

## **AMENDED FILING EXPLANATION**

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On the original filing page Q06 was missing some information. We have confirmed and updated the current year information on this amended filing.



# QUARTERLY STATEMENT

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

## United Transportation Union Insurance Association

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code.... 56413	Employer's ID Number.... 23-7131460
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... November 16, 1970	Commenced Business..... March 10, 1971	
Statutory Home Office	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 (Street and Number) (City or Town, State, Country and Zip Code)	216-228-9400 (Area Code) (Telephone Number)
Main Administrative Office	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 (Street and Number) (City or Town, State, Country and Zip Code)	216-228-9400 (Area Code) (Telephone Number)
Mail Address	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	216-228-9400 (Area Code) (Telephone Number)
Primary Location of Books and Records	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 (Street and Number) (City or Town, State, Country and Zip Code)	216-228-9400 (Area Code) (Telephone Number)
Internet Web Site Address	utuia.org	216-228-9400 (Area Code) (Telephone Number) (Extension)
Statutory Statement Contact	Jeffery A Becker (Name) jbecker@utuia.org (E-Mail Address)	216-228-0411 (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Ken Laugel	President	2. Jeffery A Becker #	Secretary
3. Jeffery A Becker #	Treasurer	4.	

### OTHER

### DIRECTORS OR TRUSTEES

Jeremy R Ferguson # Nicholas J Dicicco Jr	John Previsich John J Risch III	John England William Jennings Thompson	Frank James Riha William B Ryan
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State of.....  
County of.....

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) Ken Laugel 1. (Printed Name) President (Title)	(Signature) Jeffery A Becker 2. (Printed Name) Secretary (Title)	(Signature) Jeffery A Becker 3. (Printed Name) Treasurer (Title)
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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 [ X ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

**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.....	2,636,508	2,646,551	5,367,383
2. Individual annuities.....	2,188,128	2,330,522	4,102,517
3. Accident and Health.....	1,880,525	1,724,364	3,463,954
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	6,705,161	6,701,437	12,933,854
6. Fraternal.....			
7. Expenses.....			
8. Subtotal (Lines 5 through 7).....	6,705,161	6,701,437	12,933,854
9. Deposit-type contracts.....		194,019	271,851
10. Total.....	6,705,161	6,895,456	13,205,705

**DETAILS OF WRITE-INS**

0401. Supplementary Contracts Without Life.....			
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