



# QUARTERLY STATEMENT

As of June 30, 2018  
of the Condition and Affairs of the

## The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized..... October 4, 1890

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 56383

Employer's ID Number..... 31-4273120

State of Domicile or Port of Entry OH

Country of Domicile US

Commenced Business..... January 16, 1888

1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, County and Zip Code)1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, County and Zip Code)1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number or P. O. Box) (City or Town, State, County and Zip Code)1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215  
(Street and Number) (City or Town, State, County and Zip Code)

800-848-0123

(Area Code) (Telephone Number)

800-848-0123

(Area Code) (Telephone Number)

800-848-0123-1142

(Area Code) (Telephone Number) (Extension)

614-487-9675

(Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Numan Dwight Loafman	President	2. Stephen Randal Desselles	Secretary/Treasurer
3. Kevin Clare Hecker	Interim Chief Executive Officer; Sr. VP & CFO	4.	

Ronald Allen Ives

Jeffrey Lee Smith MAAA, FCA

Name	Title	Name	Title
President	Senior Vice-President, Chief Information Officer	2. Stephen Randal Desselles	Secretary/Treasurer
Interim Chief Executive Officer; Sr. VP & CFO	Consulting Actuary	4.	

### OTHER

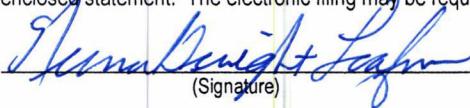
Senior Vice-President, Chief Information Officer	Sandra Elizabeth Shafer	Vice-President, Fraternal
Consulting Actuary		

### DIRECTORS OR TRUSTEES

Gordon Paul Woodworth	Glenn Edward Suever	Stephen Randal Desselles	Mary Frances Applegate
Numan Dwight Loafman	Christopher Barry Phelan	David James Syrota	Dianna Jean Wolfe
Kenneth Eugene Milliser, Jr.			

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)

Numan Dwight Loafman  
1. (Printed Name)  
President  
(Title)

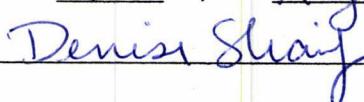
  
(Signature)

Stephen Randal Desselles  
2. (Printed Name)  
Secretary/Treasurer  
(Title)

  
(Signature)

Kevin Clare Hecker  
3. (Printed Name)  
Interim Chief Executive Officer; Sr. VP & CFO  
(Title)

Subscribed and sworn to before me  
This 9th day of August 2018

  
DENISE SHARIF



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 [ ]

DENISE SHARIF  
Notary Public, State of Ohio  
My Commission Expires 8-25-2020

**The Order Of United Commercial Travelers Of America**  
**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	14,573,728	0	14,573,728	15,457,033
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....(489,363)), cash equivalents (\$....348,909) and short-term investments (\$.....0).....	(140,454)	0	(140,454)	(290,007)
6. Contract loans (including \$.....0 premium notes).....	756,019	0	756,019	788,821
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets.....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	15,189,293	0	15,189,293	15,955,848
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	105,780	0	105,780	114,964
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	28,786	0	28,786	32,324
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	74,487	0	74,487	83,641
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	308,447	0	308,447	494,915
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	63,404	0	63,404	63,404
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	209,945	197,061	12,884	13,877
21. Furniture and equipment, including health care delivery assets (\$.....0).....	37,195	37,195	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	677,143	677,143	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	16,694,480	911,399	15,783,081	16,758,974
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	16,694,480	911,399	15,783,081	16,758,974

## DETAILS OF WRITE-INS

1101.....	0	0	0	0
1102.....	0	0	0	0
1103.....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other Assets Nonadmitted.....	677,143	677,143	0	0
2502.....	0	0	0	0
2503.....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	677,143	677,143	0	0

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

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve).....	3,038,482	3,162,397
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	1,128,807	1,059,781
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....	4,206	4,151
4. Contract claims:		
4.1 Life.....	17,615	16,507
4.2 Accident and health.....	1,074,948	1,157,770
5. Refunds due and unpaid.....	0	0
6. Provisions for refunds payable in following calendar year - estimated amounts:		
6.1 Apportioned for payment.....	0	0
6.2 Not yet apportioned.....	0	0
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums.....	95,156	133,548
8. Certificate and contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	0	0
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	0	0
8.3 Interest maintenance reserve (IMR).....	90,460	182,131
9. Commissions to fieldworkers due or accrued - life and annuity contracts \$....79, accident and health \$....3,869 and deposit-type contract funds \$.....0.....	3,948	15,539
10. Commissions and expense allowances payable on reinsurance assumed.....	0	0
11. General expenses due or accrued.....	710,993	525,612
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	0	0
13. Taxes, licenses and fees due or accrued.....	15,640	24,368
14. Unearned investment income.....	0	0
15. Amounts withheld or retained by Society as agent or trustee.....	124,683	100,925
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	0	0
17. Remittances and items not allocated.....	20,419	17,659
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0
19. Liability for benefits for employees and fieldworkers if not included above.....	0	0
20. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve.....	51,724	55,419
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	0	0
21.4 Payable to subsidiaries and affiliates.....	0	0
21.5 Drafts outstanding.....	0	0
21.6 Funds held under coinsurance.....	0	0
21.7 Derivatives.....	0	0
21.8 Payable for securities.....	0	0
21.9 Payable for securities lending.....	0	0
22. Aggregate write-ins for liabilities.....	721,202	1,089,931
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	7,098,283	7,545,738
24. From Separate Accounts Statement.....	0	0
25. Total liabilities (Lines 23 to 24).....	7,098,283	7,545,738
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	25,000	25,000
29. Unassigned funds.....	8,659,798	9,188,236
30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement).....	8,684,798	9,213,236
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	15,783,081	16,758,974

**DETAILS OF WRITE-INS**

2201. Amounts Payable to Reinsurer.....	279,360	667,146
2202. Deferred Income.....	215,968	149,473
2203. Unclaimed Funds.....	225,874	273,312
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	721,202	1,089,931
2601.....	0	0
2602.....	0	0
2603.....	0	0
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801. Fraternal Fund.....	25,000	25,000
2802.....	0	0
2803.....	0	0
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	25,000	25,000

