



ANNUAL STATEMENT

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

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 56383	Employer's ID Number..... 31-4273120
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... October 4, 1890	Commenced Business..... January 16, 1888	
Statutory Home Office	1801 Watermark Drive Suite 100..... Columbus OH US 43215 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	1801 Watermark Drive Suite 100..... Columbus OH US.... 43215 (Street and Number) (City or Town, State, Country and Zip Code)	800-848-0123 (Area Code) (Telephone Number)
Mail Address	1801 Watermark Drive Suite 100..... Columbus OH US 43215 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	1801 Watermark Drive Suite 100..... Columbus OH US 43215 (Street and Number) (City or Town, State, Country and Zip Code)	800-848-0123 (Area Code) (Telephone Number)
Internet Web Site Address	www.uct.org	
Statutory Statement Contact	Kevin C Hecker (Name) khecker@uct.org (E-Mail Address)	800-848-0123-1142 (Area Code) (Telephone Number) (Extension) 614-487-9675 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Gordon Paul Woodworth #	President	2. Stephen Randal Desselles	Secretary/Treasurer
3. Kevin Clare Hecker #	Interim Chief Executive Officer; Sr. VP & CFO, Chief Risk Officer		
Ronald Allen Ives #	Senior Vice-President, Chief Information Officer	Sandra Elizabeth Shafer #	Vice-President, Fraternal
Jeffrey Lee Smith MAAA, FCA	Consulting Actuary		

OTHER

DIRECTORS OR TRUSTEES			
Thomas David Hoffman	Gordon Paul Woodworth	Glenn Edward Suever	Stephen Randal Desselles
Mary Frances Applegate	Numan Dwight Loafman	Christopher Barry Phelan	David James Syrota #
Dianna Jean Wolfe #			

State of..... Ohio
County of.... Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Gordon Paul Woodworth	(Signature) Stephen Randal Desselles	(Signature) Kevin Clare Hecker
1. (Printed Name) President	2. (Printed Name) Secretary/Treasurer	3. (Printed Name) Interim Chief Executive Officer; Sr. VP & CFO, Chief Risk Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 20 day of February 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 []

The Order Of United Commercial Travelers Of America
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).....	15,352,487		15,352,487	15,226,248
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....6,951, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....178,790, Schedule DA).....	185,741		185,741	1,824,294
6. Contract loans (including \$.....0 premium notes).....	783,633		783,633	916,891
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	16,321,861	0	16,321,861	17,967,433
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	113,310		113,310	106,705
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	33,164		33,164	29,474
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	81,412		81,412	87,364
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	188,542		188,542	368,157
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	63,404		63,404	63,404
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.....	203,930	115,107	88,823	52,985
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	584,653	584,653	0	11,790
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	17,590,276	699,760	16,890,516	18,687,312
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	17,590,276	699,760	16,890,516	18,687,312

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. Other Assets Nonadmitted.....	584,653	584,653	0	
2502. Misc. Accts Recv.....			0	11,790
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).....	584,653	584,653	0	11,790

The Order Of United Commercial Travelers Of America
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 999999) (including \$.....0 Modco Reserve).....	3,077,721	3,218,364
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	1,087,814	1,204,712
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	7,417	16,336
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	16,230	30,772
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	1,172,798	1,460,228
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....		
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....109,527 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	111,724	162,021
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).....	222,666	282,205
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$....550 ; accident and health \$....25,628 and deposit-type contract funds \$.....0.....	26,178	9,572
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	560,520	566,278
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).....	26,940	114,658
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	91,266	183,838
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....	62,856	23,924
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....0 and interest thereon \$.....0.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	54,527	52,429
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.....	960,722	1,938,857
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	7,479,379	9,264,194
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	7,479,379	9,264,194
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	25,000	25,000
29. Unassigned funds.....	9,386,137	9,398,118
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	9,411,137	9,423,118
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	16,890,516	18,687,312

DETAILS OF WRITE-INS

2201. Amounts Payable to Reinsurer.....	443,089	1,358,309
2202. Deferred Income - Reinsurance Assumed.....	227,286	237,407
2203. Unclaimed Funds.....	290,347	343,141
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....	960,722	1,938,857
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. Fraternal Fund.....	25,000	25,000
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).....	25,000	25,000

The Order Of United Commercial Travelers Of America
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).....	11,839,210	12,125,829
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	459,377	453,698
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	64,769	54,512
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).....	5,287,140	6,632,434
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.....	1,100,702	1,142,595
9. Totals (Lines 1 to 8.3).....	18,751,198	20,409,068
10. Death benefits.....	261,678	280,978
11. Matured endowments (excluding guaranteed annual pure endowments).....	38,141	218
12. Annuity benefits.....	81,580	63,281
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	7,649,599	7,672,629
14. Surrender benefits and withdrawals for life contracts.....	29,420	39,083
15. Interest and adjustments on contract or deposit-type contracts funds.....	453	171
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	(257,506)	(268,031)
18. Totals (Lines 10 to 17).....	7,803,365	7,788,329
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).....	3,217,962	4,234,283
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).....	7,481,371	7,787,372
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	354,943	451,715
23. Increase in loading on deferred and uncollected premiums.....	1,675	5,234
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).....	18,859,316	20,266,933
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(108,118)	142,135
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....		
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(108,118)	142,135
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....0 transferred to the IMR).....	16,329	44,066
31. Net income (Lines 29 + 30).....	(91,789)	186,201
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	9,423,119	9,612,437
33. Net income from operations (Line 31).....	(91,789)	186,201
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		
35. Change in net unrealized foreign exchange capital gain (loss).....	88,639	(575,126)
36. Change in nonadmitted assets.....	(6,734)	194,155
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.....	(2,098)	5,452
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).....	(11,982)	(189,318)
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	9,411,137	9,423,119

DETAILS OF WRITE-INS

08.301. Donations.....	7,805	10,809
08.302. Supreme Dues.....	751,428	896,720
08.303. Misc. Income.....	341,469	235,066
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).....	1,100,702	1,142,595
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

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CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	11,789,469	12,133,605
2. Net investment income.....	540,129	555,290
3. Miscellaneous income.....	5,652,238	8,533,390
4. Total (Lines 1 through 3).....	17,981,836	21,222,285
5. Benefit and loss related payments.....	8,371,802	9,243,653
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	11,098,846	12,255,931
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	.....
10. Total (Lines 5 through 9).....	19,470,648	21,499,584
11. Net cash from operations (Line 4 minus Line 10).....	(1,488,812)	(277,299)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:	.....	.....
12.1 Bonds.....	2,763,247	4,031,833
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,763,247	4,031,833
13. Cost of investments acquired (long-term only):	.....	.....
13.1 Bonds.....	2,851,948	3,167,052
13.2 Stocks.....	.....	.....
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).....	2,851,948	3,167,052
14. Net increase (decrease) in contract loans and premium notes.....	(133,258)	(59,800)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	44,557	924,581
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):	.....	.....
16.1 Surplus notes, capital notes.....	.....	.....
16.2 Capital and paid in surplus, less treasury stock.....	.....	.....
16.3 Borrowed funds.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	.....
16.5 Dividends to stockholders.....	.....	.....
16.6 Other cash provided (applied).....	(194,298)	(372,057)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(194,298)	(372,057)
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).....	(1,638,553)	275,225
19. Cash, cash equivalents and short-term investments:	.....	.....
19.1 Beginning of year.....	1,824,294	1,549,069
19.2 End of year (Line 18 plus Line 19.1).....	185,741	1,824,294

