FIRST CATHOLIC SLOVAK UNION – 2016 ANNUAL STATEMENT AMENDED FILING FOR STATE PAGES.

1. The following state pages in which the Society is NOT licensed incorrectly reflected premium and/or annuity receipts, direct claims & benefits paid, direct death benefits incurred, and policy exhibit activity.

   The state pages were updated to correctly reflect zero (-0-) activity for 2016.

   State pages corrected:

   Alabama

   Arkansas

   California

   Delaware

   Kansas

   New Mexico

   Oregon

   Rhode Island

   Washington

2. Schedule T and Schedule T Part 2 were corrected to reflect the changes made in item #1.

The First Catholic Slovak Union does not issue A&H insurance.

FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56340 Employer's ID Number..... 34-0220550

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... January 9, 1892 Commenced Business..... October 1, 1890

Statutory Home Office	6611 ROCKSIDE ROAD….. INDEPENDENCE ..... OH ..... US ..... 44131 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	6611 ROCKSIDE ROAD….. INDEPENDENCE ..... OH ..... US..... 44131 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-642-9406 *(Area Code) (Telephone Number)*
Mail Address	6611 ROCKSIDE ROAD….. INDEPENDENCE ..... OH ..... US ..... 44131 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	6611 ROCKSIDE ROAD….. INDEPENDENCE ..... OH ..... US ..... 44131 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-642-9406 *(Area Code) (Telephone Number)*
Internet Web Site Address	WWW.FCSU.COM	
Statutory Statement Contact	KENNETH ANTHONY ARENDT *(Name)*	216-642-9406 *(Area Code) (Telephone Number) (Extension)*
	FCSU@AOL.COM *(E-Mail Address)*	216-642-4310 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. ANDREW MATHEW RAJEC	PRESIDENT	2. KENNETH ANTHONY ARENDT	EXECUTIVE SECRETARY
3. GEORGE F. MATTA II	TREASURER	4. ANDREW R. HARCAR SR	VICE PRESIDENT

OTHER

GARY J. MATTA	GENERAL COUNSEL	EDWARD COWMAN	ACTUARY

DIRECTORS OR TRUSTEES

ANDREW MATHEW RAJEC	ANDREW R. HARCAR SR	KENNETH ANTHONY ARENDT	GEORGE F. MATTA II
REV. THOMAS NASTA	RUDOLPH BERNATH	SABINA SABADOS	HENRY HASSAY
KAREN HUNKA	JAMES MARMOL	MARTHA ZAVADA-WOJCIK	MILOS MITRO
DAMIAN NASTA	RUDOLF ONDREJCO	MICHAEL LAKO	

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)	(Signature)	(Signature)
ANDREW MATHEW RAJEC	KENNETH ANTHONY ARENDT	GEORGE F. MATTA II
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	EXECUTIVE SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 15th day of FEBRUARY 2017

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

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business					
		Life Contracts		4	5	6	7
		2 Life Insurance Premiums	3 Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1. Alabama AL	N					0	
2. Alaska AK	N					0	
3. Arizona AZ	L		627,518			627,518	
4. Arkansas AR	N					0	
5. California CA	N					0	
6. Colorado CO	L	13	101,900			101,913	
7. Connecticut CT	L	17,310	74,321			91,632	
8. Delaware DE	N					0	
9. District of Columbia DC	N					0	
10. Florida FL	L	9,179	532,861			542,039	
11. Georgia GA	L					0	
12. Hawaii HI	N					0	
13. Idaho ID	N					0	
14. Illinois IL	L	67,841	3,601,382			3,669,223	
15. Indiana IN	L	7,112	207,518			214,629	
16. Iowa IA	L		138,765			138,765	
17. Kansas KS	N					0	
18. Kentucky KY	L					0	
19. Louisiana LA	N					0	
20. Maine ME	N					0	
21. Maryland MD	L	(197)	9,000			8,804	
22. Massachusetts MA	L	2,262	6,000			8,262	
23. Michigan MI	L	38,980	1,066,095			1,105,075	
24. Minnesota MN	L	30,693	480,157			510,850	
25. Mississippi MS	N					0	
26. Missouri MO	L	477	198,952			199,429	
27. Montana MT	N					0	
28. Nebraska NE	L	516	200,590			201,106	
29. Nevada NV	L		12,540			12,540	
30. New Hampshire NH	N					0	
31. New Jersey NJ	L	76,616	452,902			529,518	
32. New Mexico NM	N					0	
33. New York NY	L	61,972	643,447			705,419	
34. North Carolina NC	L		1,000			1,000	
35. North Dakota ND	N					0	
36. Ohio OH	L	260,145	2,609,678			2,869,823	
37. Oklahoma OK	N					0	
38. Oregon OR	N					0	
39. Pennsylvania PA	L	871,688	6,557,145			7,428,833	
40. Rhode Island RI	N					0	
41. South Carolina SC	L					0	
42. South Dakota SD	N					0	
43. Tennessee TN	L					0	
44. Texas TX	L	132	492,000			492,132	
45. Utah UT	N					0	
46. Vermont VT	N					0	
47. Virginia VA	L	3,519	1,600			5,119	
48. Washington WA	N					0	
49. West Virginia WV	L	4,481	62,100			66,581	
50. Wisconsin WI	L	5,503	1,936,261			1,941,764	
51. Wyoming WY	N					0	
52. American Samoa AS	N					0	
53. Guam GU	N					0	
54. Puerto Rico PR	N					0	
55. US Virgin Islands VI	N					0	
56. Northern Mariana Islands MP	N					0	
57. Canada CAN	N					0	
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Subtotal	(a) 27	1,458,240	20,013,733	0	0	21,471,973	0
90. Reporting entity contributions for employee benefit plans	XXX					0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX					0	
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX					0	
93. Premium or annuity considerations waived under disability or other contract provisions	XXX					0	
94. Aggregate other amounts not allocable by State	XXX	0	0	0	0	0	0
95. Totals (Direct Business)	XXX	1,458,240	20,013,733	0	0	21,471,973	0
96. Plus reinsurance assumed	XXX					0	
97. Totals (All Business)	XXX	1,458,240	20,013,733	0	0	21,471,973	0
98. Less reinsurance ceded	XXX					0	
99. Totals (All Business) less reinsurance ceded	XXX	1,458,240	20,013,733	(b) 0	0	21,471,973	0
DETAILS OF WRITE-INS							
58001.	XXX					0	
58002.	XXX					0	
58003.	XXX					0	
58998. Summ. of remaining write-ins for line 58 from overflow	XXX	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 plus 58998) (Line 58)	XXX	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
9499. Total (Lines 9401 through 9403 plus 9498) (Line 94 above	XXX	0	0	0	0	0	0

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

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: