
AMENDED FILING EXPLANATION

We are filing amended copies of two pages of the March filing:

Page 23.GT, Accident and Health Insurance, was updated for Direct Losses Incurred, line 25.2 column 5, there was an error that was not caught by the crosschecks for some reason.

Page 24, Exhibit of Numbers of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance, was updated for A&H policies issued during the year, line 2 column 4. This field was inadvertently left blank on the original filing.



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the

United Transportation Union Insurance Association

NAIC Group Code.....	0, 0	NAIC Company Code.....	56413	Employer's ID Number.....	23-7131460
(Current Period) (Prior Period)					
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)		
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. Kenneth L Laugel	President	2. Jeffery A Becker	Secretary
3. Jeffery A Becker	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES			
Jeremy R Ferguson	John Previsich	John England	Frank James Riha
Nicholas J Dicicco Jr	John J Risch III	William Jennings Thompson	William B Ryan

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) Kenneth L 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 _____ 2019

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 []