# The Order Of United Commercial Travelers Of America

## SUMMARY OF OPERATIONS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	6,383,922	6,158,743	12,258,258
2. Considerations for supplementary contracts with life contingencies.....	0	0	0
3. Net investment income.....	235,211	234,065	497,276
4. Amortization of Interest Maintenance Reserve (IMR).....	12,598	20,139	15,769
5. Separate Accounts net gain from operations excluding unrealized gains and losses.....	0	0	0
6. Commissions and expense allowances on reinsurance ceded.....	2,035,796	2,388,295	4,598,781
7. Reserve adjustments on reinsurance ceded.....	0	0	0
8. Miscellaneous income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	0	0	0
8.2 Charges and fees for deposit-type contracts.....	0	0	0
8.3 Aggregate write-ins for miscellaneous income.....	579,321	534,759	1,099,927
9. Totals (Lines 1 to 8.3).....	9,246,848	9,336,001	18,470,011
10. Death benefits.....	135,022	79,717	214,705
11. Matured endowments (excluding guaranteed annual pure endowments).....	0	123	194
12. Annuity benefits.....	14,794	21,539	35,218
13. Disability benefits and benefits under accident and health contracts including premiums waived \$.....0	4,054,366	3,819,995	7,451,263
14. Surrender benefits and withdrawals for life contracts.....	24,336	32,071	47,914
15. Interest and adjustments on contract or deposit-type contract funds.....	105	45	54
16. Payments on supplementary contracts with life contingencies.....	0	0	0
17. Increase in aggregate reserve for life and accident and health contracts.....	(55,035)	103,077	56,761
18. Totals (Lines 10 to 17).....	4,173,588	4,056,567	7,806,109
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	1,608,913	1,674,045	3,330,762
20. Commissions and expense allowances on reinsurance assumed.....	0	0	0
21. General insurance expenses and fraternal expenses.....	3,774,899	3,702,697	7,216,259
22. Insurance taxes, licenses and fees.....	168,973	198,975	334,469
23. Increase in loading on deferred and uncollected premiums.....	7,269	1,240	(4,974)
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0	0	0
25. Aggregate write-ins for deductions.....	0	0	0
26. Totals (Lines 18 to 25).....	9,733,642	9,633,524	18,682,625
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(486,794)	(297,523)	(212,614)
28. Refunds to members.....	0	0	0
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(486,794)	(297,523)	(212,614)
30. Net realized capital gains (losses) less capital gains tax of ....0 (excluding \$.....0 transferred to the IMR).....	90,884	199	18,361
31. Net income (Lines 29 + 30).....	(395,910)	(297,324)	(194,253)
<b>SURPLUS ACCOUNT</b>			
32. Surplus, December 31, prior year.....	9,213,236	9,411,137	9,411,137
33. Net income from operations (Line 31).....	(395,910)	(297,324)	(194,253)
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	0	0	0
35. Change in net unrealized foreign exchange capital gain (loss).....	(126,485)	109,392	199,145
36. Change in nonadmitted assets.....	(9,738)	(128,247)	(201,901)
37. Change in liability for reinsurance in unauthorized and certified companies.....	0	0	0
38. Change in reserve on account of change in valuation basis (increase) or decrease.....	0	0	0
39. Change in asset valuation reserve.....	3,695	(1,330)	(892)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	0	0	0
41. Other changes in surplus in Separate Accounts Statement.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Change in surplus as a result of reinsurance.....	0	0	0
45. Aggregate write-ins for gains and losses in surplus.....	0	0	0
46. Net change in surplus for the year (Lines 33 through 45).....	(528,438)	(317,509)	(197,901)
47. Surplus as of statement date (Lines 32 + 46).....	8,684,798	9,093,628	9,213,236

### DETAILS OF WRITE-INS

08.301. Donations.....	6,344	2,227	33,995
08.302. Supreme Dues.....	376,984	402,758	728,093
08.303. Misc Income.....	195,993	129,774	337,839
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	579,321	534,759	1,099,927
2501. ....	0	0	0
2502. ....	0	0	0
2503. ....	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0
4501. ....	0	0	0
4502. ....	0	0	0
4503. ....	0	0	0
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0	0

# The Order Of United Commercial Travelers Of America

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	6,350,974	6,149,327	12,283,457
2. Net investment income.....	269,422	264,231	573,248
3. Miscellaneous income.....	2,413,799	2,873,139	5,616,392
4. Total (Lines 1 through 3).....	9,034,195	9,286,697	18,473,097
5. Benefit and loss related payments.....	4,310,135	4,001,860	7,767,479
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	5,402,598	5,486,485	10,990,495
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9).....	9,712,733	9,488,345	18,757,974
11. Net cash from operations (Line 4 minus Line 10).....	(678,538)	(201,648)	(284,877)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,336,570	1,187,314	2,394,665
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,336,570	1,187,314	2,394,665
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	593,121	1,168,917	2,358,684
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	593,121	1,168,917	2,358,684
14. Net increase or (decrease) in contract loans and premium notes.....	(32,803)	3,184	5,189
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	776,252	15,213	30,792
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	51,839	810	(221,663)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	51,839	810	(221,663)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	149,553	(185,625)	(475,748)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	(290,007)	185,741	185,741
19.2 End of period (Line 18 plus Line 19.1).....	(140,454)	116	(290,007)

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

20.001 .....	0	0	0
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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.....	369,490	413,816	803,504
2. Individual annuities.....	16,450	14,250	50,563
3. Accident and Health.....	24,795,773	26,884,166	52,483,208
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	25,181,713	27,312,232	53,337,275
6. Fraternal.....	0	0	0
7. Expenses.....	0	0	0
8. Subtotal (Lines 5 through 7).....	25,181,713	27,312,232	53,337,275
9. Deposit-type contracts.....	0	0	0
10. Total.....	25,181,713	27,312,232	53,337,275

**DETAILS OF WRITE-INS**

0401. ....	0	0	0
0402. ....	0	0	0
0403. ....	0	0	0
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