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

20.0001
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The Order Of United Commercial Travelers Of America

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Insurance						8 Fraternal	9 Expense
		2 Life Insurance	3 Individual Annuities	4 Supplementary Contracts	5 Accident and Health	6 Aggregate of All Other Lines of Business	7 Total (Columns 2 through 6)		
1. Premiums and annuity considerations for life and accident and health contracts.....	11,839,210	.203,470	.26,372		.11,609,368		11,839,210		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	459,377	.208,098	.51,450		.199,829		459,377		
4. Amortization of interest maintenance reserve (IMR).....	64,769	.29,340	.7,254		.28,175		64,769		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	5,287,140	.119,985	.2,225		.5,164,930		5,287,140		
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.....	1,100,702	0	0	0	.276,596	0	276,596	.824,106	0
9. Totals (Lines 1 to 8.3).....	18,751,198	.560,893	.87,301	0	.17,278,898	0	17,927,092	.824,106	0
10. Death benefits.....	261,678	.261,678					261,678		
11. Matured endowments (excluding guaranteed annual pure endowments).....	38,141	.38,141					38,141		
12. Annuity benefits.....	81,580		.81,580				81,580		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	7,649,599				.7,649,599		7,649,599		
14. Surrender benefits and withdrawals for life contracts.....	29,420	.29,420					29,420		
15. Interest and adjustments on contract or deposit-type contract funds.....	.453	.453					.453		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	(257,506)	(59,653)	(80,953)		(116,900)		(257,506)		
18. Totals (Lines 10 to 17).....	7,803,365	.270,039	.627	0	.7,532,699	0	7,803,365	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	3,217,962	.67,409			.3,150,553		3,217,962		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	7,481,371	.254,152	.33,025		.6,286,237		6,573,414	.907,957	
22. Insurance taxes, licenses and fees.....	354,943	.12,058	.1,567		.298,241		311,866	.43,077	
23. Increase in loading on deferred and uncollected premiums.....	1,675	.1,675					1,675		
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).....	18,859,316	.605,333	.35,219	0	.17,267,730	0	17,908,282	.951,034	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(108,118)	(44,440)	.52,082	0	.11,168	0	18,810	(126,928)	0
28. Refunds to members.....	0						0		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	(108,118)	(44,440)	.52,082	0	.11,168	0	18,810	(126,928)	0

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.....	3,218,365	2,357,082	.837,531	23,752
2. Tabular net premiums or considerations.....	262,837	237,783	25,054	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	136,654	102,660	32,884	1,110
5. Tabular less actual reserve released.....	0			
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	3,617,856	2,697,525	.895,469	24,862
9. Tabular cost.....	286,118	286,118		XXX
10. Reserves released by death.....	.89,346	.89,346	XXX	XXX
11. Reserves released by other terminations (net).....	159,849	24,672	.115,139	20,038
12. Annuity, supplementary contract and disability payments involving life contingencies.....	.4,824			4,824
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	540,137	400,136	.115,139	24,862
15. Reserve December 31, current year.....	3,077,719	2,297,389	.780,330	0

The Order Of United Commercial Travelers Of America
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....28,626	.....32,391
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....424,391	.....427,231
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....58,120	.....58,120
6. Cash, cash equivalents and short-term investments.....	(e).....8,486	.....8,486
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....1,897	.....1,897
10. Total gross investment income.....	.....521,520	.....528,126
11. Investment expenses.....	(g).....	.....68,748
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).....0	.....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....68,748
17. Net investment income (Line 10 minus Line 16).....	.....459,377	.....

DETAILS OF WRITE-INS

0901. Misc. Investment Income.....	.....1,897	.....1,897
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....1,897	.....1,897
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$.....7,930 accrual of discount less \$.....78,955 amortization of premium and less \$.....9,733 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....272	.....	.....272	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....0	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....21,261	.....(5,204)	.....16,057	.....	.....103,338
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....21,533	.....(5,204)	.....16,329	.....0	.....103,338

DETAILS OF WRITE-INS

0901. ....	.....	.....0	.....0	.....
0902. ....	.....	.....0	.....0	.....
0903. ....	.....	.....0	.....0	.....
0998. Summary of remaining write-ins for Line 9 from overflow page...	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....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.....	3,187	3,187				3,187		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	3,400	3,400				3,400		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	213	213				213		
3.4 Net (Line 1 + Line 2).....	3,187	3,187	0	0	0	3,187	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	3,187	3,187	0	0	0	3,187	0	0
6. Collected during year:								
6.1 Direct.....	5,446	5,446				5,446		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	598	598				598		
6.4 Net.....	4,848	4,848	0	0	0	4,848	0	0
7. Line 5 + Line 6.4.....	8,035	8,035	0	0	0	8,035	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	1,942	1,942				1,942		
9. First year premiums and considerations:								
9.1 Direct.....	6,596	6,596				6,596		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	503	503				503		
9.4 Net (Line 7 - Line 8).....	6,093	6,093	0	0	0	6,093	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	18,904	18,904				18,904		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	18,904	18,904	0	0	0	18,904	0	0
RENEWAL								
11. Uncollected..	34,242	1,074		33,168		34,242		
12. Deferred and accrued.....	72,936	72,936				72,936		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	445,411	323,946		121,465		445,411		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	338,235	249,937		88,298		338,235		
13.4 Net (Line 11 + Line 12).....	107,178	74,010	0	33,168	0	107,178	0	0
14. Advance.....	111,724	2,197		109,527		111,724		
15. Line 13.4 - Line 14.....	(4,546)	71,813	0	(76,359)	0	(4,546)	0	0
16. Collected during year:								
16.1 Direct.....	57,758,877	889,965	66,131	56,802,781		57,758,877		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	45,992,929	706,996	39,759	45,246,174		45,992,929		
16.4 Net.....	11,765,948	182,969	26,372	11,556,607	0	11,765,948	0	0
17. Line 15 + Line 16.4.....	11,761,402	254,782	26,372	11,480,248	0	11,761,402	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(52,810)	76,309		(129,119)		(52,810)		
19. Renewal premiums and considerations:								
19.1 Direct.....	57,918,351	860,989	66,131	56,991,231		57,918,351		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	46,104,140	682,517	39,759	45,381,864		46,104,140		
19.4 Net (Line 17 - Line 18).....	11,814,212	178,473	26,372	11,609,367	0	11,814,212	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	57,943,851	886,489	66,131	56,991,231	0	57,943,851	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	46,104,643	683,020	39,759	45,381,864	0	46,104,643	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	11,839,209	203,470	26,372	11,609,367	0	11,839,209	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		0					0		
22. All other		0					0		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED									
23. First year (other than single):									
23.1 Reinsurance ceded		0					0		
23.2 Reinsurance assumed		0					0		
23.3 Net ceded less assumed		0	0	0	0	0	0	0	0
24. Single:									
24.1 Reinsurance ceded		0					0		
24.2 Reinsurance assumed		0					0		
24.3 Net ceded less assumed		0	0	0	0	0	0	0	0
25. Renewal:									
25.1 Reinsurance ceded		5,287,140	119,985	2,225	5,164,930		5,287,140		
25.2 Reinsurance assumed		0					0		
25.3 Net ceded less assumed		5,287,140	119,985	2,225	5,164,930	0	5,287,140	0	0
26. Totals:									
26.1 Reinsurance ceded (Page 6, Line 6)		5,287,140	119,985	2,225	5,164,930	0	5,287,140	0	0
26.2 Reinsurance assumed		0	0	0	0	0	0	0	0
26.3 Net ceded less assumed		5,287,140	119,985	2,225	5,164,930	0	5,287,140	0	0
COMMISSIONS INCURRED (direct business only)									
27. First year (other than single)		961,493	5,763		955,730		961,493		
28. Single		3,280	3,280				3,280		
29. Renewal		2,253,189	58,366		2,194,823		2,253,189		
30. Deposit-type contract funds		0					0		
31. Totals (to agree with Page 6, Line 19)		3,217,962	67,409	0	3,150,553	0	3,217,962	0	0

