



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

Czech Catholic Union

| | | | | | |
|---|------|------------------------|---|---|--|
| NAIC Group Code..... | 0, 0 | NAIC Company Code..... | 56324 | Employer's ID Number..... | 34-0105780 |
| (Current Period) (Prior Period) | | | | | |
| Organized under the Laws of OH | | | State of Domicile or Port of Entry OH | | Country of Domicile US |
| Incorporated/Organized..... February 21, 1905 | | | Commenced Business..... February 21, 1905 | | |
| Statutory Home Office | | | 5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 (Street and Number) | (City or Town, State, Country and Zip Code) | 216-341-0444 (Area Code) (Telephone Number) |
| Main Administrative Office | | | 5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 (Street and Number) | (City or Town, State, Country and Zip Code) | 216-341-0444 (Area Code) (Telephone Number) |
| Mail Address | | | 5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 (Street and Number or P. O. Box) | (City or Town, State, Country and Zip Code) | 216-341-0444 (Area Code) (Telephone Number) |
| Primary Location of Books and Records | | | 5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 (Street and Number) | (City or Town, State, Country and Zip Code) | 216-341-0444 (Area Code) (Telephone Number) |
| Internet Web Site Address | | | WWW.CZECHCCU.ORG | | |
| Statutory Statement Contact | | | Theresa Ann Aveni (Name) | | 216-341-0444 (Area Code) (Telephone Number) (Extension) |
| | | | theresa@czechccu.org (E-Mail Address) | | 216-341-0711 (Fax Number) |

OFFICERS

| Name | Title | Name | Title |
|--------------------|----------------|--------------------|----------------|
| 1. Theresa Aveni # | President | 2. Jane Milczewski | Secretary |
| 3. Audrey Schmidt | Vice President | 4. | |
| Robert Cermak | Past President | Joseph Kocab | Past President |
| Karla Mahoney | Director | Cindy Kveton | Director |
| Maryann Langevin | Director | Richard Prospal | Director |
| Anita Schafer | Director | | |

OTHER

DIRECTORS OR TRUSTEES

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) Theresa Aveni 1. (Printed Name) President (Title) | (Signature) Jane Milczewski 2. (Printed Name) Secretary (Title) | (Signature) Audrey Schmidt 3. (Printed Name) Vice President (Title) |
|---|---|---|

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 []

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 17,495,054 | | 17,495,054 | 18,087,463 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks..... | .50,000 | | .50,000 | 50,000 |
| 2.2 Common stocks..... | .295,708 | | .295,708 | .351,568 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | .41,272 | | .41,272 | 43,378 |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$....204,385, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)..... | .204,385 | | .204,385 | .646,929 |
| 6. Contract loans (including \$.....0 premium notes)..... | .117,077 | | .117,077 | .134,814 |
| 7. Derivatives (Schedule DB)..... | | | 0 | |
| 8. Other invested assets (Schedule BA)..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | .0 | .0 | .0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 18,203,496 | .0 | .18,203,496 | .19,314,152 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | .223,972 | | .223,972 | .231,216 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | .436 | | .436 | 103 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | 0 | |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)..... | | | 0 | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 | |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 | |
| 18.2 Net deferred tax asset..... | | | 0 | |
| 19. Guaranty funds receivable or on deposit..... | | | 0 | |
| 20. Electronic data processing equipment and software..... | 1,607 | | 1,607 | 2,717 |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | .722 | .722 | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 | |
| 24. Health care (\$.....0) and other amounts receivable..... | | | 0 | |
| 25. Aggregate write-ins for other-than-invested assets..... | .0 | .0 | .0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 18,430,233 | .722 | .18,429,511 | .19,548,188 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. TOTAL (Lines 26 and 27)..... | 18,430,233 | .722 | .18,429,511 | .19,548,188 |

DETAILS OF WRITE-INS

| | | | | |
|--|----|----|---|---|
| 1101..... | | | 0 | |
| 1102..... | | | 0 | |
| 1103..... | | | 0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | .0 | .0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | .0 | .0 | 0 | 0 |
| 2501..... | | | 0 | |
| 2502..... | | | 0 | |
| 2503..... | | | 0 | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | .0 | .0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | .0 | .0 | 0 | 0 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve)..... | 14,818,994 | 15,966,364 |
| 2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve)..... | | |
| 3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve)..... | | |
| 4. Contract claims: | | |
| 4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11)..... | 51,919 | 27,045 |
| 4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11)..... | | |
| 5. Refunds due and unpaid (Exhibit 4, Line 10)..... | | |
| 6. Provision for refunds payable in following calendar year-estimated amounts: | | |
| 6.1 Apportioned for payment..... | 35,000 | 35,000 |
| 6.2 Not yet apportioned..... | | |
| 7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)..... | | 7,306 |
| 8. Contract liabilities not included elsewhere: | | |
| 8.1 Surrender values on canceled contracts..... | | |
| 8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded..... | | |
| 8.3 Interest Maintenance Reserve (IMR, Line 6)..... | 75,851 | 112,960 |
| 9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0..... | | |
| 10. Commissions and expense allowances payable on reinsurance assumed..... | | |
| 11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7)..... | 55,000 | 56,417 |
| 12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves)..... | | |
| 13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6)..... | 7 | 696 |
| 14. Unearned investment income..... | | |
| 15. Amounts withheld or retained by Society as agent or trustee..... | 45,900 | 44,269 |
| 16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances..... | | |
| 17. Remittances and items not allocated..... | | |
| 18. Net adjustment in assets and liabilities due to foreign exchange rates..... | | |
| 19. Liability for benefits for employees and fieldworkers if not included above..... | | |
| 20. Borrowed money \$.....0 and interest thereon \$.....0..... | | |
| 21. Miscellaneous liabilities: | | |
| 21.1 Asset valuation reserve (AVR, Line 16, Col. 7)..... | 376,643 | 333,384 |
| 21.2 Reinsurance in unauthorized and certified (\$.....0) companies..... | | |
| 21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers..... | | |
| 21.4 Payable to subsidiaries and affiliates..... | | |
| 21.5 Drafts outstanding..... | 2,085 | |
| 21.6 Funds held under coinsurance..... | | |
| 21.7 Derivatives..... | | |
| 21.8 Payable for securities..... | | |
| 21.9 Payable for securities lending..... | | |
| 22. Aggregate write-ins for liabilities..... | 10,000 | 26,844 |
| 23. Total liabilities excluding Separate Accounts business (Lines 1 to 22)..... | 15,471,399 | 16,610,285 |
| 24. From Separate Accounts statement..... | | |
| 25. Total liabilities (Lines 23 and 24)..... | 15,471,399 | 16,610,285 |
| 26. Aggregate write-ins for other than liabilities and surplus funds..... | 0 | 0 |
| 27. Surplus notes..... | | |
| 28. Aggregate write-ins for surplus funds..... | 0 | 0 |
| 29. Unassigned funds..... | 2,958,112 | 2,937,903 |
| 30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement)..... | 2,958,112 | 2,937,903 |
| 31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3)..... | 18,429,511 | 19,548,188 |

