EDP equipment and software.....	76,457	-	-	-	-	-	76,457			
5.8 Lodge supplies less \$.....0 from sales.....	-	-	-	-	-	-	0			
6.1 Books and periodicals.....	13,356	-	-	-	-	-	13,356			
6.2 Bureau and association dues.....	33,794	-	-	-	-	-	33,794			
6.3 Insurance, except on real estate.....	48,712	-	-	-	-	-	48,712			
6.4 Miscellaneous losses.....	-	-	-	-	-	-	0			
6.5 Collection and bank service charges.....	85,712	-	-	-	-	-	85,712			
6.6 Sundry general expenses.....	139,061	-	-	-	-	-	139,061			
7.1 Field expense allowance.....	-	-	-	-	-	-	0			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....	-	-	-	-	-	-	0			
7.3 Field conferences other than local meetings.....	63,677	-	-	-	-	-	63,677			
8.1 Official publications.....	-	-	-	-	-	387,194	387,194			
8.2 Expense of supreme lodge meetings.....	166,419	-	-	-	-	-	166,419			
9.1 Real estate expenses.....	-	-	-	-	168,298	-	168,298			
9.2 Investment expenses not included elsewhere.....	-	-	-	-	10,519	-	10,519			
9.3 Aggregate write-ins for expenses.....	477,702	0	0	0	0	3,134,964	3,612,666			
10. General expenses incurred.....	4,889,807	0	0	0	178,817	(a) 3,777,236	(b) 8,845,860			
11. General expenses unpaid December 31, prior year.....	541,410	-	-	-	-	903,877	1,445,287			
12. General expenses unpaid December 31, current year.....	1,506,022	-	-	-	-	512,750	2,018,772			
13. General expenses paid during year (Lines 10 + 11 - 12).....	3,925,195	0	0	0	178,817	4,168,363	8,272,375			

DETAILS OF WRITE-INS

09.301	Data Processing.....	421,063	-	-	-	-	421,063
09.302	Repairs - Supplies.....	33,955	-	-	-	-	33,955
09.303	Temporary Help.....	22,684	-	-	-	-	22,684
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	3,134,964
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	477,702	0	0	0	0	3,612,666

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

1. Charitable \$.....286,284; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$....252,164

5. Religious \$.....0; 6. Membership \$....3,001,862; 7. Other \$....236,927; 8. Total \$....3,777,237

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1	2	3 Aggregate of All Other Lines of Business			
Life	Accident and Health			Investment	Fraternal	Total
1. Real estate taxes.....	-	-	-	108,676	-	108,676
2. State insurance department licenses and fees.....	162,798	-	-	-	-	162,798
3. Other state taxes, including \$.....0 for employee benefits.....	3,825	-	-	-	-	3,825
4. U.S. Social Security taxes.....	154,671	-	-	-	-	154,671
5. All other taxes.....	5,210	-	-	-	-	5,210
6. Taxes, licenses and fees Incurred.....	326,504	0	0	108,676	0	435,180
7. Taxes, licenses and fees unpaid December 31, prior year.....	-	-	-	108,676	-	108,676
8. Taxes, licenses and fees unpaid December 31, current year.....	-	-	-	108,676	-	108,676
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	326,504	0	0	108,676	0	435,180

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....	11,362	-
2. Applied to shorten the endowment or premium-paying period.....	-	-
3. Applied to provide paid-up additions.....	1,102,571	-
4. Applied to provide paid-up annuities.....	-	-
5. Total (Lines 1 to 4).....	1,113,933	0
6. Paid in cash.....	68,665	-
7. Left on deposit.....	155,837	-
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	1,338,435	0
10. Amount due and unpaid.....	-	-
11. Provision for dividends or refunds payable in the following calendar year.....	1,400,000	-
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).....	1,400,000	0
16. Total from prior year.....	1,380,000	-
17. Total dividends or refunds (Line 9 + 15 - 16).....	1,358,435	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. NFC 4% @ AE 2.5%.....	3,000		3,000		
0100002. AE 4% @ AE2.5%.....	14,307		14,307		
0100003. AE 3.5% @ AE 2.5%.....	1,586,796		1,586,796		
0100004. AM 2.5% @ AE 2.5%.....	9,172,624		9,172,624		
0100005. AM 3% @ AE 2.5%.....	232,687		232,687		
0100006. AM 3.5% @ AE 2.5%.....	138,337		138,337		
0100007. 1941 CSO 2.5%.....	228,591		228,591		
0100008. 58 CSO 2.5%.....	12,520,133		12,520,133		
0100009. 58 CSO 4% @ 58 CSO 2.5%.....	4,620,172		4,620,172		
0100010. 1958 CSO 4.5%.....	716,270		716,270		
0100011. 80 CSO A/F 5.5% Curtate.....	13,368,973		13,368,973		
0100012. 80 CSO 5.5% @ 80 CSO 4.5%.....	45,497,666		45,497,666		
0100013. 80 CSO 5% @ 80 CSO 4.5%.....	4,956,195		4,956,195		
0100014. 80 CSO 6% @ 80 CSO 4.5%.....	577,977		577,977		
0100015. 80 CSO 5.5 & 6% @ 80 CSO 5.5%.....	16,525,475		16,525,475		
0100016. 80 CSO M/F/S/NS 4.5%.....	29,618,992		29,618,992		
0100017. 2001 CSO 4.5%.....	891,897		891,897		
0100018. 2001 CSO 4.0%.....	68,227,436		68,227,436		
0100019. 2001 CSO 4.0% Special Res (S/U).....	24,155,937		24,155,937		
0100020. 2001 CSO 3.75%.....	291,815		291,815		
0100021. 2001 CSO 3.5%.....	8,038,107		8,038,107		
0100022.	0				
0100023. Provision for Post Mortem.....	12,950,000		12,950,000		
0100024. Rounding.....	.335		.335		
0199997. Totals (Gross).....	254,333,722	0	254,333,722	0	0
0199998. Reinsurance ceded.....	239,722		239,722		
0199999. Totals (Net).....	254,094,000	0	254,094,000	0	0

Annuities (excluding supplementary contracts with life contingencies):

0200001. Individual Deferred Annuities.....	470,903,150	XXX.....	470,903,150	XXX.....	
0200002. Single Premium Immediate Annuities - with life contingencies.....	4,630,567	XXX.....	4,630,567	XXX.....	
0200003.	0	XXX.....		XXX.....	
0200004.	0	XXX.....		XXX.....	
0200005. Rounding.....	.283	XXX.....	.283	XXX.....	
0299997. Totals (Gross).....	475,534,000	XXX.....	475,534,000	XXX.....	0
0299999. Totals (Net).....	475,534,000	XXX.....	475,534,000	XXX.....	0

Accidental Death Benefits:

0400001. Accidental Death Benefits.....	10,000		10,000		
0499997. Totals (Gross).....	10,000	0	10,000	0	0
0499999. Totals (Net).....	10,000	0	10,000	0	0

Miscellaneous Reserves:

0700001. Waiver of Premiums After Age 80 Under OL.....	.9,238		.9,238		
0700002. Asset Liability Matching.....	0				
0700003.	0				
0700004.	0				
0700005. Rounding.....	.762		.762		
0799997. Totals (Gross).....	10,000	0	10,000	0	0
0799999. Totals (Net).....	10,000	0	10,000	0	0
9999999. Totals (Net) - Page 3, Line 1.....	729,648,000	0	729,648,000	0	0

Annual Statement for the year 2016 of the **First Catholic Slovak Ladies Association Of The U.S.A.**
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 [X] No []

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.....	17,120,109		12,349,031	379,057	4,392,021	
2. Deposits received during the year.....	10,107,532	-	9,908,416	43,279	155,837	
3. Investment earnings credited to the account.....	853,423	-	673,107	10,383	169,933	
4. Other net change in reserves.....	0	-	-	-	-	
5. Fees and other charges assessed.....	0	-	-	-	-	
6. Surrender charges.....	0	-	-	-	-	
7. Net surrender or withdrawal payments.....	5,967,529	-	5,590,554	125,759	251,216	
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).....	22,113,535	0	17,340,000	306,960	4,466,575	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).....	22,113,535	0	17,340,000	306,960	4,466,575	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.....	941,054			941,054							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	941,054	0	941,054	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.....	1,065,000			1,065,000							
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	1,065,000	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	2,006,054	0	2,006,054	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.....	2,006,054	(a).....0	(a).....2,006,054	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.....	31,412,706		7,281,395	24,131,311							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	582,943		582,943								
1.4 Net.....	(d). 30,829,763	0	6,698,452	24,131,311	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	2,006,054	0	2,006,054	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.....	2,006,054	0	2,006,054	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.....	2,256,471		2,256,471								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	2,256,471	0	2,256,471	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	31,162,289	0	7,030,978	24,131,311	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.....	582,943	0	582,943	0	0	0	0	0	0	0	0
6.4 Net.....	30,579,346	0	6,448,035	24,131,311	0	0	0	0	0	0	0

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

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$....10,282 in Line 1.1, \$....10,282 in Line 1.4, \$....10,282 in Line 6.1 and \$....10,282 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.