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EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7			
	1	Accident and Health							
		2 Life	3 Containment						
1. Rent.....	17,493		382,923		40,000	440,416			
2. Salaries and wages.....	120,002		2,626,822	8,000	420,709	3,175,533			
3.11 Insured benefit plans for employees.....	12,910		282,593		103,708	399,211			
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.....	7,894		172,797		2,539	183,230			
3.32 Other fieldworker welfare.....						0			
4.1 Legal fees and expenses.....	1,292		28,291			29,584			
4.2 Medical examination fees.....	.651		14,247			14,898			
4.3 Inspection report fees.....	1,308		28,640			29,948			
4.4 Fees of public accountants and consulting actuaries.....	27,447		600,813			628,260			
4.5 Expense of investigation and settlement of certificate claims.....						0			
5.1 Traveling expenses.....	2,160		47,275		55,349	104,784			
5.2 Advertising.....						0			
5.3 Postage, express, telegraph and telephone.....	12,991		284,381		1,504	298,876			
5.4 Printing and stationery.....	2,853		62,442			65,295			
5.5 Cost or depreciation of furniture and equipment.....	347		7,602			7,949			
5.6 Rental of equipment.....	22,122		484,252			506,374			
5.7 Cost or depreciation of EDP equipment and software.....	3,381		74,011			77,392			
5.8 Lodge supplies less \$.....0 from sales.....					10,769	10,769			
6.1 Books and periodicals.....						0			
6.2 Bureau and association dues.....	1,603		35,091		.369	37,064			
6.3 Insurance, except on real estate.....	4,239		92,781			97,020			
6.4 Miscellaneous losses.....						0			
6.5 Collection and bank service charges.....	1,710		37,424			39,133			
6.6 Sundry general expenses.....	(244)		(5,352)			(5,596)			
7.1 Field expense allowance.....						0			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....						0			
7.3 Field conferences other than local meetings.....						0			
8.1 Official publications.....					54,993	54,993			
8.2 Expense of supreme lodge meetings.....					156,588	156,588			
9.1 Real estate expenses.....	.817		17,882			18,699			
9.2 Investment expenses not included elsewhere.....					60,748	60,748			
9.3 Aggregate write-ins for expenses.....	46,201	0	1,011,321	0	61,430	1,118,952			
10. General expenses incurred.....	287,177	0	6,286,237	0	68,748	(a) 907,957			
11. General expenses unpaid December 31, prior year.....	20,519		476,313		5,476	(b) 7,550,119			
12. General expenses unpaid December 31, current year.....	21,320		466,690		5,104	63,969			
13. General expenses paid during year (Lines 10 + 11 - 12).....	286,376	0	6,295,860	0	69,121	67,407			
						560,520			
						904,520			
						7,555,877			

DETAILS OF WRITE-INS

09.301	Board Expenses.....	4,002		87,592			91,594
09.302	Professional Fees.....	6,265		137,136			143,401
09.303	Membership Promotion.....						16,133
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	35,934	0	786,593	0	0	867,825
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	46,201	0	1,011,321	0	0	61,430
							1,118,952

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

1. Charitable \$.....44,996; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0

5. Religious \$.....0; 6. Membership \$....71,125; 7. Other \$....791,836; 8. Total \$....907,957

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	4,073	89,146				.93,219
3. Other state taxes, including \$.....0 for employee benefits.....	.193	4,232				4,425
4. U.S. Social Security taxes.....	9,359	204,863			43,077	257,299
5. All other taxes.....						0
6. Taxes, licenses and fees Incurred.....	13,625	298,241	0	0	43,077	354,943
7. Taxes, licenses and fees unpaid December 31, prior year.....	4,195	.97,384			13,079	114,658
8. Taxes, licenses and fees unpaid December 31, current year.....	1,034	22,636			3,270	26,940
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	16,786	372,989	0	0	52,886	442,661