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

## A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) The Order Of United Commercial Travelers Of America Company state basis (Page 4, Line 31, Columns 1 & 2)	XXX	XXX	XXX	\$ (395,910)	\$ (194,253)
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (395,910)	\$ (194,253)
<b>SURPLUS</b>					
(5) The Order Of United Commercial Travelers Of America Company state basis (Page 3, line 30, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,684,798	\$ 9,213,236
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 8,684,798	\$ 9,213,236

## C. Accounting Policy

(6) Basis for Loan-Backed Securities and Adjustment Methodology - No significant change

## D. Going Concern - No significant change

**Note 2 – Accounting Changes and Corrections of Errors**

No significant changes

**Note 3 – Business Combinations and Goodwill**

No significant changes

**Note 4 – Discontinued Operations**

No significant changes

**Note 5 – Investments**

## D. Loan-Backed Securities - No significant changes

	1	2a	2b	3
(2)	Amortized Cost Basis Before Other-than-Temporary Impairment	Other-Than-Temporary Impairment Recognized in Loss		Fair Value 1 – (2a + 2b)
		Interest	Non- Interest	
OTTI recognized 1 <sup>st</sup> Quarter				
a. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
c. Total 1 <sup>st</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
OTTI recognized 2 <sup>nd</sup> Quarter				
d. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
f. Total 2 <sup>nd</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
OTTI recognized 3 <sup>rd</sup> Quarter				
g. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
g. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
i. Total 3 <sup>rd</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
OTTI recognized 4 <sup>th</sup> Quarter				
j. Intent to sell	\$ 0	\$ 0	\$ 0	\$ 0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0	0
l. Total 4 <sup>th</sup> Quarter	\$ 0	\$ 0	\$ 0	\$ 0
m. Annual aggregate total	XXX	\$ 0	\$ 0	XXX

**NOTES TO FINANCIAL STATEMENTS**

## (3) Recognized OTTI securities

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than- Temporary Impairment	5 Amortized Cost After Other-Than- Temporary Impairment	6 Fair Value at Time of OTTI	7 Date of Financial Statement Where Reported
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Total			\$ 0		\$ 0	

## (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	\$ (29,694)
	2. 12 Months or Longer	\$ (15,851)
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 1,014,343
	2. 12 Months or Longer	\$ 915,698

## (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

## E. Dollar Repurchase Agreements and/or Securities Lending Transactions

## (3) Collateral Received

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$ 0
--	------

## F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - N/A

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions - N/AH. Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions - N/AI. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Provider – Overview of Sale Transactions - N/A

## M. Working Capital Finance Investments

## (2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	Book/Adjusted Carrying Value
a. Up to 180 Days	\$ 0
b. 181 to 365 Days	\$ 0
c. Total	\$ 0

## (3) Any Events of Default or Working Capital Finance Investments - N/A

## N. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets	\$ 0	\$ 0	\$ 0
(2) Liabilities	\$ 0	\$ 0	\$ 0

\* For derivative assets and derivative liabilities, the amount of offset shall agree to Schedule DB, Part D, Section 1.

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant changes

**Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

No significant changes

**Note 9 – Income Taxes**

No significant changes

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant changes

**Note 11 – Debt**

B. FHLB (Federal Home Loan Bank) Agreements - None

**NOTES TO FINANCIAL STATEMENTS**

(1) Information on the Nature of the Agreement - N/A

(2) FHLB Capital Stock

a. Aggregate Totals - N/A

1. Current Year

	1 Total 2 + 3	2 General Account	3 Separate Accounts
(a) Membership Stock – Class A	\$ 0	\$ 0	\$ 0
(b) Membership Stock – Class B	0	0	0
(c) Activity Stock	0	0	0
(d) Excess Stock	0	0	0
(e) Aggregate Total (a+b+c+d)	\$ 0	\$ 0	\$ 0
(f) Actual or estimated borrowing capacity as determined by the insurer	0	XXX	XXX

2. Prior Year

	1 Total 2 + 3	2 General Account	3 Separate Accounts
(a) Membership Stock – Class A	\$ 0	\$ 0	\$ 0
(b) Membership Stock – Class B	0	0	0
(c) Activity Stock	0	0	0
(d) Excess Stock	0	0	0
(e) Aggregate Total (a+b+c+d)	\$ 0	\$ 0	\$ 0
(f) Actual or estimated borrowing capacity as determined by the insurer	0	XXX	XXX

b. Membership Stock (Class A and B) Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. Class B	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(3) Collateral Pledged to FHLB - N/A

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
Current Year Total General and Separate Accounts			
Total Collateral Pledged (Lines 2+3)	\$ 0	\$ 0	\$ 0
Current Year General Account			
Total Collateral Pledged	0	0	0
Current Year Separate Accounts			
Total Collateral Pledged	0	0	0
Prior Year Total General and Separate Accounts			
Total Collateral Pledged	\$ 0	\$ 0	\$ 0

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount of Borrowed at Time of Maximum Collateral
Current Year Total General and Separate Accounts			
Total Collateral Pledged (Lines 2+3)	\$ 0	\$ 0	\$ 0
Current Year General Account			
Total Collateral Pledged	0	0	0
Current Year Separate Accounts			
Total Collateral Pledged	0	0	0
Prior Year Total General and Separate Accounts			
Total Collateral Pledged	\$ 0	\$ 0	\$ 0

(4) Borrowing from FHLB - N/A

a. Amount as of the Reporting Date

1. Current Year

	1 Total 2 + 3	2 General Account	3 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	\$ 0	\$ 0	\$ 0	XXX
(b) Funding Agreements	0	0	0	\$ 0
(c) Other	0	0	0	XXX
(d) Aggregate Total (a+b+c)	\$ 0	\$ 0	\$ 0	\$ 0

2. Prior Year

**NOTES TO FINANCIAL STATEMENTS**

	1 Total 2 + 3	2 General Account	3 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	\$ 0	\$ 0	\$ 0	XXX
(b) Funding Agreements	0	0	0	\$ 0
(c) Other	0	0	0	XXX
(d) Aggregate Total (a+b+c)	\$ 0	\$ 0	\$ 0	\$ 0