DETAILS OF WRITE-INS

| | | |
|--|--------|--------|
| 2201. CONVENTION EXPENSE RESERVE | 10,000 | 26,844 |
| 2202. | | |
| 2203. | | |
| 2298. Summary of remaining write-ins for Line 22 from overflow page..... | 0 | 0 |
| 2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)..... | 10,000 | 26,844 |
| 2601. | | |
| 2602. | | |
| 2603. | | |
| 2698. Summary of remaining write-ins for Line 26 from overflow page..... | 0 | 0 |
| 2699. Totals (Lines 2601 through 2603 plus 2698) (Line 26 above)..... | 0 | 0 |
| 2801. | | |
| 2802. | | |
| 2803. | | |
| 2898. Summary of remaining write-ins for Line 28 from overflow page..... | 0 | 0 |
| 2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)..... | 0 | 0 |

SUMMARY OF OPERATIONS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1)..... | 682,906 | 1,074,904 |
| 2. Considerations for supplementary contracts with life contingencies..... | | |
| 3. Net investment income (Exhibit of Net Investment Income, Line 17)..... | 883,223 | 881,025 |
| 4. Amortization of Interest Maintenance Reserve (IMR, Line 5)..... | 11,470 | 10,563 |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses..... | | |
| 6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)..... | | |
| 7. Reserve adjustments on reinsurance ceded..... | | |
| 8. Miscellaneous Income: | | |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts..... | | |
| 8.2 Charges and fees for deposit-type contracts..... | | |
| 8.3 Aggregate write-ins for miscellaneous income..... | 6,448 | 0 |
| 9. Totals (Lines 1 to 8.3)..... | 1,584,047 | 1,966,492 |
| 10. Death benefits..... | 224,402 | 299,567 |
| 11. Matured endowments (excluding guaranteed annual pure endowments)..... | | |
| 12. Annuity benefits..... | 1,997,824 | 827,578 |
| 13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0 | | |
| 14. Surrender benefits and withdrawals for life contracts..... | 41,864 | 47,663 |
| 15. Interest and adjustments on contract or deposit-type contracts funds..... | | |
| 16. Payments on supplementary contracts with life contingencies..... | | |
| 17. Increase in aggregate reserve for life and accident and health contracts..... | (1,147,370) | 324,690 |
| 18. Totals (Lines 10 to 17)..... | 1,116,720 | 1,499,498 |
| 19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5)..... | | |
| 20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5)..... | | |
| 21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)..... | 328,600 | 240,374 |
| 22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5)..... | 12,088 | 6,121 |
| 23. Increase in loading on deferred and uncollected premiums..... | | |
| 24. Net transfers to or (from) Separate Accounts net of reinsurance..... | | |
| 25. Aggregate write-ins for deductions..... | (16,844) | 8,844 |
| 26. Totals (Lines 18 to 25)..... | 1,440,564 | 1,754,837 |
| 27. Net gain from operations before refunds to members (Line 9 minus Line 26)..... | 143,483 | 211,655 |
| 28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2)..... | 34,754 | 35,055 |
| 29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28)..... | 108,729 | 176,600 |
| 30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....(25,640) transferred to the IMR)..... | 4,096 | (1,824) |
| 31. Net income (Lines 29 + 30)..... | 112,825 | 174,776 |
| SURPLUS ACCOUNT | | |
| 32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2)..... | 2,937,903 | 2,775,882 |
| 33. Net income from operations (Line 31)..... | 112,825 | 174,776 |
| 34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | (48,635) | 8,356 |
| 35. Change in net unrealized foreign exchange capital gain (loss)..... | | |
| 36. Change in nonadmitted assets..... | (722) | |
| 37. Change in liability for reinsurance in unauthorized and certified companies..... | | |
| 38. Change in reserve on account of change in valuation basis (increase) or decrease..... | | |
| 39. Change in asset valuation reserve..... | (43,259) | (21,111) |
| 40. Surplus (contributed to) withdrawn from Separate Accounts during period..... | | |
| 41. Other changes in surplus in Separate Accounts statement..... | | |
| 42. Change in surplus notes..... | | |
| 43. Cumulative effect of changes in accounting principles..... | | |
| 44. Change in surplus as a result of reinsurance..... | | |
| 45. Aggregate write-ins for gains and losses in surplus..... | 0 | 0 |
| 46. Net change in surplus for the year (Lines 33 through 45)..... | 20,209 | 162,021 |
| 47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30)..... | 2,958,112 | 2,937,903 |

DETAILS OF WRITE-INS

| | | |
|--|----------|-------|
| 08.301. Early W/D Penalty..... | 1,539 | |
| 08.302. Sundry refunds..... | 754 | |
| 08.303. Convention Advertising Fees..... | 4,155 | |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page..... | 0 | 0 |
| 08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)..... | 6,448 | 0 |
| 2501. Convention Reserve Allowance..... | (16,844) | 8,844 |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | (16,844) | 8,844 |
| 4501. | | |
| 4502. | | |
| 4503. | | |
| 4598. Summary of remaining write-ins for Line 45 from overflow page..... | 0 | 0 |
| 4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above)..... | 0 | 0 |

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CASH FROM OPERATIONS | | |
| 1. Premiums collected net of reinsurance..... | 675,267 | 1,067,311 |
| 2. Net investment income..... | 905,949 | 948,871 |
| 3. Miscellaneous income..... | 6,448 | ..... |
| 4. Total (Lines 1 through 3)..... | 1,587,664 | 2,016,182 |
| 5. Benefit and loss related payments..... | 2,239,216 | 1,194,503 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | ..... | ..... |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 336,910 | 299,977 |
| 8. Dividends paid to policyholders..... | 34,754 | 35,055 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | ..... | ..... |
| 10. Total (Lines 5 through 9)..... | 2,610,880 | 1,529,535 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (1,023,216) | 486,647 |
| CASH FROM INVESTMENTS | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | 995,177 | 425,396 |
| 12.2 Stocks..... | 11,321 | 56,577 |
| 12.3 Mortgage loans..... | ..... | ..... |
| 12.4 Real estate..... | ..... | ..... |
| 12.5 Other invested assets..... | ..... | ..... |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | ..... | ..... |
| 12.7 Miscellaneous proceeds..... | ..... | ..... |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 1,006,498 | 481,973 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds..... | 447,668 | 1,081,212 |
| 13.2 Stocks..... | ..... | 52,807 |
| 13.3 Mortgage loans..... | ..... | ..... |
| 13.4 Real estate..... | ..... | ..... |
| 13.5 Other invested assets..... | ..... | ..... |
| 13.6 Miscellaneous applications..... | ..... | ..... |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 447,668 | 1,134,019 |
| 14. Net increase (decrease) in contract loans and premium notes..... | (17,737) | (4,275) |
| 15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)..... | 576,567 | (647,771) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | ..... | ..... |
| 16.2 Capital and paid in surplus, less treasury stock..... | ..... | ..... |
| 16.3 Borrowed funds..... | ..... | ..... |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | ..... | ..... |
| 16.5 Dividends to stockholders..... | ..... | ..... |
| 16.6 Other cash provided (applied)..... | 4,104 | (1,371) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | 4,104 | (1,371) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | (442,545) | (162,495) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 646,930 | 809,425 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 204,385 | 646,930 |

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

| | |
|---------------|-------|
| 20.0001 | |
|---------------|-------|

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | Insurance | | | | | | 8 | 9 |
|--|-------------|----------------|----------------------|-------------------------|---------------------|--|-----------------------------|-----------|---------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | | |
| | Total | Life Insurance | Individual Annuities | Supplementary Contracts | Accident and Health | Aggregate of All Other Lines of Business | Total (Columns 2 through 6) | Fraternal | Expense |
| 1. Premiums and annuity considerations for life and accident and health contracts..... | 682,906 | 65,821 | 617,085 | | | | 682,906 | | |
| 2. Considerations for supplementary contracts with life contingencies..... | 0 | | | | | | 0 | | |
| 3. Net investment income..... | 883,223 | 438,993 | 444,230 | | | | 883,223 | | |
| 4. Amortization of interest maintenance reserve (IMR)..... | 11,470 | 4,812 | 6,658 | | | | 11,470 | | |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses..... | 0 | | | | | | 0 | | |
| 6. Commissions and expense allowances on reinsurance ceded..... | 0 | | | | | | 0 | | |
| 7. Reserve adjustments on reinsurance ceded..... | 0 | | | | | | 0 | | |
| 8. Miscellaneous Income: | | | | | | | | | |
| 8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts..... | 0 | | | | | | 0 | | |
| 8.2 Charges and fees for deposit-type contracts..... | 0 | | | | | | 0 | | |
| 8.3 Aggregate write-ins for miscellaneous income..... | 6,448 | 6,448 | 0 | 0 | 0 | 0 | 6,448 | 0 | 0 |
| 9. Totals (Lines 1 to 8.3)..... | 1,584,047 | 516,074 | 1,067,973 | 0 | 0 | 0 | 1,584,047 | 0 | 0 |
| 10. Death benefits..... | 224,402 | 224,402 | | | | | 224,402 | | |
| 11. Matured endowments (excluding guaranteed annual pure endowments)..... | 0 | | | | | | 0 | | |
| 12. Annuity benefits..... | 1,997,824 | | 1,997,824 | | | | 1,997,824 | | |
| 13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0 | 0 | | | | | | 0 | | |
| 14. Surrender benefits and withdrawals for life contracts..... | 41,864 | 41,864 | | | | | 41,864 | | |
| 15. Interest and adjustments on contract or deposit-type contract funds..... | 0 | | | | | | 0 | | |
| 16. Payments on supplementary contracts with life contingencies..... | 0 | | | | | | 0 | | |
| 17. Increase in aggregate reserve for life and accident and health contracts..... | (1,147,370) | (1,147,370) | | | | | (1,147,370) | | |
| 18. Totals (Lines 10 to 17)..... | 1,116,720 | (881,104) | 1,997,824 | 0 | 0 | 0 | 1,116,720 | 0 | 0 |
| 19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only)..... | 0 | | | | | | 0 | | |
| 20. Commissions and expense allowances on reinsurance assumed..... | 0 | | | | | | 0 | | |
| 21. General insurance expenses and fraternal expenses..... | 328,600 | 94,623 | 118,014 | | | | 212,637 | 115,963 | |
| 22. Insurance taxes, licenses and fees..... | 12,088 | 4,592 | 5,727 | | | | 10,319 | 1,769 | |
| 23. Increase in loading on deferred and uncollected premiums..... | 0 | | | | | | 0 | | |
| 24. Net transfers to or (from) Separate Accounts net of reinsurance..... | 0 | | | | | | 0 | | |
| 25. Aggregate write-ins for deductions..... | (16,844) | (16,844) | 0 | 0 | 0 | 0 | (16,844) | 0 | 0 |
| 26. Totals (Lines 18 to 25)..... | 1,440,564 | (798,733) | 2,121,565 | 0 | 0 | 0 | 1,322,832 | 117,732 | 0 |
| 27. Net gain from operations before refunds to members (Line 9 minus Line 26)..... | 143,483 | 1,314,807 | (1,053,592) | 0 | 0 | 0 | 261,215 | (117,732) | 0 |
| 28. Refunds to members..... | 34,754 | 34,754 | | | | | 34,754 | | |
| 29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28)..... | 108,729 | 1,280,053 | (1,053,592) | 0 | 0 | 0 | 226,461 | (117,732) | 0 |

DETAILS OF WRITE-INS

| | | | | | | | | | |
|--|----------|----------|---|---|---|---|----------|---|---|
| 08.301. Early W/D Penalty..... | 1,539 | 1,539 | | | | | 1,539 | | |
| 08.302. Sundry refunds..... | 754 | 754 | | | | | 754 | | |
| 08.303. Convention Advertising Fees..... | 4,155 | 4,155 | | | | | 4,155 | | |
| 08.398. Summary of remaining write-ins for Item 8.3 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 08.399. Totals (Lines 08.301 through 08.303 plus 08.398 above) (Line 8.3 above)..... | 6,448 | 6,448 | 0 | 0 | 0 | 0 | 6,448 | 0 | 0 |
| 2501. Convention Reserve Allowance..... | (16,844) | (16,844) | | | | | (16,844) | | |
| 2502. | 0 | | | | | | 0 | | |
| 2503. | 0 | | | | | | 0 | | |
| 2598. Summary of remaining write-ins for Item 25 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598 above) (Line 25 above)..... | (16,844) | (16,844) | 0 | 0 | 0 | 0 | (16,844) | 0 | 0 |

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

| | 1 Total | 2 Life Insurance | 3 Annuities | 4 Supplementary Contracts |
|---|------------|------------------------|----------------|---------------------------------|
| Involving Life or Disability Contingencies (Reserves) | | | | |
| (Net of Reinsurance Ceded) | | | | |
| 1. Reserve December 31, prior year..... | 15,966,364 | 6,573,655 | 9,392,709 | |
| 2. Tabular net premiums or considerations..... | 673,922 | 56,495 | 617,427 | |
| 3. Present value of disability claims incurred..... | 0 | | | XXX..... |
| 4. Tabular interest..... | 527,055 | 296,129 | 230,926 | |
| 5. Tabular less actual reserve released..... | 3,892 | | 3,892 | |
| 6. Increase in reserve on account of change in valuation basis..... | 0 | | | |
| 6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve..... | 0 | | XXX..... | XXX..... |
| 7. Other increases (net)..... | 0 | | | |
| 8. Totals (Lines 1 to 7)..... | 17,171,233 | 6,926,279 | 10,244,954 | 0 |
| 9. Tabular cost..... | 199,713 | 199,713 | | XXX..... |
| 10. Reserves released by death..... | 112,201 | 112,201 | XXX..... | XXX..... |
| 11. Reserves released by other terminations (net)..... | 42,501 | 42,501 | | |
| 12. Annuity, supplementary contract and disability payments involving life contingencies..... | 0 | | | |
| 13. Net transfers to or (from) Separate Accounts..... | 1,997,824 | | 1,997,824 | |
| 14. Total deductions (Lines 9 to 13)..... | 2,352,239 | 354,415 | 1,997,824 | 0 |
| 15. Reserve December 31, current year..... | 14,818,994 | 6,571,864 | 8,247,130 | 0 |

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. government bonds..... | (a).....12,746 |18,048 |
| 1.1 Bonds exempt from U.S. tax..... | (a).....883,234 |870,688 |
| 1.2 Other bonds (unaffiliated)..... | (a)..... | ..... |
| 1.3 Bonds of affiliates..... | (a)..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | (b).....2,844 |2,844 |
| 2.11 Preferred stocks of affiliates..... | (b)..... | ..... |
| 2.2 Common stocks (unaffiliated)..... |17,621 |17,621 |
| 2.21 Common stocks of affiliates..... | ..... | ..... |
| 3. Mortgage loans..... | (c)..... | ..... |
| 4. Real estate..... | (d).....3,000 |3,000 |
| 5. Contract loans..... |7,139 |7,139 |
| 6. Cash, cash equivalents and short-term investments..... | (e).....2,230 |2,230 |
| 7. Derivative instruments..... | (f)..... | ..... |
| 8. Other invested assets..... | ..... | ..... |
| 9. Aggregate write-ins for investment income..... |0 |0 |
| 10. Total gross investment income..... |928,813 |921,570 |
| 11. Investment expenses..... | ..... | (g).....35,334 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | ..... | (g).....907 |
| 13. Interest expense..... | ..... | (h)..... |
| 14. Depreciation on real estate and other invested assets..... | ..... | (i).....2,106 |
| 15. Aggregate write-ins for deductions from investment income..... | ..... | .....0 |
| 16. Total deductions (Lines 11 through 15)..... | ..... | .....38,347 |
| 17. Net investment income (Line 10 minus Line 16)..... | ..... | .....883,223 |

DETAILS OF WRITE-INS

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

(a) Includes \$....27,962 accrual of discount less \$....47,222 amortization of premium and less \$....2,226 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$....2,106 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) on Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|---|---|---------------------------------------|---|---|---|
| 1. U.S. government bonds..... | ..... | ..... | .....0 | ..... | ..... |
| 1.1 Bonds exempt from U.S. tax..... | ..... | ..... | .....0 | ..... | ..... |
| 1.2 Other bonds (unaffiliated)..... |(25,640) | ..... | .....(25,640) | ..... | ..... |
| 1.3 Bonds of affiliates..... | ..... | ..... | .....0 | ..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | ..... | ..... | .....0 | ..... | ..... |
| 2.11 Preferred stocks of affiliates..... | ..... | ..... | .....0 | ..... | ..... |
| 2.2 Common stocks (unaffiliated)..... |4,096 | ..... | .....4,096 |(48,635) | ..... |
| 2.21 Common stocks of affiliates..... | ..... | ..... | .....0 | ..... | ..... |
| 3. Mortgage loans..... | ..... | ..... | .....0 | ..... | ..... |
| 4. Real estate..... | ..... | ..... | .....0 | ..... | ..... |
| 5. Contract loans..... | ..... | ..... | .....0 | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | ..... | ..... | .....0 | ..... | ..... |
| 7. Derivative instruments..... | ..... | ..... | .....0 | ..... | ..... |
| 8. Other invested assets..... | ..... | ..... | .....0 | ..... | ..... |
| 9. Aggregate write-ins for capital gains (losses)..... |0 |0 |0 |0 |0 |
| 10. Total capital gains (losses)..... |(21,544) |0 |(21,544) |(48,635) |0 |

DETAILS OF WRITE-INS

| | | | | | |
|---|--------|--------|--------|--------|--------|
| 0901..... | ..... | ..... | .....0 | ..... | ..... |
| 0902..... | ..... | ..... | .....0 | ..... | ..... |
| 0903..... | ..... | ..... | .....0 | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... |0 |0 |0 |0 |0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)..... |0 |0 |0 |0 |0 |

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

| | 1 Total | Insurance | | | | | 7 Fraternal | 8 Expense |
|--|------------|------------------------|------------------------------|-----------------------------|--|-------------------------------------|----------------|--------------|
| | | 2 Life Insurance | 3 Individual Annuities | 4 Accident and Health | 5 Aggregate of All Other Lines of Business | 6 Total (Columns 2 through 5) | | |
| FIRST YEAR (other than single) | | | | | | | | |
| 1. Uncollected..... | 0 | | | | | 0 | | |
| 2. Deferred and accrued..... | 0 | | | | | 0 | | |
| 3. Deferred, accrued & uncollected: | | | | | | | | |
| 3.1 Direct..... | 0 | | | | | 0 | | |
| 3.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 3.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 3.4 Net (Line 1 + Line 2)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Advance..... | 0 | | | | | 0 | | |
| 5. Line 3.4 - Line 4..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Collected during year: | | | | | | | | |
| 6.1 Direct..... | 8,205 | 8,205 | | | | 8,205 | | |
| 6.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 6.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 6.4 Net..... | 8,205 | 8,205 | 0 | 0 | 0 | 8,205 | 0 | 0 |
| 7. Line 5 + Line 6.4..... | 8,205 | 8,205 | 0 | 0 | 0 | 8,205 | 0 | 0 |
| 8. Prior year (uncollected + deferred and accrued - advance)..... | 0 | | | | | 0 | | |
| 9. First year premiums and considerations: | | | | | | | | |
| 9.1 Direct..... | 8,205 | 8,205 | | | | 8,205 | | |
| 9.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 9.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 9.4 Net (Line 7 - Line 8)..... | 8,205 | 8,205 | 0 | 0 | 0 | 8,205 | 0 | 0 |
| SINGLE | | | | | | | | |
| 10. Single premiums and considerations: | | | | | | | | |
| 10.1 Direct..... | 228,529 | 4,988 | 223,541 | | | 228,529 | | |
| 10.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 10.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 10.4 Net..... | 228,529 | 4,988 | 223,541 | 0 | 0 | 228,529 | 0 | 0 |
| RENEWAL | | | | | | | | |
| 11. Uncollected..... | 0 | | | | | 0 | | |
| 12. Deferred and accrued..... | 0 | | | | | 0 | | |
| 13. Deferred, accrued & uncollected: | | | | | | | | |
| 13.1 Direct..... | 0 | | | | | 0 | | |
| 13.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 13.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 13.4 Net (Line 11 + Line 12)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Advance..... | 0 | | | | | 0 | | |
| 15. Line 13.4 - Line 14..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Collected during year: | | | | | | | | |
| 16.1 Direct..... | 439,253 | 45,709 | 393,544 | | | 439,253 | | |
| 16.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 16.3 Reinsurance ceded..... | 387 | 387 | | | | 387 | | |
| 16.4 Net..... | 438,866 | 45,322 | 393,544 | 0 | 0 | 438,866 | 0 | 0 |
| 17. Line 15 + Line 16.4..... | 438,866 | 45,322 | 393,544 | 0 | 0 | 438,866 | 0 | 0 |
| 18. Prior year (uncollected + deferred and accrued - advance)..... | (7,306) | (7,306) | | | | (7,306) | | |
| 19. Renewal premiums and considerations: | | | | | | | | |
| 19.1 Direct..... | 446,559 | 53,015 | 393,544 | | | 446,559 | | |
| 19.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 19.3 Reinsurance ceded..... | 387 | 387 | | | | 387 | | |
| 19.4 Net (Line 17 - Line 18)..... | 446,172 | 52,628 | 393,544 | 0 | 0 | 446,172 | 0 | 0 |
| TOTAL | | | | | | | | |
| 20. Total premiums and annuity considerations: | | | | | | | | |
| 20.1 Direct..... | 683,293 | 66,208 | 617,085 | 0 | 0 | 683,293 | 0 | 0 |
| 20.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20.3 Reinsurance ceded..... | 387 | 387 | 0 | 0 | 0 | 387 | 0 | 0 |
| 20.4 Net (Lines 9.4 + 10.4 + 19.4)..... | 682,906 | 65,821 | 617,085 | 0 | 0 | 682,906 | 0 | 0 |

**EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE
ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

| | 1 | Total | Insurance | | | | 7 | 8 |
|--|---|--------|---------------------|------------------------------|-----------------------------|--|--------|----|
| | | | 2 Life Insurance | 3 Individual Annuities | 4 Accident and Health | 5 Aggregate of All Other Lines of Business | | |
| REFUNDS APPLIED (included in Part 1) | | | | | | | | |
| 21. To pay renewal premiums | | .0 | | | | | | |
| 22. All other | | 34,754 | 34,754 | | | | 34,754 | |
| REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED | | | | | | | | |
| 23. First year (other than single): | | | | | | | | |
| 23.1 Reinsurance ceded | | .0 | | | | | .0 | |
| 23.2 Reinsurance assumed | | .0 | | | | | .0 | |
| 23.3 Net ceded less assumed | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |
| 24. Single: | | | | | | | | |
| 24.1 Reinsurance ceded | | .0 | | | | | .0 | |
| 24.2 Reinsurance assumed | | .0 | | | | | .0 | |
| 24.3 Net ceded less assumed | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |
| 25. Renewal: | | | | | | | | |
| 25.1 Reinsurance ceded | | .0 | | | | | .0 | |
| 25.2 Reinsurance assumed | | .0 | | | | | .0 | |
| 25.3 Net ceded less assumed | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |
| 26. Totals: | | | | | | | | |
| 26.1 Reinsurance ceded (Page 6, Line 6) | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |
| 26.2 Reinsurance assumed | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |
| 26.3 Net ceded less assumed | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |
| COMMISSIONS INCURRED (direct business only) | | | | | | | | |
| 27. First year (other than single) | | .0 | | | | | .0 | |
| 28. Single | | .0 | | | | | .0 | |
| 29. Renewal | | .0 | | | | | .0 | |
| 30. Deposit-type contract funds | | .0 | | | | | .0 | |
| 31. Totals (to agree with Page 6, Line 19) | | .0 | .0 | 0 | 0 | 0 | .0 | .0 |