EXHIBIT 4 - DIVIDENDS OR REFUNDS

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

NONE

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

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EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance:					
0100001. A.E. 3.5% NLP ANB CRF.....	2,000		2,000		
0100002. 41 CSO 2.5% CRVM ANB CRF.....	20,851		20,851		
0100003. 41 CSO 2.5% NLP ANB CRF.....	50,160		50,160		
0100004. 58 CSO 2.5% NJ ALB CFT.....	98,965		98,965		
0100005. 58 CSO 2.5% NLP ALB CFT.....	42,088		42,088		
0100006. 58 CET 2.5% NJ ALB CFT.....	6,762		6,762		
0100007. 58 CSO ALB NL 4%.....	89,693		89,693		
0100008. 80 CSO ALB CRVM 5.0%.....	132,623		132,623		
0100009. 80 CSO ALB NL 5.0%.....	322,773		322,773		
0100010. 80 CSO ALB CRVM 4.5%.....	8,457,228		8,457,228		
0100011. 80 CSO ALB NL 4.5%.....	2,111,279		2,111,279		
0100012. 80 CSO ALB CRVM 4.0%.....	314,896		314,896		
0100013. 80 CSO ALB NL 4.0%.....	104,440		104,440		
0100014. 01 CSO ALB CRVM 4.0%.....	99,392		99,392		
0100015. 01 CSO ALB NL 4.0%.....	739,712		739,712		
0100016. 01 CSO XXX 4.0%.....	73,168		73,168		
0100017. 01 CSO ALB CRVM 3.5%.....	18,048		18,048		
0100018. 01 CSO ALB NL 3.5%.....	199,013		199,013		
0100019. 01 CSO XXX 3.5%.....	11,404		11,404		
0199997. Totals (Gross).....	12,894,495	0	12,894,495	0	0
0199998. Reinsurance ceded.....	10,622,863		10,622,863		
0199999. Totals (Net).....	2,271,632	0	2,271,632	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. Deferred (Net Premium Accumulation).....	3,211,311	XXX	3,211,311	XXX	
0299997. Totals (Gross).....	3,211,311	XXX	3,211,311	XXX	0
0299998. Reinsurance ceded.....	2,430,982	XXX	2,430,982	XXX	
0299999. Totals (Net).....	780,329	XXX	780,329	XXX	0
Accidental Death Benefits:					
0400001. ADB.....	176		176		
0499997. Totals (Gross).....	176	0	176	0	0
0499999. Totals (Net).....	176	0	176	0	0
Disability - Active Lives:					
0500001. WP-Active.....	668		668		
0599997. Totals (Gross).....	668	0	668	0	0
0599999. Totals (Net).....	668	0	668	0	0
Miscellaneous Reserves:					
0700001. Deficiency Reserve.....	8,262		8,262		
0700002. Non-Deduction Reserve.....	87,868		87,868		
0700003. CV > Reserves.....	0				
0700004. Immediate Pay of Claim Resv.....	0				
0700005. Substandard Reserve.....	150		150		
0700006. Waiver of Premium.....	0				
0700007. Add'l Reserve - Asset/Liability.....	0				
0799997. Totals (Gross).....	96,280	0	96,280	0	0
0799998. Reinsurance ceded.....	71,364		71,364		
0799999. Totals (Net).....	24,916	0	24,916	0	0
9999999. Totals (Net) - Page 3, Line 1.....	3,077,721	0	3,077,721	0	0

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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
non-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
non-participating

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [X] No []

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [] No [X]

4.1 Amount of insurance: \$.....

4.2 Amount of reserve: \$.....

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year: \$.....

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

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]

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

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

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]

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

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

7.3 State the amount of reserves established for this business: \$.....

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [] No [X]

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

8.2 State the amount of reserves established for this business. \$.....

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X]

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

9.2 State the amount of reserves established for this business. \$.....

9.3 Identify where the reserves are reported in the blank.

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

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Collectively Renewable	Other Individual Contracts				
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	2,909,078		17	2,729,879		179,115	67
2. Additional contract reserves (a).....	9,534,610		233	9,454,960		79,035	382
3. Additional actuarial reserves-Asset/Liability analysis.....	0						
4. Reserve for future contingent benefits.....	0						
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	12,443,688		250	12,184,839	0	258,150	.449
7. Reinsurance ceded.....	11,355,875			11,355,875			
8. Totals (Net).....	1,087,813	0	250	828,964	0	258,150	.449

CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	0						
10. Additional actuarial reserves-Asset/Liability analysis.....	0						
11. Reserve for future contingent benefits.....	0						
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0						
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	1,087,813		250	828,964	0	258,150	.449
17. TABULAR FUND INTEREST.....	41,338		.10	31,501		9,810	.17

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

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 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.....	16,336		6,833		.9,503	
2. Deposits received during the year.....	0					
3. Investment earnings credited to the account.....	384		212		172	
4. Other net change in reserves.....	(1)				(1)	
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	9,302		3,600		.5,702	
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).....	7,417	0	3,445	0	.3,972	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).....	7,417	0	3,445	0	.3,972	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.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	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.....	61,649		61,649								
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	58,567		58,567								
2.24 Net.....	3,082	0	(b).....3,082	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	5,055,792		121,606								4,934,186
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	3,869,846		108,458								3,761,388
3.4 Net.....	1,185,946	0	(b).....13,148	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....1,172,798
4. Totals:											
4.1 Direct.....	5,117,441	0	183,255	0	0	0	0	0	0	0	4,934,186
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	3,928,413	0	167,025	0	0	0	0	0	0	0	3,761,388
4.4 Net.....	1,189,028	(a).....0	(a).....16,230	0	0	0	(a).....0	0	0	0	1,172,798

(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.....	44,075,561		2,480,235	155,098							41,440,228
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	35,713,049		2,174,472	35,376							33,503,201
1.4 Net.....	(d) 8,362,512	0	305,763	119,722	0	0	0	0	0	0	7,937,027
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	5,117,441	0	183,255	0	0	0	0	0	0	0	4,934,186
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	3,928,413	0	167,025	0	0	0	0	0	0	0	3,761,388
2.4 Net.....	1,189,028	0	16,230	0	0	0	0	0	0	0	1,172,798
3. Amounts recoverable from reinsurers Dec. 31, current year.....	175,473		163,762	11,711							
4. Liability December 31, prior year:											
4.1 Direct.....	8,279,753		259,227								8,020,526
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	6,788,753		228,455								6,560,298
4.4 Net.....	1,491,000	0	30,772	0	0	0	0	0	0	0	1,460,228
5. Amounts recoverable from reinsurers December 31, prior year.....	256,598		248,543	8,055							
6. Incurred benefits:											
6.1 Direct.....	40,913,249	0	2,404,263	155,098	0	0	0	0	0	0	38,353,888
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	32,771,584	0	2,028,261	39,032	0	0	0	0	0	0	30,704,291
6.4 Net.....	8,141,665	0	376,002	116,066	0	0	0	0	0	0	7,649,597

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

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

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

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

The Order Of United Commercial Travelers Of America
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.....	.....	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	.....	.....	0
2.2 Common stocks.....	.....	.....	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	.....	.....	0
3.2 Other than first liens.....	.....	.....	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	.....	.....	0
4.2 Properties held for the production of income.....	.....	.....	0
4.3 Properties held for sale.....	.....	.....	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.....	.....	0
6. Contract loans.....	.....	.....	0
7. Derivatives (Schedule DB).....	.....	.....	0
8. Other invested assets (Schedule BA).....	.....	.....	0
9. Receivables for securities.....	.....	.....	0
10. Securities lending reinvested collateral assets (Schedule DL).....	.....	.....	0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....	.....	.....	0
14. Investment income due and accrued.....	.....	.....	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....	.....	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:			
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.....	115,107	172,945	57,838
21. Furniture and equipment, including health care delivery assets.....	.22,524	11,043	(11,481)
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.....	.562,129	.509,038	(53,091)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.699,760	.693,026	(6,734)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....	0
28. TOTALS (Lines 26 and 27).....	.699,760	.693,026	(6,734)

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. Other Assets Nonadmitted.....	.235,483	.253,853	18,370
2502. Commission Advances.....	.229,477	.159,884	(69,593)
2503. Supply Inventory.....	.97,169	.95,301	(1,868)
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).....	.562,129	.509,038	(53,091)

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of The Order of United Commercial Travelers of America (UCT) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 2016, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. UCT has no transactions that fall outside the NAIC's practices and procedures.