## b. Maximum Amount During Reporting Period (Current Year)

	1 Total 2 + 3	2 General Account	3 Separate Accounts
1. Debt	0	0	0
2. Funding Agreements	0	0	0
3. Other	0	0	0
4. Aggregate Total (Lines 1+2+3)	0	0	0

## c. FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	NO
2. Funding Agreements	NO
3. Other	NO

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

## A. Defined Benefit Plan - N/A

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	2018	2017	2018	2017	2018	2017
a. Service cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Interest cost	0	0	0	0	0	0
c. Expected return on plan assets	0	0	0	0	0	0
d. Transition asset or obligation	0	0	0	0	0	0
e. Gains and losses	0	0	0	0	0	0
f. Prior service cost or credit	0	0	0	0	0	0
g. Gain or loss recognized due to a settlement curtailment	0	0	0	0	0	0
h. Total net periodic benefit cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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

No significant changes

**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: \$0.

(2) Detail of other contingent commitments

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception Allowed Under SSAP No. 5R)	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted
Total	\$ 0	XXX	\$ 0	XXX

(3) Guarantee Obligations

a. Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of column 4 for (2) above.)	\$ 0
b. Contingent liabilities recognized in F/S.	

**NOTES TO FINANCIAL STATEMENTS**

1. Noncontingent liabilities	\$ 0
2. Contingent liabilities	\$ 0
c. Ultimate financial statement impact if action under the guarantee is required.	
1. Investments in SCA	\$ 0
2. Joint Venture	0
3. Dividends to stockholders (capital contribution)	0
4. Expense	0
5. Other	0
6. Total (should equal (3)a)	\$ 0

**B. Assessments**

## (1) Assessments Where Amount is Known or Unknown - N/A

## (2) Assessments

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year -end	\$ 0
b. Decreases current period:	0
c. Increases current period:	0
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current period	\$ 0

## (3) Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts

a. Discount Rate Applied  
0.0

## b. The undiscounted and discounted amount of the guaranty fund assessments and related assets by insolvency:

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
	\$ 0	\$ 0	\$ 0	\$ 0

## c. Number of jurisdictions, ranges of years used to discount and weighted average number of years of the discounting time period for payables and recoverables by insolvency:

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
	0		0	0		0

**C. Gain Contingencies - N/A****D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Total SSAP 97 and SSAP 48 Contingent Liabilities - N/A**

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$ 0

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

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

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

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

**E. Joint and Several Liabilities - N/A****F. All Other Contingencies - N/A****Note 15 – Leases**

No significant changes

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

No significant changes

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities****B. Transfer and Servicing of Financial Assets - N/A**

## (2) Servicing Assets and Servicing Liabilities - N/A

**NOTES TO FINANCIAL STATEMENTS**

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales - N/A

## C. Wash Sales - None

(1) Description of the Objectives Regarding These Transactions - N/A

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2018 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
		0	\$ 0	\$ 0	\$ 0

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

No significant changes

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

No significant changes

**Note 20 – Fair Value Measurements**

## A. Fair Value Measurements - N/A

(1) Fair Value Measurements at Reporting Date

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
<b>Assets at Fair Value</b>					
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Liabilities at Fair Value</b>					
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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

	Beginning Balance at 1/1/2018	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlem-ents	Ending Balanc at 12/31/2018
a. Assets	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Liabilities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(3) Policies when Transfers Between Levels are Recognized - N/A

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement - N/A

(5) Fair Value Disclosures - N/A

## B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - N/A

## C. Fair Value Level - N/A

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## D. Not Practicable to Estimate Fair Value - N/A

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$ 0	0.0%		

**Note 21 – Other Items**

No significant changes

**Note 22 – Events Subsequent**

No significant changes. The subsequent event from 2018 Q1 is referenced in Note 21 – Other Items.

**Note 23 – Reinsurance**

No significant changes

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

**NOTES TO FINANCIAL STATEMENTS**

## 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]

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

a. Permanent ACA Risk Adjustment Program		AMOUNT
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment		0
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		0
3. Premium adjustments payable due to ACA Risk Adjustment		0
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		0
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		0
b. Transitional ACA Reinsurance Program		AMOUNT
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		0
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		0
5. Ceded reinsurance premiums payable due to ACA Reinsurance		0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		0
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance		0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		0
9. ACA Reinsurance contributions – not reported as ceded premium		0
c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		0
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		0
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		0
4. Effect of ACA Risk Corridors on change in reserves for rate credits		0

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

	Accrued During the Prior Year on Business Written Before Dec. 31 of The Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date		
					Prior Year Accrued	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8		9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	A	\$ 0	\$ 0	
2. Premium adjustments (payable)	\$ 0		0		0		0		B		0	
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0	
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	0	0	0	0	0	0	0	0	C	0	0	
2. Amounts recoverable for claims unpaid (contra liability)	0	0	0	0	0	0	0	0	D	0	0	
3. Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	0	E	0	0	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums	0	0	0	0	0	0	0	0	F	0	0	
5. Ceded reinsurance premiums payable	0	0	0	0	0	0	0	0	G	0	0	
6. Liability for amounts held	0	0	0	0	0	0	0	0	H	0	0	

**NOTES TO FINANCIAL STATEMENTS**

	Accrued Prior Year Written Before The Prior	During the on Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec 31 of Year	Differences		Adjustments		Unsettled as of the Ref	Balances Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances				
					1	2	3	4	5	6	7	8
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
under uninsured plans												
6. Subtotal ACA Transitional Reinsurance Program	0	0	0	0	0	0	0	0	0	0	0	0
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium	0	0	0	0	0	0	0	0	0	0	0	0
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	0	0	0	0
3. Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0	0	0	0	0
d. Total for ACA Risk Sharing Provisions	0	0	0	0	0	0	0	0	0	0	0	0

