

AMENDED FILING EXPLANATION

An amendment is being filed for the Exhibit 1 -Direct premium page.
The prior year to date amounts for 2017 were omitted from the original filing.
No changes are made for the current year .



QUARTERLY STATEMENT

As of June 30, 2018
of the Condition and Affairs of the
CZECH CATHOLIC UNION

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

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me
This _____ day of _____

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

Yes [] No [X]

1

9/10/2018

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EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Life Insurance.....	14,517	20,768	90,561
2. Individual annuities.....	403,391	273,366	984,710
3. Accident and Health.....			
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	417,908	294,134	1,075,271
6. Fraternal.....			
7. Expenses.....			
8. Subtotal (Lines 5 through 7).....	417,908	294,134	1,075,271
9. Deposit-type contracts.....			
10. Total.....	417,908	294,134	1,075,271

DETAILS OF WRITE-INS

0401.....			
0402.....			
0403.....			
0498. Summary of remaining write-ins for Line 4 from overflow page.....	0	0	0
0499. Total (Lines 0401 thru 0403 plus 0498) (Line 4 above).....	0	0	0