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) The Order Of United Commercial Travelers Of America state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (91,789)	\$ 186,201
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (91,789)	\$ 186,201
SURPLUS					
(5) The Order Of United Commercial Travelers Of America state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,411,137	\$ 9,423,118
(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	\$ 9,411,137	\$ 9,423,118

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

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

C. Accounting Policy

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

The company has no dividend paying life insurance policies.

In addition, the company uses the following accounting practices:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (3) The Company has no common stock.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) Bonds backed by other loans are stated at amortized cost using the scientific to worst amortization method.
- (7) The Company has no material investment or transactions with subsidiaries, controlled or affiliate entities.
- (8) The Company has no interests in joint ventures, partnerships or limited liability companies that exceed 10% of admitted assets..
- (9) The Company has no derivatives.
- (10) The Company has no individual Accident and Health contracts for which a deficiency reserve is required.
- (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 that 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 liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company does not have pharmaceutical rebate receivables.

D. Going Concern - N/A**Note 2 – Accounting Changes and Corrections of Errors**

The company does not have any changes or corrections of errors.

Note 3 – Business Combinations and Goodwill**A. Statutory Purchase Method - None****B. Statutory Merger - None****C. Assumption Reinsurance**

In December of 2010, the Company assumed 100% of all assets and liabilities of National Masonic Provident Association, NAIC Company Code 66702. The balance in the deferred income account at December 31, 2016 was \$178,055. \$59,352 was recognized in 2016.

D. Impairment Loss - None

NOTES TO FINANCIAL STATEMENTS**Note 4 – Discontinued Operations**

A. Discontinued Operation Disposed of or Classified as Held for Sale

The Company has not entered into any agreements to sell, discontinue or dispose of any operations.

Note 5 – InvestmentsA. Mortgage Loans, including Mezzanine Real Estate Loans - **None**B. Debt Restructuring - **None**C. Reverse Mortgages - **None**

D. Loan-Backed Securities

(1) Prepayment assumptions for loan-backed securities are obtained from Bloomberg

(3) Recognized OTTI securities - **None**

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$ (16,868)
		2.	12 Months or Longer	\$ (6,330)
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$ 1,040,654
		2.	12 Months or Longer	\$ 221,193

(5) The Company has an "Other Than Temporary Impaired" policy in place that utilizes industry information, investment managers' expertise and rating agencies to identify securities that may be other than temporarily impaired.

E. Repurchase Agreements and/or Securities Lending Transactions - **None**

F. Real Estate

The Company does not own any real estate.

G. Investments in Low-Income Housing Trade Credits (LIHTC) - **None**

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						Current Year				
	Current Year						Percentage				
	1	2	3	4	5	6	7	8	9	10	11
Restricted Asset Category	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown											
b. Collateral held under security lending arrangements											
c. Subject to repurchase agreements											
d. Subject to reverse repurchase agreements											
e. Subject to dollar repurchase agreements											
f. Subject to dollar reverse repurchase agreements											
g. Placed under option contracts											
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock											
i. FHLB capital stock											

NOTES TO FINANCIAL STATEMENTS

j. On deposit with states	626,626				626,626	627,484	(858)		626,626	3,562	3.710
k. On deposit with other regulatory bodies	2,915,252				2,915,252	2,892,290	22,962		2,915,252	16,573	17.260
l. Pledged as collateral to FHLB (including assets backing funding agreements)											
m. Pledged as collateral not captured in other categories											
n. Other restricted assets											
o. Total Restricted Assets	\$ 3,541,878	\$	\$	\$	\$ 3,541,878	\$ 3,519,774	\$ 22,104		\$ 3,541,878	20.135	20.970

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted					6	7	8	Percentage				
	Current Year								9	10			
	1	2	3	4	5								
Total General Account (G/A)		G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets			
Total (c)	\$	\$	\$	\$	\$	\$	\$	\$	\$				

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5H(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5H(1)n Columns 9 through 11 respectively.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted					6	7	8	Percentage				
	Current Year								9	10			
	1	2	3	4	5								
Total General Account (G/A)		G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets			
Total (c)	\$	\$	\$	\$	\$	\$	\$	\$	\$				

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5H(1)m Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5H(1)m Columns 9 through 11 respectively.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - **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

A. The Company has no investments in joint ventures, partnerships or limited liability companies that exceed 10% of its admitted assets.

B. **N/A**

Note 7 – Investment Income

A. There was no investment income due and accrued over 90 days past due requiring exclusion from the financial statements.

Note 8 – Derivative Instruments

A. The Company does not invest in any derivative instruments.

Note 9 – Income Taxes

The Company is an Internal Revenue Code Section 501(c)(8) non-profit corporation and is not required to calculate or pay Federal or State Income Tax.

NOTES TO FINANCIAL STATEMENTS**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

There are no transactions of a material nature to report. .

M. All SCA Investments - **N/A**

N. Investment in Insurance SCAs - **N/A**

Note 11 – Debt

A. The Company does not have any outstanding debt obligations.

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

A. Defined Benefit Plan - **None**

E. Defined Contribution Plans

The company sponsors a qualified defined contribution plan (401K Profit Sharing Plan) that covers all eligible U.S. employees. Eligible Canadian employees participate in Individual RRSP accounts in Canada.

The Company provides a 401K match of 100% up to 3% and 50% from 3.1% to 5% of defined compensation. The Company's contribution for the plan \$97,139 and \$102,695 for 2016 and 2015, respectively. The Company did not make a voluntary pension contribution for 2016. At December 31, 2016, the fair value of plan assets was \$4,462,916. The Company paid RRSP contributions of \$2,154 in 2016.

H. Postemployment Benefits and Compensated Absences

The Company does not have any postemployment benefit arrangements.

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

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

The Company is a Fraternal Benefit Society and does not issue or maintain any type of stock.

The Company has not participated in any surplus note transactions.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

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

(2) Detail of other contingent commitments - **None**

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - **None**

Note 15 – Leases

A. Lessee Operating Lease

(1) The Company leases equipment under various non-cancelable operating lease agreements that expire through December 2019. Rental expense for 2016 and 2015 was approximately \$168,786 and \$164,814, respectively.

The Company leases real estate under non-cancelable operating lease agreements that expire through December 2021. Rental expense for 2016 and 2015 was approximately \$503,418 and \$494,314, respectively.

(2)

a.	At January 1, 2017 the minimum aggregate rental commitments are as follows:		
	Year Ending December 31	Operating Leases	
1.	2017	\$	461,959
2.	2018	\$	437,985
3.	2019	\$	235,041
4.	2020	\$	23,940
5.	2021	\$	19,950
6.	Total	\$	1,178,875

(3) **N/A**

B. Revenue, Net Income or Assets with Respect to Leases - **N/A**

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

The Company does not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk.

NOTES TO FINANCIAL STATEMENTS**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfers of Receivables Reported as Sales - **None**
- B. Transfer and Servicing of Financial Assets - **N/A**
- C. Wash Sales - **None**

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

- A. ASO Plans - **N/A**
- B. ASC Plans - **N/A**
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract - **N/A**

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

The Company did not receive any direct premium written through managing general agents or third party administrators.