## Explanations of Adjustments

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

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

	Accrued During the Prior Year on Business Written Before Dec. 31 of The Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled as of the Balances Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	0	0	0	0	0	0	0	0	A	0	0
2. Reserve for rate credits for policy experience rating refunds	0	0	0	0	0	0	0	0	B	0	0
b. 2015											
1. Accrued retrospective premium	0	0	0	0	0	0	0	0	C	0	0
2. Reserve for rate credits for policy experience rating refunds	0	0	0	0	0	0	0	0	D	0	0
c. 2016											
1. Accrued retrospective premium	0	0	0	0	0	0	0	0	E	0	0
2. Reserve for rate credits for policy experience rating refunds	0	0	0	0	0	0	0	0	F	0	0
d. Total for Risk Corridors	0	0	0	0	0	0	0	0		0	0

A. N/A  
B. N/A  
C. N/A  
D. N/A  
E. N/A  
F. N/A

## (5) ACA Risk Corridors Receivable as of Reporting Date

	Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014		0	0	0	0	0	0
b. 2015		0	0	0	0	0	0
c. 2016		0	0	0	0	0	0
d. Total (a+b+c)		0	0	0	0	0	0

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

The Company did not have any changes in the provision for incurred claim and claim adjustment expenses attributable to insured events of prior years.

### **Note 26 – Intercompany Pooling Arrangements**

No significant changes

### **Note 27 – Structured Settlements**

No significant changes

### **Note 28 – Health Care Receivables**

No significant changes

### **Note 29 – Participating Policies**

No significant changes

### **Note 30 – Premium Deficiency Reserves**

No significant changes

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

No significant changes

### **Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

No significant changes

### **Note 33 – Premium and Annuity Considerations Deferred and Uncollected**

No significant changes

### **Note 34 – Separate Accounts**

No significant changes

### **Note 35 – Loss/Claim Adjustment Expenses**

No significant changes

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [X]

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

2.2 If yes, date of change:

3.1 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 [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

UCT Insurance Agency, LLC, a single-member limited liability company owned by The Order of United Commercial Travelers of America, was dissolved due to inactivity and to changes in strategic plans. Official notice was provided to the Ohio Department of Insurance subsequent to official recording by the Ohio Secretary of State's office. The dissolution was signed into effect on May 31, 2018.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

4.2 If yes, provide 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	0	

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [ ] N/A [X]  
If yes, attach an explanation.

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

6.2 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

6.3 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

6.4 By what department or departments?  
Ohio Department of Insurance

6.5 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]

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

7.1 Has this 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]

7.2 If yes, give full information:

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 location (city and state of the main office) of any affiliates regulated by a federal 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

9.1 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.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [ X ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [ X ]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0

13. Amount of real estate and mortgages held in short-term investments:

\$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [ X ]

14.2 If yes, please complete the following:

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ X ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$ 0

16.3 Total payable for securities lending reported on the liability page:

\$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [ ] No [ X ]

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

1 Name of Custodian(s)	2 Custodian Address
US Bank National Association	1555 N Riber Center Dr Ste 302; Milwaukee, WI 53212
Wachovia Securities	2010 N Tryon St; Charlotte, NC 28201

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Scotiabank	Exchange Tower, 130 King St West 20th Fl; Toronto, ON M5X 1K1	Canadian Investments are in compliance with OSFI.

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [ ] No [ X ]

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

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

17.5 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
Prime Advisors, Inc.	U

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [ X ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107860	Frank Conde, Prime Advisors, Inc		SEC	NO

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

Yes [ X ] No [ ]

## **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

18.2 If no, list exceptions:

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5\*GI securities?

Yes [ ] No [X]

**The Order Of United Commercial Travelers Of America**  
**GENERAL INTERROGATORIES (continued)**  
**PART 2 - FRATERNAL**

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1	Long-term mortgages in good standing:	Responses
1.11	Farm mortgages.....	\$.....0
1.12	Residential mortgages.....	\$.....0
1.13	Commercial mortgages.....	<u>\$.....0</u>
1.14	Total mortgages in good standing.....	\$.....0
1.2	Long-term mortgages in good standing with restructured terms:	
1.21	Total mortgages in good standing with restructured terms.....	\$.....0
1.3	Long-term mortgage loans upon which interest is overdue more than three months:	
1.31	Farm mortgages.....	\$.....0
1.32	Residential mortgages.....	\$.....0
1.33	Commercial mortgages.....	<u>\$.....0</u>
1.34	Total mortgages with interest overdue more than three months.....	\$.....0
1.4	Long-term mortgage loans in process of foreclosure:	
1.41	Farm mortgages.....	\$.....0
1.42	Residential mortgages.....	\$.....0
1.43	Commercial mortgages.....	<u>\$.....0</u>
1.44	Total mortgages in process of foreclosure.....	<u>\$.....0</u>
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2).....	<u>\$.....0</u>

1.6 Long-term mortgages foreclosed, properties transferred to real estate in current quarter:

1.61	Farm mortgages.....	\$.....0
1.62	Residential mortgages.....	\$.....0
1.63	Commercial mortgages.....	<u>\$.....0</u>
1.64	Total mortgages foreclosed and transferred to real estate.....	<u>\$.....0</u>

2.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurance for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done?

Yes [  ] No [  ]

2.2 If no, explain.....

---



---

3. Operating Percentages:

3.1	A&H loss percent.....	65.6
3.2	A&H cost containment percent.....	0.0
3.3	A&H expense percent excluding cost containment expenses.....	55.3

4.1	Do you act as a custodian for health savings accounts?.....	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
4.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....0	
4.3	Do you act as an administrator for health savings accounts?.....	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
4.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....0	

5.1	Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?.....	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
5.2	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 Amounts
	0

6.1	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]
If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....			Yes [ <input type="checkbox"/> ]