EXHIBIT 2 - GENERAL EXPENSES

| | Insurance | | | | 5 | 6 | 7 | | | |
|--|-----------|---------------------|------------------|----|---------|-----------------|-----------------|--|--|--|
| | 1 | Accident and Health | | 4 | | | | | | |
| | | 2 Life | 3 Containment | | | | | | | |
| 1. Rent..... | 1,200 | | | | 900 | .900 | 3,000 | | | |
| 2. Salaries and wages..... | 95,698 | | | | 13,341 | 46,731 | 155,770 | | | |
| 3.11 Insured benefit plans for employees..... | | | | | | | 0 | | | |
| 3.12 Insured benefit plans for fieldworkers..... | | | | | | | 0 | | | |
| 3.21 Uninsured benefit plans for employees..... | | | | | | | 0 | | | |
| 3.22 Uninsured benefit plans for fieldworkers..... | | | | | | | 0 | | | |
| 3.31 Other employee welfare..... | | | | | | | 0 | | | |
| 3.32 Other fieldworker welfare..... | | | | | | | 0 | | | |
| 4.1 Legal fees and expenses..... | | | | | | | 0 | | | |
| 4.2 Medical examination fees..... | | | | | | | 0 | | | |
| 4.3 Inspection report fees..... | | | | | | | 0 | | | |
| 4.4 Fees of public accountants and consulting actuaries..... | 67,080 | | | | 8,385 | 8,385 | 83,850 | | | |
| 4.5 Expense of investigation and settlement of certificate claims..... | | | | | | | 0 | | | |
| 5.1 Traveling expenses..... | 967 | | | | | | 967 | | | |
| 5.2 Advertising..... | 7,565 | | | | | 2,522 | 10,086 | | | |
| 5.3 Postage, express, telegraph and telephone..... | 4,363 | | | | | 1,091 | 5,454 | | | |
| 5.4 Printing and stationery..... | 631 | | | | | .111 | 742 | | | |
| 5.5 Cost or depreciation of furniture and equipment..... | 127 | | | | | | 127 | | | |
| 5.6 Rental of equipment..... | 2,557 | | | | | .284 | 2,841 | | | |
| 5.7 Cost or depreciation of EDP equipment and software..... | 1,110 | | | | | | 1,110 | | | |
| 5.8 Lodge supplies less \$.....0 from sales..... | 1,103 | | | | | | 1,103 | | | |
| 6.1 Books and periodicals..... | .80 | | | | | | .80 | | | |
| 6.2 Bureau and association dues..... | | | | | | .313 | 313 | | | |
| 6.3 Insurance, except on real estate..... | 6,731 | | | | 4,179 | | 10,910 | | | |
| 6.4 Miscellaneous losses..... | | | | | | | 0 | | | |
| 6.5 Collection and bank service charges..... | | | | | | | 0 | | | |
| 6.6 Sundry general expenses..... | 1,298 | | | | | .324 | 1,622 | | | |
| 7.1 Field expense allowance..... | | | | | | | 0 | | | |
| 7.2 Fieldworkers' balances charged off (less \$.....0 recovered)..... | | | | | | | 0 | | | |
| 7.3 Field conferences other than local meetings..... | | | | | | | 0 | | | |
| 8.1 Official publications..... | | | | | | 19,513 | 19,513 | | | |
| 8.2 Expense of supreme lodge meetings..... | | | | | | 20,649 | 20,649 | | | |
| 9.1 Real estate expenses..... | 11,245 | | | | | | 11,245 | | | |
| 9.2 Investment expenses not included elsewhere..... | | | | | 8,529 | | 8,529 | | | |
| 9.3 Aggregate write-ins for expenses..... | 10,883 | .0 | .0 | .0 | .0 | 15,140 | 26,023 | | | |
| 10. General expenses incurred..... | .212,637 | .0 | .0 | .0 | .35,334 | (a).....115,963 | (b).....363,934 | | | |
| 11. General expenses unpaid December 31, prior year..... | 45,137 | | | | 5,640 | | 56,417 | | | |
| 12. General expenses unpaid December 31, current year..... | 55,000 | | | | | | 55,000 | | | |
| 13. General expenses paid during year (Lines 10 + 11 - 12)..... | .202,774 | .0 | .0 | .0 | .40,974 | 121,603 | 365,351 | | | |

DETAILS OF WRITE-INS

| | | | | | | | |
|--|--------|----|----|----|----|--------|--------|
| 09.301 Scholarship Awards..... | | | | | | 12,500 | 12,500 |
| 09.302 Charitable Donations..... | | | | | | 2,640 | 2,640 |
| 09.303 Data Processing Expense..... | 10,883 | | | | | | 10,883 |
| 09.398 Summary of remaining write-ins for Line 9.3 from overflow page..... | .0 | .0 | .0 | .0 | .0 | | 0 |
| 09.399 Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above)..... | 10,883 | .0 | .0 | .0 | .0 | 15,140 | 26,023 |

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

1. Charitable \$.....2,640; 2. Institutional \$.....16,739; 3. Recreational and Health \$.....0; 4. Educational \$....12,500

5. Religious \$.....0; 6. Membership \$....74,799; 7. Other \$....9,285; 8. Total \$....115,963

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

| | Insurance | | | 4 | 5 | 6 |
|--|-----------|-----------------------------|---|-------|-------|--------|
| | 1 Life | 2 Accident and Health | 3 Aggregate of All Other Lines of Business | | | |
| 1. Real estate taxes..... | | | | | | 0 |
| 2. State insurance department licenses and fees..... | .986 | | | .174 | | 1,160 |
| 3. Other state taxes, including \$....127 for employee benefits..... | .102 | | | .13 | .13 | .127 |
| 4. U.S. Social Security taxes..... | 9,096 | | | .691 | 1,727 | 11,514 |
| 5. All other taxes..... | .136 | | | .29 | .29 | .194 |
| 6. Taxes, licenses and fees Incurred..... | 10,319 | .0 | 0 | .907 | 1,769 | 12,995 |
| 7. Taxes, licenses and fees unpaid December 31, prior year..... | .243 | | | .244 | .209 | .696 |
| 8. Taxes, licenses and fees unpaid December 31, current year..... | .7 | | | | | .7 |
| 9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8)..... | 10,555 | .0 | 0 | 1,151 | 1,978 | 13,684 |

EXHIBIT 4 - DIVIDENDS OR REFUNDS

| | 1 Life | 2 Accident and Health |
|--|-----------|--------------------------|
| 1. Applied to pay renewal premiums..... | | |
| 2. Applied to shorten the endowment or premium-paying period..... | | |
| 3. Applied to provide paid-up additions..... | | .34,754 |
| 4. Applied to provide paid-up annuities..... | | |
| 5. Total (Lines 1 to 4)..... | | .34,754 |
| 6. Paid in cash..... | | |
| 7. Left on deposit..... | | |
| 8. Aggregate write-ins for dividend or refund..... | .0 | .0 |
| 9. Total (Lines 5 to 8)..... | | .34,754 |
| 10. Amount due and unpaid..... | | |
| 11. Provision for dividends or refunds payable in the following calendar year..... | | .35,000 |
| 12. Terminal dividends..... | | |
| 13. Provision for deferred dividend contracts..... | | |
| 14. Amount provisionally held for deferred dividend contracts not included in Line 13..... | | |
| 15. Total (Line 10 through Line 14)..... | | .35,000 |
| 16. Total from prior year..... | | .35,000 |
| 17. Total dividends or refunds (Line 9 + 15 - 16)..... | | .34,754 |

DETAILS OF WRITE-INS

| | | |
|---|--|----|
| 0801. | | |
| 0802. | | |
| 0803. | | |
| 0898. Summary of remaining write-ins for Line 8 from overflow page..... | | .0 |
| 0899. Totals (Line 0801 through 0803 plus 0898) (Line 8 above)..... | | .0 |