Note 20 – Fair Value Measurements

- A. The Company holds bonds at amortized cost.

Note 21 – Other Items

- A. Unusual or Infrequent Items - **None**
- B. Troubled Debt Restructuring Debtors - **N/A**
- C. Other Disclosures - **None**
- D. Business Interruption Insurance Recoveries - **N/A**
- E. State Transferable and Non-Transferable Tax Credits - **N/A**
- F. Subprime Mortgage Related Risk Exposure - **N/A**
- G. Retained Assets - **N/A**
- H. Insurance-Linked Securities (ILS) Contracts- **N/A**

Note 22 – Events Subsequent

The Company has no subsequent events to report.

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

Yes [] No [X]

Note 23 – Reinsurance

- A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? **No**
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? **No**

Section 2 – Ceded Reinsurance Report – Part A

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

NOTES TO FINANCIAL STATEMENTS

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? **No**
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ 0

B. Uncollectible Reinsurance

(1) The Order Of United Commercial Travelers Of America has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

C. Commutation of Ceded Reinsurance

The Order Of United Commercial Travelers Of America 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: **None**

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation- **None**
(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - **None**

G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework - N/A**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination - None****E. Risk Sharing Provisions of the Affordable Care Act**

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

Yes [] No [X]

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The Company did not have any changes in the provision for incurred loss or loss adjustment expenses.

Note 26 – Intercompany Pooling Arrangements

The Company does not have intercompany pooling agreements.

Note 27 – Structured Settlements

The Company does not have any structured settlements.

Note 28 – Health Care Receivables

The Company does not have any Health Care receivables.

Note 29 – Participating Policies

The Company does not have participating policies.

Note 30 – Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve:	\$
2. Date of most recent evaluation of this liability:	December 31, 2016
3. Was anticipated investment income utilized in the calculation?	Yes [] No [X]

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

(1) The Company waives deductions of deferred fractional premiums upon death of insured and returns any portion beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.

(2) The company issued no substandard business prior to January 1, 1993. Policies issued after January 1, 1993, for substandard lives, are charged an extra premium plus the regular premium for the true age. Mean reserves are based on appropriate multiples of standard rates of mortality.

(3) The company has \$1,172,309 of insurance in force for which the gross premiums are less than the net premiums with a deficiency reserve of \$8,262.

(4) The Tabular Interest (Page 7, Line 4) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of policy reserves). The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instruction for Page 7 (or, alternatively, from the basic data for the calculation of 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 7 (or, alternatively, from the basic data for the calculation of policy reserves).

(5) For determination of Tabular Interest on funds not involving life contingencies under Exhibit 7, for each valuation rate of interest the tabular interest is calculated monthly as the product of the mean amount of funds times the valuation rate of 4.0%.

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					%
(3)	At fair value					%
(4)	Total with market value adjustment or at fair value (total of 1 through 3)					%
(5)	At book value without adjustment (minimal or no charge or adjustment)	3,211,311			3,211,311	100.000%
B.	Not subject to discretionary withdrawal					%
C.	Total (gross: direct + assumed)	3,211,311			3,211,311	100.000%
D.	Reinsurance ceded	2,430,982			2,430,982	
E.	Total (net (C) - (D))	\$ 780,329	\$	\$	\$ 780,329	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 780,329
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	7,417
(4)	Subtotal	\$ 787,746
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	\$ 787,746

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	3,797	2,140
(3) Ordinary renewal	70,719	96,066
(4) Credit life		
(5) Group life		
(6) Group annuity		
(7) Totals	\$ 74,516	\$ 98,206

Note 34 – Separate Accounts

The Company does not have separate accounts

Note 35 – Loss/Claim Adjustment Expenses

The balance in the liability for unpaid accident and health claim adjustment expenses as of December 31, 2016 and December 31, 2015 was \$20,635 and \$24,530, respectively.

The Order Of United Commercial Travelers Of America incurred \$_____ and paid \$_____ of claim adjustment expenses in the current year, of which \$_____ of the paid amount was attributable to insured or covered events of prior years. The Order Of United Commercial Travelers Of America did not increase or decrease the provision for insured events of prior years. N/A

The Order Of United Commercial Travelers Of America took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$_____. -N/A

The Order Of United Commercial Travelers Of America**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 [X] No []

1.2 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 [X] No [] N/A []

1.3 State regulating? Ohio

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

2.2 If yes, date of change: 07/05/2016

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

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. 12/31/2015

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). 07/20/2016

3.4 By what department or departments? Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [X] 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? BKD, 312 Walnut Street, Suite 3000, Cincinnati, Ohio 45202

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:

The Order Of United Commercial Travelers Of America**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?
Jeffrey Lee Smith, MAAA, FCA; Consulting Actuary; Diamond Consulting Group; 1335 Dublin Rd. Suite 209B; Columbus, OH 43215

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 [X]

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

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

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

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

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

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

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

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

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

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

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

20.11 To directors or other officers \$ _____ 0
 20.12 To stockholders not officers \$ _____ 0
 20.13 Trustees, supreme or grand (Fraternal only) \$ _____ 0

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

20.21 To directors or other officers \$ _____ 0
 20.22 To stockholders not officers \$ _____ 0
 20.23 Trustees, supreme or grand (Fraternal only) \$ _____ 0

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

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

21.21 Rented from others \$ _____
 21.22 Borrowed from others \$ _____
 21.23 Leased from others \$ _____
 21.24 Other \$ _____

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No []

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ _____ 218
 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 []	No [X]
24.02	If no, give full and complete information, relating thereto: <u>US Investments - US Bank National Association by custodial agreement; Canadian Investments - Scotiabank by custodial agreement</u>		
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). n/a		
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes []	No []
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 []
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes []	No []
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 []
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	\$	626,824
25.29	On deposit with other regulatory bodies	\$	2,915,252
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0
25.3	For category (25.26) provide the following:		
	1 Nature of Restriction	2 Description	3 Amount
			\$
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes []	No [X]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes []	No []
26.2	N/A [X]		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes []	No [X]
27.2	If yes, state the amount thereof at December 31 of the current year:	\$	
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes []	No [X]
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:		
	1 Name of Custodian(s)	2 Custodian's Address	
	US Bank National Association	1555 N Riber Center Dr Ste 302; Milwaukee, WI 53212	
	Wachovia Securities	2010 N Tryon St; Charlotte, NC 28201	
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation		
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)
	Scotiabank	Exchange Tower, 130 King St West, 20th Floor; Toronto, ON M5X 1K1	Canadian investments are in compliance with OSFI.
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	

The Order Of United Commercial Travelers Of America**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

Prime Advisors Inc.	U
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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 [X] 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 [X] 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
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107680	Frank Conde, Prime Advisors, Inc.		SEC	No