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

**NONE**

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	Active Status (a)	Life Contracts		Direct Business Only		Total Columns 2 through 5	Deposit-Type Contracts
		2	3	4	5		
		Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations		
1. Alabama.....	AL	4,826	0	331,351	0	336,177	0
2. Alaska.....	AK	133	0	3,741	0	3,874	0
3. Arizona.....	AZ	3,076	500	773,456	0	777,032	0
4. Arkansas.....	AR	3,006	0	663,678	0	666,684	0
5. California.....	CA	25,873	0	129,239	0	155,111	0
6. Colorado.....	CO	991	2,600	942,883	0	946,474	0
7. Connecticut.....	CT	2,319	0	3,832	0	6,151	0
8. Delaware.....	DE	0	0	5,135	0	5,135	0
9. District of Columbia.....	DC	235	0	1,611	0	1,846	0
10. Florida.....	FL	29,864	0	1,222,241	0	1,252,104	0
11. Georgia.....	GA	14,678	0	185,224	0	199,902	0
12. Hawaii.....	HI	0	0	50	0	50	0
13. Idaho.....	ID	0	0	1,408,789	0	1,408,789	0
14. Illinois.....	IL	21,658	0	1,119,533	0	1,141,191	0
15. Indiana.....	IN	17,385	0	1,550,069	0	1,567,454	0
16. Iowa.....	IA	5,153	0	687,411	0	692,564	0
17. Kansas.....	KS	4,523	900	178,540	0	183,963	0
18. Kentucky.....	KY	10,562	0	70,650	0	81,213	0
19. Louisiana.....	LA	9,774	0	823,046	0	832,820	0
20. Maine.....	ME	0	0	5,008	0	5,008	0
21. Maryland.....	MD	1,737	0	23,253	0	24,990	0
22. Massachusetts.....	MA	2,122	0	39,090	0	41,212	0
23. Michigan.....	MI	40,793	10,000	557,012	0	607,805	0
24. Minnesota.....	MN	2,796	0	49,768	0	52,564	0
25. Mississippi.....	MS	13,524	0	1,843,747	0	1,857,271	0
26. Missouri.....	MO	8,001	0	398,345	0	406,346	0
27. Montana.....	MT	230	0	548,512	0	548,742	0
28. Nebraska.....	NE	4,495	0	2,545,537	0	2,550,032	0
29. Nevada.....	NV	1,021	0	245,324	0	246,345	0
30. New Hampshire.....	NH	562	0	9,828	0	10,390	0
31. New Jersey.....	NJ	7,513	0	10,039	0	17,553	0
32. New Mexico.....	NM	346	0	12,505	0	12,851	0
33. New York.....	NY	824	0	33,871	0	34,695	0
34. North Carolina.....	NC	6,430	0	692,020	0	698,450	0
35. North Dakota.....	ND	2,213	2,000	473,824	0	478,037	0
36. Ohio.....	OH	32,553	0	464,630	0	497,183	0
37. Oklahoma.....	OK	6,342	0	211,142	0	217,483	0
38. Oregon.....	OR	8,210	0	811,158	0	819,368	0
39. Pennsylvania.....	PA	17,366	250	312,417	0	330,034	0
40. Rhode Island.....	RI	1,230	0	3,406	0	4,635	0
41. South Carolina.....	SC	2,992	0	206,415	0	209,407	0
42. South Dakota.....	SD	4,857	0	211,546	0	216,402	0
43. Tennessee.....	TN	14,143	200	130,639	0	144,982	0
44. Texas.....	TX	25,472	0	644,663	0	670,134	0
45. Utah.....	UT	488	0	343,764	0	344,252	0
46. Vermont.....	VT	0	0	2,906	0	2,906	0
47. Virginia.....	VA	9,393	0	1,298,664	0	1,308,057	0
48. Washington.....	WA	96	0	60,495	0	60,592	0
49. West Virginia.....	WV	5,025	0	603,419	0	608,444	0
50. Wisconsin.....	WI	7,052	0	1,182,567	0	1,189,620	0
51. Wyoming.....	WY	294	0	521,183	0	521,477	0
52. American Samoa.....	AS	0	0	0	0	0	0
53. Guam.....	GU	0	0	0	0	0	0
54. Puerto Rico.....	PR	0	0	0	0	0	0
55. US Virgin Islands.....	VI	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP	0	0	0	0	0	0
57. Canada.....	CAN	7,666	0	75,225	0	82,891	0
58. Aggregate Other Alien.....	OT	0	0	0	0	0	0
59. Subtotals.....	(a)XXX	389,843	16,450	24,672,403	0	25,078,696	0
90. Reporting entity contributions for employee benefit plans	...XXX	0	0	0	0	0	0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	...XXX	0	0	0	0	0	0
92. Dividends or refunds applied to shorten endowment or premium paying period.....	...XXX	0	0	0	0	0	0
93. Premium or annuity considerations waived under disability or other contract provisions.....	...XXX	0	0	0	0	0	0
94. Aggregate other amounts not allocable by state.....	...XXX	0	0	0	0	0	0
95. Totals (Direct Business).....	...XXX	389,843	16,450	24,672,403	0	25,078,696	0
96. Plus reinsurance assumed.....	...XXX	0	0	0	0	0	0
97. Totals (All Business).....	...XXX	389,843	16,450	24,672,403	0	25,078,696	0
98. Less reinsurance ceded.....	...XXX	310,286	3,658	18,413,778	0	18,727,722	0
99. Totals (All Business) less reinsurance ceded.....	...XXX	79,557	12,792	6,258,625	0	6,350,974	0

## DETAILS OF WRITE-INS

58001.....	...XXX	0	0	0	0	0	0
58002.....	...XXX	0	0	0	0	0	0
58003.....	...XXX	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page.....	...XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	...XXX	0	0	0	0	0	0
9401.....	...XXX	0	0	0	0	0	0
9402.....	...XXX	0	0	0	0	0	0
9403.....	...XXX	0	0	0	0	0	0
9498. Summary of remaining write-ins for Line 94 from overflow page.....	...XXX	0	0	0	0	0	0
9499. Totals (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	...XXX	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

47

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state .....

0

R - Registered - Non-domiciled RRGs.....

0

Q - Qualified - Qualified or accredited reinsurer.....

0

N - None of the above - Not allowed to write business in the state.....

10

**The Order of United Commercial Travelers of America**

FEIN: 31-4273120  
NAIC: 56383  
Ohio

**UCT Charities**

FEIN: 31-1486573  
Ohio

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
<b>Members</b>															
0.....		56383...	31-4273120..	.....0	.....0	0.....	The Order of United Commercial Travelers of America	OH.....	RE.....	The Order of United Commercial Travelers of America	Board.....	.....0.000	The Order of United Commercial Travelers of America	.....N.....	0.....
0.....	0.....	0.....	31-1486573..	.....0	.....0	0.....	UCT Charities	OH.....	OTH.....	The Order of United Commercial Travelers of America	Other.....	.....0.000	The Order of United Commercial Travelers of America	.....N.....	1.....