Annual Statement for the year 2016 of the **First Catholic Slovak Ladies Association Of The U.S.A.**
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.....	6,145		(6,145)
21. Furniture and equipment, including health care delivery assets.....	21,771	74,614	52,843
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.....	176,657	148,219	(28,438)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	204,573	222,833	18,260
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	204,573	222,833	18,260

DETAILS OF WRITE-INS

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Expense.....	176,657	148,219	(28,438)
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).....	176,657	148,219	(28,438)

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) First Catholic Slovak Ladies Association Of The U.S.A. state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,847,433	\$ 3,007,625
(2) State Prescribed Practices that increase/decrease NAIC SAP					
SURPLUS					
(5) First Catholic Slovak Ladies Association Of The U.S.A. state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 99,390,534	\$ 95,662,388
(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	\$ 99,390,534	\$ 95,662,388

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

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

C. Accounting Policy

The life and annuity premiums are recognized as income when earned. Expenses incurred in connection with acquiring new insurance are charged to operations as incurred.

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

In addition, the Association uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method, except that bonds with a NAIC rating of "6" are valued at fair market.
- (3) Common Stocks are stated at market.
- (4) Preferred stocks are stated at cost, except for stocks designated as "4, 5, or 6", which are stated at market.
- (5) Mortgage loans - recorded at aggregate carrying value less accrued interest.
- (6) Loan-backed securities are stated at amortized cost or the lower of amortized cost or fair value, using the retrospective method.
- (7) Subsidiaries controlled and affiliated companies - **None**.
- (8) Joint ventures, partnerships and limited liability companies - **None**.
- (9) Derivatives - **None**.
- (10) Premium deficiency calculation - **None**.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) The Association has not modified its capitalization policy from the prior period. Real estate, furniture and fixtures are recorded at cost less depreciation over its estimated useful life. Electronic data processing equipment and software are recorded at cost and amortized over a three-year period.
- (13) Method used for pharmaceutical rebate receivables - **Not Applicable**.

D. Going Concern - **Not Applicable.****Note 2 – Accounting Changes and Corrections of Errors - **None**.****Note 3 – Business Combinations and Goodwill - **None**.****Note 4 – Discontinued Operations - **None**.****Note 5 – Investments****A. Mortgage Loans, including Mezzanine Real Estate Loans - **None**.**

NOTES TO FINANCIAL STATEMENTS

(1) The maximum and minimum lending rates for mortgage loans during 2016 were: - **None**.

(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 **NONE** %.

	Current Year	Prior Year
(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total	\$ _____	\$ _____

(4) Age Analysis of Mortgage Loans: - **None**.

(5) Investment Impaired Loans With or Without Allowance for Credit Losses: - **None**.

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting: - **None**.

(7) Allowance for credit losses: - **None**.

(8) Mortgage Loans Derecognized as a Result of Foreclosure: - **Note Applicable**.

(9) The company recognizes interest income on its impaired loans - **Note Applicable**.

B. Debt Restructuring - **None**.C. Reverse Mortgages - **None**.

(1) Reverse Mortgages in accordance with SSAP #39 - Reverse Mortgages - **Note Applicable**.

(2) General information agreement - **Note Applicable**.

(3) At December 31, 2016, the actuarial reserve of \$ reduced the asset value of the group of reverse mortgages. - **Note Applicable**.

(4) First Catholic Slovak Ladies Association Of The U.S.A. recorded an unrealized loss \$ as a result of the re-estimates of the cash flows. - **Note Applicable**.

D. Loan-Backed Securities - **None**.E. Repurchase Agreements and/or Securities Lending Transactions - **None**.F. Real Estate - **None**.G. Investments in Low-Income Housing Trade Credits (LIHTC) - **None**.H. Restricted Assets - **None**.I. Working Capital Finance Investments - **None**.J. Offsetting and Netting of Assets and Liabilities - **None**.K. Structured Notes - **None**.L. 5* Securities - **None**.**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies** - **None**.**Note 7 – Investment Income**

A. Due and accrued income was excluded from surplus on the following bases: All investment income due and accrued with amounts that are over 90 days past due.

B. The total amount excluded was \$ -0-.

Note 8 – Derivative Instruments - **None**.**Note 9 – Income Taxes** - **Note Applicable**.**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties** - **Not Applicable**.**Note 11 – Debt** - The Association has a line of credit for cash management purposes and may borrow up to \$20,000,000. The balance at December 31, 2016 is -0-**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	
	a.	Pension Benefits	2016	2015	2016	2015
1.	Benefit obligation at beginning of year	\$	\$	\$	\$	
	Service cost					
	Interest cost					
	Continuation by plan participants					
	Actuarial gain (loss)					
	Foreign currency exchange rate changes					
	Benefits paid					