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

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	15,352,490	15,848,994	496,504
30.2	Preferred Stocks	0	0	0
30.3	Totals	15,352,490	15,848,994	496,504

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

Trust Statements

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

Yes [] No [X]

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 [] 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? \$ 22,550

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
AM Best	\$ 18,700

34.1 Amount of payments for legal expenses, if any?

\$ 37,234

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
Ice Miller LLP	\$ 24,055

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 [X] No []
1.2	If yes, indicate premium earned on U.S. business only.	\$ 49,171,456
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.	\$ 33,519,139
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ 335,211
1.62	Total incurred claims	\$ 159,518
1.63	Number of covered lives	\$ 177
	All years prior to most current three years:	
1.64	Total premium earned	\$ 48,836,245
1.65	Total incurred claims	\$ 33,359,621
1.66	Number of covered lives	\$ 13,318
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$
1.72	Total incurred claims	\$
1.73	Number of covered lives	\$
	All years prior to most current three years:	
1.74	Total premium earned	\$
1.75	Total incurred claims	\$
1.76	Number of covered lives	\$
2.1	Does the reporting entity have Separate Accounts?	Yes [] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [] No [] N/A[X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$
2.4	State the authority under which Separate Accounts are maintained:	
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [] No [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [] No [X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [X] No []
4.	How often are meetings of the subordinate branches required to be held? <u>Monthly</u>	
5.	How are the subordinate branches represented in the supreme or governing body? <u>Subordinate councils elect representatives to the Regional Council. The Regional Council elects representatives to the international governing body.</u>	
6.	What is the basis of representation in the governing body? <u>One representative for each 750 members or fraction thereof in a Regional Council.</u>	
7.1	How often are regular meetings of the governing body held? <u>Annually</u>	
7.2	When was the last regular meeting of the governing body held?	07/05/2016
7.3	When and where will the next regular or special meeting of the governing body be held? <u>Greeneville, SC; July 2-5, 2017</u>	
7.4	How many members of the governing body attended the last regular meeting?	288
7.5	How many of the same were delegates of the subordinate branches?	143
8.	How are the expenses of the governing body defrayed? <u>Reimbursed out of the general funds of the Order as authorized by the President.</u>	
9.	When and by whom are the officers and directors elected? <u>The President, Secretary/Treasurer and Directors are elected by the membership. The CEO is appointed by the Board. The CEO is responsible for hiring the senior management team.</u>	
10.	What are the qualifications for membership? <u>Any person with good moral character, not under sixteen years of age, with an interest in good citizenship and community service.</u>	
11.	What are the limiting ages for admission? <u>Minimum age of sixteen.</u>	
12.	What is the minimum and maximum insurance that may be issued on any one life?	

The Order Of United Commercial Travelers Of America**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**Minimum \$1,500; Maximum \$250,000 or amounts higher with approval of reinsurer.

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	14.000	%
16.12 Subsequent Years	9.000	%

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 [X] No []

19.2 If yes, when? July 5, 2016

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

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

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

21.3 If yes, explain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date	Outstanding Lien Amount
	\$

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

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

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

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

29.1 Direct Premiums Written \$ 868,615

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

29.2 Total Incurred Claims	\$ 2,290,218
29.3 Number of Covered Lives	3,387

*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)	

The Order Of United Commercial Travelers Of America
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).....	48,069	51,418	56,036	60,184	65,350
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	385	331	1,183	889	2,189
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	6,093	4,979	6,498	9,729	26,960
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	197,377	202,254	216,361	203,298	271,049
5. Annuity (Line 20.4, Column 3).....	26,372	38,471	43,132	53,800	33,379
6. Accident and health (Line 20.4, Column 4).....	11,609,367	11,880,160	12,210,258	11,836,859	11,031,872
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	11,839,209	12,125,864	12,476,249	12,103,686	11,363,260
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	16,890,516	18,687,312	19,931,492	21,162,131	22,915,216
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	7,479,379	9,264,194	10,319,057	11,658,481	12,175,279
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	3,077,721	3,218,364	3,403,254	3,806,006	3,930,893
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	1,087,814	1,204,712	1,303,577	1,460,217	1,421,551
13. Deposit-type contract funds (Page 3, Line 3).....	7,417	16,336	23,081	72,630	35,015
14. Asset valuation reserve (Page 3, Line 21.1).....	54,527	52,429	57,881	58,193	56,539
15. Surplus (Page 3, Line 30).....	9,411,137	9,423,118	9,612,436	9,503,650	10,739,937
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	(1,488,812)	(277,299)	210,256	(604,003)	(154,180)
Risk-Based Capital Analysis					
17. Total adjusted capital.....	9,465,664	9,475,547	9,670,317	9,561,843	10,796,476
18. 50% of the calculated RBC amount.....	646,068	673,950	701,194	736,390	722,178
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	84.7	86.8	84.1	69.8
20. Stocks (Lines 2.1 and 2.2).....					
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					10.1
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....	1.1	10.2	8.1	11.1	16.0
24. Contract loans (Line 6).....	4.8	5.1	5.1	4.8	4.2
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
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).....	699,760	693,026	887,180	929,496	1,847,845
40. Total admitted assets (Page 2, Line 28, Col. 3).....	16,890,516	18,687,312	19,931,492	21,162,131	22,915,216
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	459,377	453,705	498,285	558,845	640,552
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	16,329	44,066	27,947		
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....			(5,714)	1,824	3,890
44. Total of above Lines 41, 42 and 43.....	475,706	497,771	520,518	560,669	644,442

The Order Of United Commercial Travelers Of America
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).....	410,819	383,560	855,175	268,870	532,367
46. Total certificate benefits - accident and health (Line 13, Column 5).....	7,649,599	7,672,629	7,767,425	8,097,566	6,906,854
47. Increase in life reserves (Line 17, Column 2).....	(59,653)	(195,091)	(145,022)	(103,363)	39,488
48. Increase in accident and health reserves (Line 17, Column 5).....	(116,900)	(82,790)	(143,643)	9,574	38,226
49. Refunds to members (Line 28, Column 1).....					
Operating Percentages					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	45.7	44.4	43.7	56.9	45.5
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.....	5.7	3.5	4.3	6.0	6.8
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	65.1	64.0	61.4	69.8	61.8
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).....	39.1	39.1	38.3	47.6	38.2
Accident and Health Reserve Adequacy					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....	1,267,111	2,316,861	1,356,062	1,929,498	1,621,735
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....	1,460,227	2,650,533	1,642,415	1,766,521	2,038,145
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	(44,440)	110,104	(1,574)	(108,355)	(82,867)
58. Annuity (Column 3).....	52,082	(24,895)	(12,558)	(22,090)	28,814
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....	11,168	60,352	277,298	(1,421,161)	300,196
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....	(126,928)	(3,425)	120,685	(318,138)	(391,644)
63. Expense (Column 9).....					
64. Total (Column 1).....	(108,118)	142,136	383,851	(1,869,744)	(145,501)

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:

The Order Of United Commercial Travelers Of America
EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	3,952	51,418
2. Issued during year.....	15	385
3. Reinsurance assumed.....		
4. Revived during year.....	45	1,429
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	60	1,814
7. Additions by refunds during year.....	XXX.....	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	4,012	53,232
Deductions During Year:		
10. Death.....	215	2,134
11. Maturity.....	1	3
12. Disability.....		
13. Expiry.....	2	13
14. Surrender.....	36	358
15. Lapse.....	83	2,461
16. Conversion.....		
17. Decreased (net).....	2	194
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	339	5,163
21. In force end of year (b) (Line 9 minus Line 20).....	3,673	48,069
22. Reinsurance ceded end of year.....	XXX.....	35,985
23. Line 21 minus Line 22.....	XXX.....	12,084

DETAILS OF WRITE-INS

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

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

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

Additional accidental death benefits included in life certificates were in amount \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No []
If not, how are such expenses met?.....