**Asterisk Explanation**

1	This entity is a 501(c)(3) charitable organization that provides scholarships. The Board of Directors of UCT Charities is appointed by the Board of The Order of United Commercial Travelers of America.
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# The Order Of United Commercial Travelers Of America

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO

**Explanations:**

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.

**Bar Code:**


**NONE**

Statement as of June 30, 2018 of the **The Order Of United Commercial Travelers Of America**  
**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	15,457,033	15,352,491
2. Cost of bonds and stocks acquired.....	593,121	2,358,684
3. Accrual of discount.....	3,273	6,581
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	(79,074)	(24,768)
6. Deduct consideration for bonds and stocks disposed of.....	1,336,570	2,394,665
7. Deduct amortization of premium.....	28,300	65,847
8. Total foreign exchange change in book/adjusted carrying value.....	(36,363)	224,557
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	606	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7-8-9+10).....	14,573,726	15,457,033
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	14,573,726	15,457,033

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	12,952,327	0	680,010	4,066	12,952,327	12,276,383		12,829,386
2. NAIC 2 (a).....	2,434,100	0	162,404	25,649	2,434,100	2,297,345		2,627,648
3. NAIC 3 (a).....	0	0	0	0	0	0		0
4. NAIC 4 (a).....	0	0	0	0	0	0		0
5. NAIC 5 (a).....	0	0	0	0	0	0		0
6. NAIC 6 (a).....	0	0	0	0	0	0		0
7. Total Bonds.....	15,386,427	0	842,414	29,715	15,386,427	14,573,728	0	15,457,034
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0		0
9. NAIC 2.....	0	0	0	0	0	0		0
10. NAIC 3.....	0	0	0	0	0	0		0
11. NAIC 4.....	0	0	0	0	0	0		0
12. NAIC 5.....	0	0	0	0	0	0		0
13. NAIC 6.....	0	0	0	0	0	0		0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	15,386,427	0	842,414	29,715	15,386,427	14,573,728	0	15,457,034

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

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**The Order Of United Commercial Travelers Of America**  
**SCHEDULE DA - PART 1**

## Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Total Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	0	XXX.....	0	0	0.....0

**NONE**

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	178,767
2. Cost of short-term investments acquired.....	0	1,381,985
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	0	1,560,752
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

**Sch. DB - Pt. C - Sn. 1**  
**NONE**

**Sch. DB - Pt. C - Sn. 2**  
**NONE**

**Sch. DB - Verification**  
**NONE**

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE E - PART 2 - VERIFICATION**

## Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	235,839	0
2. Cost of cash equivalents acquired.....	950,048	905,272
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	836,978	669,433
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/ adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	348,909	235,839
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	348,909	235,839

**Sch. A - Pt. 2**  
**NONE**

**Sch. A - Pt. 3**  
**NONE**

**Sch. B - Pt. 2**  
**NONE**

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**Sch. D - Pt. 3**  
**NONE**