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

| 1 Valuation Standard | 2 Total | 3 Industrial | 4 Ordinary | 5 Credit (Group and Individual) | 6 Group |
|---|------------|-----------------|---------------|--|------------|
| Life Insurance: | | | | | |
| 0100001. A AMERICAN EXPERIENCE.....AE 4%..... | ..2,223 | | ..2,223 | | |
| 0100002. B AMERICAN EXPERIENCE.....AE 3.5%..... | 43,375 | | 43,375 | | |
| 0100003. C AMERICAN EXPERIENCE.....AE 3%..... | 869,405 | | 869,405 | | |
| 0100004. D 1958 CSO.....1958 CSO 2.5%..... | 673,188 | | 673,188 | | |
| 0100005. E 1980 CSO.....1980 CSO 5%..... | 2,630,723 | | 2,630,723 | | |
| 0100006. F 1980 CSO.....1980 CSO 4.5%, 4%..... | 1,776,271 | | 1,776,271 | | |
| 0100007. G 2001 CSO.....2001 CSO 4%..... | 221,060 | | 221,060 | | |
| 0100008. H 2001 CSO.....2001 CSO 3.5%..... | 213,628 | | 213,628 | | |
| 0199997. Totals (Gross)..... | 6,429,873 | 0 | 6,429,873 | 0 | 0 |
| 0199998. Reinsurance ceded..... | 191 | | 191 | | |
| 0199999. Totals (Net)..... | 6,429,682 | 0 | 6,429,682 | 0 | 0 |
| Annuities (excluding supplementary contracts with life contingencies): | | | | | |
| 0200001. ACCUMULATION AT 4.5%..... | 110,764 | XXX..... | 110,764 | XXX..... | |
| 0200002. ACCUMULATION AT 4.0%..... | 251,754 | XXX..... | 251,754 | XXX..... | |
| 0200003. ACCUMULATION AT 3.0%..... | 3,533,084 | XXX..... | 3,533,084 | XXX..... | |
| 0200004. ACCUMULATION AT 2.0%..... | 499,754 | XXX..... | 499,754 | XXX..... | |
| 0200005. ACCUMULATION AT 1.0%..... | 3,851,775 | XXX..... | 3,851,775 | XXX..... | |
| 0299997. Totals (Gross)..... | 8,247,131 | XXX..... | 8,247,131 | XXX..... | 0 |
| 0299999. Totals (Net)..... | 8,247,131 | XXX..... | 8,247,131 | XXX..... | 0 |
| Accidental Death Benefits: | | | | | |
| 0400001. 1959 ADB & 1980 CSO AT 5%..... | 741 | | 741 | | |
| 0499997. Totals (Gross)..... | 741 | 0 | 741 | 0 | 0 |
| 0499999. Totals (Net)..... | 741 | 0 | 741 | 0 | 0 |
| Miscellaneous Reserves: | | | | | |
| 0700001. UNIFORM DISTRIBUTION..... | 222 | | 222 | | |
| 0700002. NDDFP..... | 529 | | 529 | | |
| 0700003. IPDC..... | 90,689 | | 90,689 | | |
| 0700004. EXTRA MORTALITY..... | 50,000 | | 50,000 | | |
| 0799997. Totals (Gross)..... | 141,440 | 0 | 141,440 | 0 | 0 |
| 0799999. Totals (Net)..... | 141,440 | 0 | 141,440 | 0 | 0 |
| 9999999. Totals (Net) - Page 3, Line 1..... | 14,818,994 | 0 | 14,818,994 | 0 | 0 |

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?

Yes [] No [X]

1.2 If not, state which kind is issued

PARTICIPATING

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

Yes [] No [X]

2.2 If not, state which kind is issued

PARTICIPATING

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [] No [X]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.



* 5 6 3 2 4 2 0 1 8 3 7 0 0 0 0 0 0 *

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:

Yes [] No [X]

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

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

4.3 Basis of reserve: \$.....

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

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

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

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [] No [X]

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

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

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

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

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

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

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

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

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

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [] No [X]

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

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

9.3 Identify where the reserves are reported in the blank.

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

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

| | 1 Total | 2 Collectively Renewable | Other Individual Contracts | | | | |
|--|------------|--------------------------------|----------------------------|------------------------------|--|--------------------------------|----------------|
| | | | 3 Non- Cancelable | 4 Guaranteed Renewable | 5 Non-Renewable for Stated Reasons Only | 6 Other Accident Only | 7 All Other |
| ACTIVE LIFE RESERVE | | | | | | | |
| 1. Unearned premium reserves..... | .0 | | | | | | |
| 2. Additional contract reserves (a)..... | .0 | | | | | | |
| 3. Additional actuarial reserves-Asset/Liability analysis..... | .0 | | | | | | |
| 4. Reserve for future contingent benefits..... | .0 | | | | | | |
| 5. Aggregate write-ins for reserves..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 6. Totals (Gross)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 7. Reinsurance ceded..... | .0 | | | | | | |
| 8. Totals (Net)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |

CLAIM RESERVE

| | | | | | | | |
|---|----|----|----|----|----|----|----|
| 9. Present value of amounts not yet due on claims..... | .0 | | | | | | |
| 10. Additional actuarial reserves-Asset/Liability analysis..... | .0 | | | | | | |
| 11. Reserve for future contingent benefits..... | .0 | | | | | | |
| 12. Aggregate write-ins for reserves..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 13. Totals (Gross)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 14. Reinsurance ceded..... | .0 | | | | | | |
| 15. Totals (Net)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 16. TOTAL (Net)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. TABULAR FUND INTEREST..... | .0 | | | | | | |

DETAILS OF WRITE-INS

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

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

| | 1 Total | 2 Guaranteed Interest Contracts | 3 Annuities Certain | 4 Supplemental Contracts | 5 Dividend Accumulations or Refunds | 6 Premium and Other Deposit Funds |
|--|------------|--|---------------------------|--------------------------------|--|--|
| | | | | | | |
| 1. Balance at beginning of the year before reinsurance..... | .0 | | | | | |
| 2. Deposits received during the year..... | .0 | | | | | |
| 3. Investment earnings credited to the account..... | .0 | | | | | |
| 4. Other net change in reserves..... | .0 | | | | | |
| 5. Fees and other charges assessed..... | .0 | | | | | |
| 6. Surrender charges..... | .0 | | | | | |
| 7. Net surrender or withdrawal payments..... | .0 | | | | | |
| 8. Other net transfers to or (from) Separate Accounts..... | .0 | | | | | |
| 9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8)..... | .0 | .0 | .0 | .0 | .0 | .0 |
| 10. Reinsurance balance at the beginning of the year..... | .0 | | | | | |
| 11. Net change in reinsurance assumed..... | .0 | | | | | |
| 12. Net change in reinsurance ceded..... | .0 | | | | | |
| 13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)..... | .0 | .0 | .0 | .0 | .0 | .0 |
| 14. Net balance at the end of current year after reinsurance (Lines 9 + 13)..... | .0 | .0 | .0 | .0 | .0 | .0 |