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

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....		1	127	45,725
2. Issued during year.....				3,238
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Totals (Lines 1 to 4).....	0	1	127	48,963
Deduction during year:				
6. Decreased during year (net).....			6	7,232
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	0	6	7,232
9. In force end of year (Line 5 minus Line 8).....	0	1	121	41,731
10. Amount on deposit.....				XXX.....
Income now payable:				
11. Amount of income payable.....		3,600		XXX.....
Deferred fully paid:				
12. Account balance.....	XXX.....	XXX.....		XXX.....
Deferred not fully paid:				
13. Account balance.....	XXX.....	XXX.....		XXX.....

The Order Of United Commercial Travelers Of America

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business						7 Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5			
		2 Life Insurance Premiums	3 Annuity Considerations						
1. Alabama.....	AL.....	9,688		734,776		744,464			
2. Alaska.....	AK.....	.266		6,468		6,734			
3. Arizona.....	AZ.....	4,551	1,000	1,809,861		1,815,412			
4. Arkansas.....	AR.....	7,423		1,432,957		1,440,380			
5. California.....	CA.....	60,964		289,863		350,827			
6. Colorado.....	CO.....	3,364	2,400	1,799,662		1,805,426			
7. Connecticut.....	CT.....	4,802		7,608		12,410			
8. Delaware.....	DE.....			9,987		9,987			
9. District of Columbia.....	DC.....	548		3,647		4,195			
10. Florida.....	FL.....	67,427		2,875,609		2,943,036			
11. Georgia.....	GA.....	29,639		376,544		406,183			
12. Hawaii.....	HI.....	N.....		4,996		4,996			
13. Idaho.....	ID.....	L.....		3,168,970		3,168,970			
14. Illinois.....	IL.....	L.....	48,561	.680	2,797,689		2,846,930		
15. Indiana.....	IN.....	L.....	37,210		3,444,971		3,482,181		
16. Iowa.....	IA.....	L.....	13,594		1,337,678		1,351,273		
17. Kansas.....	KS.....	L.....	13,556	1,800	355,676		371,033		
18. Kentucky.....	KY.....	L.....	24,186		177,855		202,041		
19. Louisiana.....	LA.....	L.....	20,938		2,120,353		2,141,291		
20. Maine.....	ME.....	N.....	.638	10,000	8,573		19,211		
21. Maryland.....	MD.....	L.....	3,356		41,870		45,226		
22. Massachusetts.....	MA.....	L.....	4,939		65,383		70,322		
23. Michigan.....	MI.....	L.....	92,465		1,361,584		1,454,049		
24. Minnesota.....	MN.....	L.....	7,646		118,305		125,952		
25. Mississippi.....	MS.....	L.....	31,467	1,200	4,726,296		4,758,963		
26. Missouri.....	MO.....	L.....	18,545		1,054,090		1,072,636		
27. Montana.....	MT.....	L.....	.548		1,342,184		1,342,732		
28. Nebraska.....	NE.....	L.....	13,869	10,000	5,837,431		5,861,300		
29. Nevada.....	NV.....	L.....	2,663		554,430		557,093		
30. New Hampshire.....	NH.....	L.....	1,532		15,272		16,804		
31. New Jersey.....	NJ.....	L.....	16,232		26,682		42,913		
32. New Mexico.....	NM.....	N.....	.234		16,392		16,626		
33. New York.....	NY.....	L.....	2,036		82,861		.84,897		
34. North Carolina.....	NC.....	L.....	19,845		1,688,095		1,707,940		
35. North Dakota.....	ND.....	L.....	17,362	1,000	1,209,107		1,227,469		
36. Ohio.....	OH.....	L.....	78,667	.27,651	830,839		937,158		
37. Oklahoma.....	OK.....	L.....	13,429		498,351		511,780		
38. Oregon.....	OR.....	L.....	14,269		1,542,732		1,557,001		
39. Pennsylvania.....	PA.....	L.....	43,727		626,904		670,631		
40. Rhode Island.....	RI.....	L.....	3,059		7,073		10,132		
41. South Carolina.....	SC.....	L.....	7,452		402,354		409,805		
42. South Dakota.....	SD.....	L.....	9,937		605,628		615,565		
43. Tennessee.....	TN.....	L.....	34,177	.400	314,132		348,710		
44. Texas.....	TX.....	L.....	58,823		1,427,879		1,486,701		
45. Utah.....	UT.....	L.....	.702		566,975		567,677		
46. Vermont.....	VT.....	L.....			12,696		12,696		
47. Virginia.....	VA.....	L.....	21,488		3,153,722		3,175,210		
48. Washington.....	WA.....	N.....	.429		119,917		120,346		
49. West Virginia.....	WV.....	L.....	9,890		1,461,096		1,470,986		
50. Wisconsin.....	WI.....	L.....	16,572	10,000	3,051,159		3,077,731		
51. Wyoming.....	WY.....	L.....	.589		1,131,337		1,131,926		
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.....	L.....	21,006		146,265		167,271		
58. Aggregate Other Alien.....	OT.....	XXX.....	0	0	0	0	0	0	
59. Subtotal.....		(a).....46	914,315	.66,131	56,802,781	0	57,783,227	0	
60. Reporting entity contributions for employee benefit plans		XXX.....					0		
61. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX.....					0		
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.....	914,315	.66,131	56,802,781	0	57,783,227	0	
66. Plus reinsurance assumed.....		XXX.....					0		
67. Totals (All Business).....		XXX.....	914,315	.66,131	56,802,781	0	57,783,227	0	
68. Less reinsurance ceded.....		XXX.....	707,594	.39,759	45,246,174		45,993,527		
69. Totals (All Business) less reinsurance ceded.....		XXX.....	206,721	.26,372	(b).....11,556,607	0	11,789,700	0	

DETAILS OF WRITE-INS

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

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

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

State of Residence

(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: Exhibit 1

The Order of United Commercial Travelers of America

FEIN: 31-4273120
NAIC: 56383
Ohio

UCT Charities

FEIN: 31-1486573
Ohio

UCT Insurance Agency LLC

FEIN: 47-3632781
Ohio

2016 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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