**SCHEDULE D - PART 4**

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1 CUSIP Identification	2 Description	3 For eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A.C.V.								
<b>Bonds - U.S. Government</b>																						
38378K DB 2	GNMA 2013-43 B.....	..	06/01/2018.	MBS PMT.....			1,171	1,171	1,190	1,177	0	(6)	0	(6)	0	1,171	0	0	0	10	04/16/2039.	1.....
912828 RP 7	US TREASURY N/B.....	..	05/29/2018.	CITIGROUP/ELECTRONIC.....			199,789	200,000	202,184	200,287	0	(142)	0	(142)	0	200,146	0	(357)	(357)	2,035	10/31/2018.	1.....
0599999.	Total - Bonds - U.S. Government.....						200,960	201,171	203,374	201,464	0	(148)	0	(148)	0	201,317	0	(357)	(357)	2,045	XXX	XXX
<b>Bonds - All Other Government</b>																						
683234 LN 6	ONTARIO PROVINCE.....	..	05/02/2018.	TD.....			177,033	137,049	252,085	181,578	0	(1,318)	0	(1,318)	51,712	231,972	(55,338)	399	(54,939)	6,075	08/25/2028.	1FE.....
1099999.	Total - Bonds - All Other Government.....						177,033	137,049	252,085	181,578	0	(1,318)	0	(1,318)	51,712	231,972	(55,338)	399	(54,939)	6,075	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																						
196558 RW 2	COLORADO RVR TX MUN WTR.....	..	06/27/2018.	OPCO.....			200,712	200,000	200,000	200,000	0	0	0	0	0	200,000	0	712	712	6,446	01/01/2019.	1FE.....
3128M4 WK 5	FHLMC G03050.....	..	06/01/2018.	MBS PMT.....			651	651	696	656	0	(4)	0	(4)	0	651	0	0	0	13	07/01/2037.	1.....
3128M7 L4 6	FHLMC G05447.....	..	06/01/2018.	MBS PMT.....			1,263	1,263	1,328	1,268	0	(5)	0	(5)	0	1,263	0	0	0	23	05/01/2039.	1.....
3128M8 AV 6	FHLMC G06020.....	..	06/01/2018.	MBS PMT.....			492	492	536	496	0	(3)	0	(3)	0	492	0	0	0	11	12/01/2039.	1.....
3128MJ S3 5	FHLMC G08537.....	..	06/01/2018.	MBS PMT.....			3,947	3,947	3,890	3,945	0	2	0	2	0	3,947	0	0	0	50	07/01/2043.	1.....
3128MJ UA 6	FHLMC G08576.....	..	06/01/2018.	MBS PMT.....			1,608	1,608	1,612	1,608	0	0	0	0	0	1,608	0	0	0	25	03/01/2044.	1.....
3128MJ VV 9	FHLMC G08627.....	..	06/01/2018.	MBS PMT.....			6,776	6,776	7,074	6,789	0	(12)	0	(12)	0	6,776	0	0	0	99	02/01/2045.	1.....
31292S B3 3	FHLMC C09058.....	..	06/01/2018.	MBS PMT.....			1,517	1,517	1,583	1,518	0	(2)	0	(2)	0	1,517	0	0	0	26	03/01/2044.	1.....
3132GK F4 3	FHLMC Q04087.....	..	06/01/2018.	MBS PMT.....			909	909	925	910	0	(1)	0	(1)	0	909	0	0	0	14	10/01/2041.	1.....
3132GV L6 7	FHLMC Q09949.....	..	06/01/2018.	MBS PMT.....			2,326	2,326	2,441	2,329	0	(3)	0	(3)	0	2,326	0	0	0	26	08/01/2042.	1.....
3138AW 4W 0	FNMA #AJ5336.....	..	06/01/2018.	MBS PMT.....			2,097	2,097	2,167	2,102	0	(5)	0	(5)	0	2,097	0	0	0	27	11/01/2026.	1.....
3138M2 A3 0	FNMA #AO9925.....	..	06/01/2018.	MBS PMT.....			2,033	2,033	2,173	2,039	0	(6)	0	(6)	0	2,033	0	0	0	30	07/01/2042.	1.....
31398Q ZS 9	FHLMC 3745 AV.....	..	06/01/2018.	MBS PMT.....			7,025	7,025	7,641	7,058	0	(34)	0	(34)	0	7,025	0	0	0	117	09/15/2023.	1.....
3140F9 WA 9	FNMA #BD2440.....	..	06/01/2018.	MBS PMT.....			5,906	5,906	6,047	5,912	0	(5)	0	(5)	0	5,906	0	0	0	85	01/01/2047.	1.....
3140J5 NM 7	FNMA #BM1295.....	..	06/01/2018.	MBS PMT.....			5,821	5,821	6,145	0	0	(11)	0	(11)	0	5,821	0	0	0	64	06/01/2047.	1.....
31417Y TT 4	FNMA #MA0561.....	..	06/01/2018.	MBS PMT.....			1,891	1,891	1,968	1,895	0	(4)	0	(4)	0	1,891	0	0	0	31	11/01/2040.	1.....
31418R GS 4	FNMA #AD3808.....	..	06/01/2018.	MBS PMT.....			565	565	596	567	0	(2)	0	(2)	0	565	0	0	0	11	04/01/2040.	1.....
31419G CZ 5	FNMA #AE5487.....	..	06/01/2018.	MBS PMT.....			1,693	1,693	1,760	1,699	0	(6)	0	(6)	0	1,693	0	0	0	24	10/01/2025.	1.....
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.....						247,232	246,520	248,582	240,791	0	(101)	0	(101)	0	246,520	0	712	712	7,122	XXX	XXX
<b>Bonds - Industrial and Miscellaneous</b>																						
136069 CV 1	CANADIAN IMPERIAL BK.....	..	06/06/2018.	CALL at 100.000.....			91,417	89,843	115,212	93,729	0	10	0	10	21,655	115,395	(24,090)	112	(23,978)	2,722	06/06/2023.	2FE.....
45824R AA 7	INTEGRATED TEAM SJHC.....	..	05/31/2018.	SINK.....			158	156	200	163	0	0	0	0	38	200	(42)	0	(42)	5	11/30/2042.	1FE.....
78461G AB 8	SNC-LAVALIN INNISFREE.....	..	06/27/2018.	SCOTIACAN.....			46,562	36,556	47,009	38,187	0	0	0	0	8,823	47,009	(10,915)	10,467	(448)	2,504	06/30/2044.	2FE.....
3899999.	Total - Bonds - Industrial and Miscellaneous.....						138,137	126,555	162,421	132,079	0	10	0	10	30,516	162,604	(35,047)	10,579	(24,468)	5,231	XXX	XXX
8399997.	Total - Bonds - Part 4.....						763,362	711,295	866,462	755,912	0	(1,557)	0	(1,557)	82,228	842,413	(90,385)	11,333	(79,052)	20,473	XXX	XXX
8399999.	Total - Bonds.....						763,362	711,295	866,462	755,912	0	(1,557)	0	(1,557)	82,228	842,413	(90,385)	11,333	(79,052)	20,473	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....						763,362	XXX	866,462	755,912	0	(1,557)	0	(1,557)	82,228	842,413	(90,385)	11,333	(79,052)	20,473	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: .....0.

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**The Order Of United Commercial Travelers Of America**  
**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

KEYBANK.....	CLEVELAND, OH USA.....		.....0.000	.....0	.....0	5,990	.....17,152	.....2,521	XXX
MODERN WOODMAN BANK.....	ROCK ISLAND, IL USA.....		.....0.000	.....1,410	.....0	.....(868,960)	.....(886,721)	.....(847,599)	XXX
ROYAL BANK.....	CALGARY, AB CANADA.....		.....0.000	.....0	.....0	4,757	.....136,544	.....177,574	XXX
RBC DEXIA.....	TORONTO, ON CANADA.....		.....0.000	.....77	.....0	29,446	.....63,461	.....176,027	XXX
0199999. Total Open Depositories.....		XXX	XXX	.....1,487	.....0	.....(828,767)	.....(669,564)	.....(491,477)	XXX
0399999. Total Cash on Deposit.....		XXX	XXX	.....1,487	.....0	.....(828,767)	.....(669,564)	.....(491,477)	XXX
0499999. Cash in Society's Office.....		XXX	XXX	XXX	XXX	2,117	.....2,116	.....2,114	XXX
0599999. Total Cash.....		XXX	XXX	.....1,487	.....0	.....(826,650)	.....(667,448)	.....(489,363)	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds as Identified by the SVO</b>								
31846V 20 3	FIRST AMERN GOVT OBLIG FD.....		06/28/2018	1.269		248,725	0	.615
31846V 41 9	FIRST AMERN TREAS OBLIG FD.....		12/29/2017	1.050		100,184	0	0
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO.....						348,909	0	.615
8899999. Total - Cash Equivalents						348,909	0	.615