NOTES TO FINANCIAL STATEMENTS

	8. Plan amendments				
	9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
	10. Benefit obligation at end of year	\$	\$	\$	\$
			Overfunded		Underfunded
b.	Postretirement Benefits	2016	2015	2016	2015
1.	Benefit obligation at beginning of year	\$	\$	\$ 321,272	\$ 369,961
2.	Service cost			16,646	14,988
3.	Interest cost				
4.	Continuation by plan participants				
5.	Actuarial gain (loss)			21,136	(54,690)
6.	Foreign currency exchange rate changes				
7.	Benefits paid			8,000	8,987
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$ 351,054	\$ 321,272
			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
Overfunded:					
a.	Assets (nonadmitted)				
1.	Prepaid benefit costs	\$	\$	\$	\$
2.	Overfunded plans assets				
3.	Total assets (nonadmitted)	\$	\$	\$	\$
Underfunded:					
b.	Liabilities recognized				
1.	Accrued benefits costs	\$	\$	\$ 351,054	\$ 321,000
2.	Liability for pension benefits				
3.	Total liabilities recognized	\$	\$	\$ 351,054	\$ 321,000

NOTES TO FINANCIAL STATEMENTS

	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
a.	Service cost	\$	\$	\$ 16,646	\$ 14,988
b.	Interest cost			14,963	17,398
c.	Expected return on plan assets			(15,063)	(17,498)
d.	Transition asset or obligation				7
e.	Gains and losses			(2,033)	1,598
f.	Prior service cost or credit				
g.	Gain or loss recognized due to a settlements curtailment			9,234	15,117
h.	Total net periodic benefit cost	\$	\$	\$ 23,747	\$ 31,610
(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		5.000%	5.000%	
b.	Expected long-term rate of return on plan assets		5.000%	5.000%	
c.	Rate of compensation increase		%	%	
	Weighted-average assumptions used to determine projected benefit obligations as of December 31				
d.	Weighted-average discount rate		5.000%	5.000%	
e.	Rate of compensation increase		%	%	
(9)	The amount of the accumulated benefit obligation for defined benefit pension plans was \$ 351,054 for the current year and \$ 321,272 for the prior year.				
(10)	For postretirement benefits other than pensions, assumed health care cost trend rate... - Not Applicable .				
(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: - Not Applicable .		1 Percentage Point Increase	1 Percentage Point Decrease	
a.	Effect on total of service and interest cost components		\$	\$	
b.	Effect on postretirement benefit obligation		\$	\$	

NOTES TO FINANCIAL STATEMENTS

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the year indicated: - **Not Applicable.**

(13) Estimate of contributions expected... - **Not Applicable.**

(14) Future annual benefits of plan participants covered by insurance contracts issued... - **Not Applicable.**

(15) Alternative method used to amortize prior service amounts... - **Not Applicable.**

(16) Substantive commitment used as basis for accounting for benefit obligation... - **Not Applicable.**

(17) Cost of providing special or contractual termination benefits... - **Not Applicable.**

(18) Change in benefit obligation or plan not apparent in other disclosures required by SSAP #102 & SSAP #92... - **Not Applicable.**

(19) Plan assets expected to be returned to employer... - **Not Applicable.**

(20) Disclose accumulated postretirement & pension benefit obligation & fair value... - **Not Applicable.**

(21) Transition guidance set forth in SSAP #102 and SSAP #92... - **Not Applicable.**

B. Investment Policies and Strategies - **Not Applicable.**

C. Fair Value of Plan Assets - **Not Applicable.**

(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 - **Not Applicable.**

E. Defined Contribution Plans

The Association sponsors a defined-contribution plan to employees who are eligible to participate. Eligibility is based on the employee completing one year of service. Employee contribution to the plan are limited to the maximum amount allowed by the Internal Revenue Service (under age 50 \$18,000 in 2016 and \$24,000 in 2016 for age 50 and above). The employee contributions are always 100% vested. The Associations matching contribution for the plan was \$94,582 and \$93,756 for 2016 and 2015, respectively

F. Multiemployer Plans - **None.**

G. Consolidated/Holding Company Plans - **None.**

H. Postemployment Benefits and Compensated Absences - **None.**

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - **Not Applicable.**

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

(1) The Association has no shares of capital stock outstanding.

(2) The Association has no preferred stock outstanding.

(3) Dividend restrictions - **Not Applicable.**

(4) Ordinary or extraordinary dividends paid - **Not Applicable.**

(5) Profits to be paid as ordinary dividends to stockholders - **Not Applicable.**

(6) There were no restrictions placed on the Association's surplus.

(7) There were no advances to surplus.

(8) There was no stock held for special purposes by the Association's.

(9) There were no major changes in balances of special purpose funds.

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: \$1,127,047

(11) The reporting entity issued the following surplus debentures or similar obligations: - **None.**

(12) The impact of any restatement due to prior quasi-reorganizations is as follows: - **None.**

(13) The effective dates of all quasi-reorganizations in the prior 10 years are: - **Not Applicable.**

NOTES TO FINANCIAL STATEMENTS**Note 14 – Liabilities, Contingencies and Assessments - None.****Note 15 – Leases - None.****Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk - None.****Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None.****Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans - None.****Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None.****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 Stocks-Industrial & Misc.	\$ 5,494,952	\$	\$	\$	\$ 5,494,952
Bonds			947,077		947,077
Total	\$ 5,494,952	\$ 947,077	\$	\$	\$ 6,442,029

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 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	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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) Policy for Determining when Transfers between Levels are Recognized - Not Applicable.**(4) Fair value market values of investments are provided by the NAIC****(5) Derivative assets and Liabilities - None.****B. Fair value information disclosed under SSAP #100 - Fair Value - Not Applicable.****C.**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 845,128,433	\$ 803,175,923	\$	\$ 845,128,433	\$	\$
PREFERRED STOCKS	1,457,689	1,385,283		1,457,689		
COMMON STOCKS	5,494,952	5,494,952	5,494,952			
MORTGAGE LOANS						
CASH & SHORT-TERM INVESTMENTS	21,470,084	21,470,084	21,470,084			
OTHER INVESTED ASSETS	16,656,410	14,309,283		16,656,410		
TOTAL	890,207,568	845,835,525	26,965,036	863,242,532		

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 - None.**Note 22 – Events Subsequent - None.****Note 23 – Reinsurance****A. Ceded Reinsurance Report****Section 1 – General Interrogatories**

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? - **NO**

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? - **NO**

NOTES TO FINANCIAL STATEMENTS**Section 2 – Ceded Reinsurance Report – Part A**

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? - **NO**
 a. 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. \$ 0
 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? \$ 0

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? - **NO**

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 262,650

(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? - **NO**

B. Uncollectible Reinsurance - **Not Applicable.**

First Catholic Slovak Ladies Association Of The U.S.A. has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

C. Commutation of Ceded Reinsurance - **Not Applicable.**

First Catholic Slovak Ladies Association Of The U.S.A. 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:

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - **Not Applicable.**
 E. Reinsurance of variable annuity contracts with affiliated captive reinsurer - **Not Applicable.**
 F. Reinsurance agreement with affiliated captive reinsurer - **Not Applicable.**
 G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework - **None.**

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination - Not Applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses - Not Applicable.

Note 26 – Intercompany Pooling Arrangements - Not Applicable.

Note 27 – Structured Settlements - Not Applicable

Note 28 – Health Care Receivables - Not Applicable.

Note 29 – Participating Policies

A. Approximately 95% of life business is participating.
 B. Dividends are accounted for as shown in Exhibit 4.
 C. The Association paid dividends in the amount of \$1,358,435 to policyholders.
 D. The Association did not allocate any additional income to participating policies.

Note 30 – Premium Deficiency Reserves - Not Applicable.

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

(1) The Association waives deduction of deferred fractional premiums upon death of insured and returns any portion of final premium beyond the date of death. A reserve for this is provided in Exhibit 5. Surrender values are not promised in excess of the legally computed reserves.

(2) Extra premiums are charged for substandard policies issued.

(3) Gross premiums are less than net premiums according to valuation standards - **Not Applicable.**

(4) The Tabular Interest (page 7, line 4) has been determined from the basic data for the calculation of policy reserves. The Tabular Less Actual Reserve Released (page 7, line 5) has been determined from the basic data for the calculation of policy reserves and the actual reserves released. The Tabular Cost (page 7, line 9) has been determined by formula as described in the instructions for page.

(5) Tabular Interest on accumulated dividends is equal to full year's interest on the beginning balance. Tabular interest on supplementary contracts without life contingencies is equal to a full year's interest on the principal left on deposit. In both cases, Tabular Interest as calculated as stated previously is adjusted in case of withdrawal of deposit during the year.

NOTES TO FINANCIAL STATEMENTS(6) The details for other changes: - **None.****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	77,724,824			77,724,824	15.618%
(3)	At fair value					%
(4)	Total with market value adjustment or at fair value (total of 1 through 3)	77,724,824			77,724,824	15.618%
(5)	At book value without adjustment (minimal or no charge or adjustment)	397,952,143			397,952,143	79.967%
B.	Not subject to discretionary withdrawal	21,970,567			21,970,567	4.415%
C.	Total (gross: direct + assumed)	497,647,534			497,647,534	100.000%
D.	Reinsurance ceded					
E.	Total (net (C) - (D))	\$ 497,647,534	\$	\$	\$ 497,647,534	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 475,534,000
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	22,113,535
(4)	Subtotal	\$ 497,647,535
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	\$ 497,647,535

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	13,249	13,249
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	\$ 13,249	\$ 13,249

Note 34 – Separate Accounts - None.**Note 35 – Loss/Claim Adjustment Expenses - None.**

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?

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. 12/31/2013

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). 03/13/2015

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 [X] No [] N/A []

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

4.11 sales of new business? Yes [] No [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?
H2R CPA KOPPERS BLDG - 6TH FLOOR, 436 SEVENTH AVE, PITTSBURGH, PA 15219-1853

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?
BRUCE & BRUCE COMPANY 916 SHERWOOD DRIVE, LAKE BLUFF, IL 60044

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
12.13 Total book/adjusted carrying value \$ _____ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

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

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

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

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs: \$ _____

24.06 If answer to 24.04 is no, report amount of collateral for other programs: \$ _____

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.103 Total payable for securities lending reported on the liability page: \$ _____ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [X] No []

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: \$ _____ 793,474

25.29 On deposit with other regulatory bodies: \$ _____ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB: \$ _____ 25,419,676

25.31 Pledged as collateral to FHLB – including assets backing funding agreements: \$ _____ 0

25.32 Other: \$ _____ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

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 [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: \$ _____

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
PNC INSTITUTIONAL INVESTMENTS	1900 EAST 9 ST. B7-YB13-13-2, CLEVELAND, OH 44114

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

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 [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

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

1	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		

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	805,175,923	847,128,433	41,952,510
30.2	Preferred Stocks	1,385,283	1,457,689	72,406
30.3	Totals	806,561,206	848,586,122	42,024,916

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

USED NAIC'S YEAR END VALUATION & PNC FINANCIAL'S MARKET PRICES FOR ITEMS NOT LISTED BY NAIC

Yes [X] No []

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?

\$ 54,894

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
A M BEST	\$ 21,100
AMERICAN FRATERNAL ALLIANCE	15,000

34.1 Amount of payments for legal expenses, if any?

\$ 328,444

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 Name	2 Amount Paid
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ	\$ 310,375

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>REGULARLY</u>
5.	How are the subordinate branches represented in the supreme or governing body?	<u>BY DELEGATES</u>
6.	What is the basis of representation in the governing body?	<u>ONE DELEGATE FOR EVERY 25-150 MEMBERS: SCALED UPWARD WITH MAXIMUM OF 10 DELEGATES</u>
7.1	How often are regular meetings of the governing body held?	<u>EVERY 4TH YEAR</u>
7.2	When was the last regular meeting of the governing body held?	10/05/2015
7.3	When and where will the next regular or special meeting of the governing body be held?	<u>OCTOBER 2019, LOCATION TO BE DETERMINED</u>
7.4	How many members of the governing body attended the last regular meeting?	336
7.5	How many of the same were delegates of the subordinate branches?	315
8.	How are the expenses of the governing body defrayed?	<u>OUT OF OPERATIONS</u>
9.	When and by whom are the officers and directors elected?	<u>BY DELEGATES AT THE CONVENTION EVERY FOURTH YEAR</u>
10.	What are the qualifications for membership?	<u>AS PER THE BYLAWS</u>
11.	What are the limiting ages for admission?	<u>ONE DAY TO 90 YEARS</u>
12.	What is the minimum and maximum insurance that may be issued on any one life?	<u>MINIMUM - \$1,000 MAXIMUM - \$4,000,000</u>

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

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

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

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

21.3 If yes, explain MEMBERS UPON ATTAINING AGE 80 UNDER CERTAIN WHOLE LIFE CERTIFICATES HAVE SUBSEQUENT PREMIUMS WAVED.

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 [X] N/A []

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

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

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

29.1 Direct Premiums Written	\$	3,899,219
29.2 Total Incurred Claims	\$	6,437,753

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

29.3 Number of Covered Lives

73,171

*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)

First Catholic Slovak Ladies Association Of The U.S.A.

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).....	1,023,634	1,032,803	1,043,296	1,040,569	1,031,568
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	16,649	18,764	13,777	19,148	151,249
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	78,580	101,398	84,735	153,576	180,269
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	3,574,317	6,404,683	4,600,287	4,806,290	34,607,812
5. Annuity (Line 20.4, Column 3).....	54,913,161	37,274,122	28,344,740	22,257,278	19,621,284
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).....	58,566,058	43,780,203	33,029,762	27,217,144	54,409,365
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	866,267,376	815,628,609	781,260,866	756,406,769	727,699,668
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	766,876,843	719,966,222	688,716,869	665,346,029	643,630,015
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	729,648,000	689,142,000	657,806,000	640,372,000	620,306,824
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	.....	.....	.....	.....	.....
13. Deposit-type contract funds (Page 3, Line 3).....	22,113,535	17,120,109	13,803,415	9,969,420	9,539,848
14. Asset valuation reserve (Page 3, Line 21.1).....	7,720,893	6,456,298	7,538,835	7,741,662	7,330,961
15. Surplus (Page 3, Line 30).....	99,390,534	95,662,388	92,544,021	91,060,737	84,069,649
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	49,539,225	38,800,096	27,981,267	28,401,266	52,182,334
Risk-Based Capital Analysis					
17. Total adjusted capital.....	107,811,427	102,808,686	101,380,356	99,489,399	92,022,610
18. 50% of the calculated RBC amount.....	8,512,190	8,287,849	10,563,511	9,902,117	9,995,542
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).....	94.1	93.9	93.4	93.7	93.1
20. Stocks (Lines 2.1 and 2.2).....	0.8	0.8	1.0	1.2	1.1
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	.....	.....	.....	0.0	0.0
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.6	0.7	0.7	0.8	0.8
23. Cash, cash equivalents and short-term investments (Line 5).....	2.5	2.8	3.0	2.4	3.3
24. Contract loans (Line 6).....	0.3	0.4	0.4	0.4	0.3
25. Derivatives (Line 7).....	.....	.....	.....	.....	.....
26. Other invested assets (Line 8).....	1.7	1.4	1.5	1.5	1.4
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).....	204,573	222,833	282,660	363,113	380,798
40. Total admitted assets (Page 2, Line 28, Col. 3).....	866,267,376	815,628,609	781,260,866	756,406,769	727,699,668
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	42,653,077	40,141,626	40,552,448	38,551,857	37,752,848
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	121,581	(51,383)	45,432	1,639,831	682,665
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	1,127,047	(1,031,620)	267,236	1,543,414	867,638
44. Total of above Lines 41, 42 and 43.....	43,901,706	39,058,623	40,865,116	41,735,102	39,303,151

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).....	39,950,067	34,932,921	38,695,344	30,358,723	27,957,762
46. Total certificate benefits - accident and health (Line 13, Column 5).....					
47. Increase in life reserves (Line 17, Column 2).....	385,007	2,854,295	(1,664,000)	3,261,000	37,585,000
48. Increase in accident and health reserves (Line 17, Column 5).....					
49. Refunds to members (Line 28, Column 1).....	1,358,435	1,457,056	2,641,572	1,338,822	1,192,207
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.....	17.5	21.9	27.4	33.3	22.4
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.....	1.8	2.5	3.1	1.5	1.2
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).....	2,437,743	2,184,759	2,510,944	3,638,213	(2,096,306)
58. Annuity (Column 3).....	5,075,728	4,782,979	5,322,489	4,477,656	3,615,601
59. Supplementary contracts (Column 4).....	(10,383)	(15,641)	(12,374)	(10,910)	(12,513)
60. Accident and health (Column 5).....					
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....	(3,777,236)	(3,893,089)	(3,733,727)	(3,903,915)	(3,407,989)
63. Expense (Column 9).....					
64. Total (Column 1).....	3,725,852	3,059,008	4,087,332	4,201,044	(1,901,207)

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:

First Catholic Slovak Ladies Association Of The U.S.A.
EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	90,754	1,032,803
2. Issued during year.....	567	16,649
3. Reinsurance assumed.....		
4. Revived during year.....	6	8
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	573	16,657
7. Additions by refunds during year.....	XXX.....	3,806
8. Aggregate write-ins for increases.....	563	3,601
9. Totals (Line 1 plus Line 6 to Line 8).....	91,890	1,056,867
Deductions During Year:		
10. Death.....	1,559	8,077
11. Maturity.....	393	2,661
12. Disability.....		
13. Expiry.....	108	864
14. Surrender.....	917	13,474
15. Lapse.....	96	4,992
16. Conversion.....		
17. Decreased (net).....		2,889
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	9	276
20. Totals (Lines 10 to 19).....	3,082	33,233
21. In force end of year (b) (Line 9 minus Line 20).....	88,808	1,023,634
22. Reinsurance ceded end of year.....	XXX.....	56,478
23. Line 21 minus Line 22.....	XXX.....	967,156

DETAILS OF WRITE-INS

0801.....		
0802.....		
0803. Pre Need Annual Increase - Face Amount & PUA.....		.18
0898. Summary of remaining write-ins for Line 8 from overflow page.....	563	3,583
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above).....	563	3,601
1901.....		
1902. Fixed Rate/Decreasing Term.....		9
1903. Paid Up Addition Withdrawals.....		.45
1998. Summary of remaining write-ins for Line 19 from overflow page.....	9	.222
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above).....	9	.276

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....0 , amount, \$.....0.

Additional accidental death benefits included in life certificates were in amount \$.....0. Does the society collect any

contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No []

If not, how are such expenses met?.....

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

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....		263	13,501	
2. Issued during year.....	.25	1,215		
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Totals (Lines 1 to 4).....	0	288	14,716	0
Deduction during year:				
6. Decreased during year (net).....		108	.522	
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	108	.522	0
9. In force end of year (Line 5 minus Line 8).....	0	180	14,194	0
10. Amount on deposit.....		306,960	492,874,000	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.....

First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	Direct Business						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	1,069	46,500			47,569			
2. Alaska.....	AK	-	-			0			
3. Arizona.....	AZ	9,517	98,794			108,311		20	
4. Arkansas.....	AR	-	-			0			
5. California.....	CA	2,361	32,600			34,961			
6. Colorado.....	CO	11,474	380,444			391,918			
7. Connecticut.....	CT	3,069	279,209			282,278		.869	
8. Delaware.....	DE	.823	1,200			2,023		.118	
9. District of Columbia.....	DC	-	-			0			
10. Florida.....	FL	27,425	330,732			358,157		.190	
11. Georgia.....	GA	1,387	135,023			136,410			
12. Hawaii.....	HI	-	113,650			113,650			
13. Idaho.....	ID	-	1,600			1,600			
14. Illinois.....	IL	126,569	2,831,282			2,957,851		12,912	
15. Indiana.....	IN	35,995	360,602			396,597		9,921	
16. Iowa.....	IA	415,548	3,168,704			3,584,252		6,139	
17. Kansas.....	KS	51,053	157,584			208,637		3,353	
18. Kentucky.....	KY	.220	36,196			36,416		2	
19. Louisiana.....	LA	-	-			0			
20. Maine.....	ME	3,115	.57,000			.60,115			
21. Maryland.....	MD	1,467	109,625			111,092		21	
22. Massachusetts.....	MA	3,694	664,149			667,843		16	
23. Michigan.....	MI	37,562	316,310			353,872		4,480	
24. Minnesota.....	MN	220,816	3,696,566			3,917,382		3,211	
25. Mississippi.....	MS	N	-			0			
26. Missouri.....	MO	4,004	12,450			16,454		.16	
27. Montana.....	MT	1,259	-			1,259			
28. Nebraska.....	NE	418,574	8,836,930			9,255,504		12,044	
29. Nevada.....	NV	6,306	.44,364			.50,670			
30. New Hampshire.....	NH	N	-			0			
31. New Jersey.....	NJ	56,044	409,165			465,209		4,428	
32. New Mexico.....	NM	1,465	.5,000			6,465		19	
33. New York.....	NY	68,306	2,974,345			3,042,651		1,296	
34. North Carolina.....	NC	10,365	307,425			317,790		1	
35. North Dakota.....	ND	40,941	483,422			524,363		3,599	
36. Ohio.....	OH	471,913	.10,000,549			10,472,462		.44,004	
37. Oklahoma.....	OK	.610	-			.610			
38. Oregon.....	OR	.206	11,495			11,701			
39. Pennsylvania.....	PA	498,655	12,674,194			13,172,849		.43,247	
40. Rhode Island.....	RI	5,639	452,812			458,451			
41. South Carolina.....	SC	.1,212	.71,800			.73,012		.18	
42. South Dakota.....	SD	23,432	139,556			162,988		1,632	
43. Tennessee.....	TN	11,482	.98,643			110,125		2	
44. Texas.....	TX	20,523	164,510			185,033		.419	
45. Utah.....	UT	L	.22,000			.22,000			
46. Vermont.....	VT	-	-			0			
47. Virginia.....	VA	10,018	559,016			569,034		15	
48. Washington.....	WA	1,220	.1,675			2,895		61	
49. West Virginia.....	WV	.952	.60,075			.61,027		.272	
50. Wisconsin.....	WI	190,358	4,765,965			4,956,323		3,512	
51. Wyoming.....	WY	L	-			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) 49	2,796,648	54,913,161	0	57,709,809		155,837	
60. Reporting entity contributions for employee benefit plans		XXX				0			
61. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	1,102,571			1,102,571			
62. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX				0			
63. Premium or annuity considerations waived under disability or other contract provisions.....		XXX				0			
64. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0	0	
65. Totals (Direct Business).....		XXX	3,899,219	54,913,161	0	58,812,380		155,837	
66. Plus reinsurance assumed.....		XXX	3,899,219	54,913,161	0	58,812,380		155,837	
67. Totals (All Business).....		XXX	262,650			262,650			
68. Less reinsurance ceded.....		XXX	3,636,570	54,913,161	(b) 0	58,549,731		155,837	

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

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