EXHIBIT 8 - PART 1 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Liability End of Current Year

| | 1 Total | 2 Industrial Life | Ordinary | | | 6 Credit Life (Group and Individual) | Group | | Accident and Health | | |
|-------------------------------|------------|-------------------------|------------------------|------------------------------|---------------------------------|---|------------------------|----------------|---------------------|---|-------------|
| | | | 3 Life Insurance | 4 Individual Annuities | 5 Supplementary Contracts | | 7 Life Insurance | 8 Annuities | 9 Group | 10 Credit (Group and Individual) | 11 Other |
| 1. Due and unpaid: | | | | | | | | | | | |
| 1.1 Direct..... | 41,919 | | | 41,919 | | | | | | | |
| 1.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 1.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 1.4 Net..... | 41,919 | 0 | 41,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. In course of settlement: | | | | | | | | | | | |
| 2.1 Resisted: | | | | | | | | | | | |
| 2.11 Direct..... | 0 | | | | | | | | | | |
| 2.12 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 2.13 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 2.14 Net..... | 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | 0 | 0 | 0 | 0 |
| 2.2 Other: | | | | | | | | | | | |
| 2.21 Direct..... | 0 | | | | | | | | | | |
| 2.22 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 2.23 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 2.24 Net..... | 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | (b) 0 |
| 3. Incurred but unreported: | | | | | | | | | | | |
| 3.1 Direct..... | 10,000 | | | 10,000 | | | | | | | |
| 3.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 3.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 3.4 Net..... | 10,000 | 0 | (b) 10,000 | (b) 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | (b) 0 |
| 4. Totals: | | | | | | | | | | | |
| 4.1 Direct..... | 51,919 | 0 | 51,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net..... | 51,919 | (a) 0 | (a) 51,919 | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 |

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - PART 2 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Incurred During the Year

| | 1 Total | 2 Industrial Life (a) | Ordinary | | | 6 Credit Life (Group and Individual) | Group | | Accident and Health | | |
|---|---------------|--------------------------------|-------------------------------|------------------------------|---------------------------------|---|-------------------------------|----------------|---------------------|---|-------------|
| | | | 3 Life Insurance (b) | 4 Individual Annuities | 5 Supplementary Contracts | | 7 Life Insurance (c) | 8 Annuities | 9 Group | 10 Credit (Group and Individual) | 11 Other |
| 1. Settlements during the year: | | | | | | | | | | | |
| 1.1 Direct..... | 2,197,352 | | 199,528 | 1,997,824 | | | | | | | |
| 1.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 1.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 1.4 Net..... | (d) 2,197,352 | 0 | 199,528 | 1,997,824 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Liability December 31, current year from Part 1: | | | | | | | | | | | |
| 2.1 Direct..... | 51,919 | 0 | 51,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.4 Net..... | 51,919 | 0 | 51,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts recoverable from reinsurers Dec. 31, current year..... | 0 | | | | | | | | | | |
| 4. Liability December 31, prior year: | | | | | | | | | | | |
| 4.1 Direct..... | 27,045 | | 27,045 | | | | | | | | |
| 4.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 4.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 4.4 Net..... | 27,045 | 0 | 27,045 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Amounts recoverable from reinsurers December 31, prior year..... | 0 | | | | | | | | | | |
| 6. Incurred benefits: | | | | | | | | | | | |
| 6.1 Direct..... | 2,222,226 | 0 | 224,402 | 1,997,824 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6.4 Net..... | 2,222,226 | 0 | 224,402 | 1,997,824 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

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

EXHIBIT OF NONADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|--|--|--|---|
| 1. Bonds (Schedule D)..... | | | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks..... | | | 0 |
| 2.2 Common stocks..... | | | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens..... | | | 0 |
| 3.2 Other than first liens..... | | | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company..... | | | 0 |
| 4.2 Properties held for the production of income..... | | | 0 |
| 4.3 Properties held for sale..... | | | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | | | 0 |
| 6. Contract loans..... | | | 0 |
| 7. Derivatives (Schedule DB)..... | | | 0 |
| 8. Other invested assets (Schedule BA)..... | | | 0 |
| 9. Receivables for securities..... | | | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only)..... | | | 0 |
| 14. Investment income due and accrued..... | | | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | | | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination..... | | | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 |
| 18.2 Net deferred tax asset..... | | | 0 |
| 19. Guaranty funds receivable or on deposit..... | | | 0 |
| 20. Electronic data processing equipment and software..... | | | 0 |
| 21. Furniture and equipment, including health care delivery assets..... | 722 | | (722) |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 |
| 24. Health care and other amounts receivable..... | | | 0 |
| 25. Aggregate write-ins for other-than-invested assets..... | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 722 | 0 | (722) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 |
| 28. TOTALS (Lines 26 and 27)..... | 722 | 0 | (722) |

DETAILS OF WRITE-INS

| | | | |
|--|---|---|---|
| 1101..... | | | 0 |
| 1102..... | | | 0 |
| 1103..... | | | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 |
| 2501..... | | | 0 |
| 2502..... | | | 0 |
| 2503..... | | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | 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 |
|---|--------|----------|------------|--------------|--------------|
| NET INCOME | | | | | |
| (1) Company state basis (Page 4, Line 31, Columns 1 & 2) | XXX | XXX | XXX | \$ 112,825 | \$ 174,776 |
| (2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (3) State Permitted Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (4) NAIC SAP (1 – 2 – 3 = 4) | XXX | XXX | XXX | \$ 112,825 | \$ 174,776 |
| SURPLUS | | | | | |
| (5) Company state basis (Page 3, Line 30, Columns 1 & 2) | XXX | XXX | XXX | \$ 2,958,112 | \$ 2,937,903 |
| (6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (7) State Permitted Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (8) NAIC SAP (5 – 6 – 7 = 8) | XXX | XXX | XXX | \$ 2,958,112 | \$ 2,937,903 |

The financial statements of the Czech Catholic Union are presented on the basis of the accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of a Fraternal Benefit Society, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures manual (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

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

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

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received.

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The amount of dividends to be paid to policyholders is determined annually by the Union's board of directors. The aggregate amount of policyholders' dividends is related to actual interest, mortality, morbidity and expense experience for the year and judgement as to the appropriate level of statutory surplus to be retained by the Union.

- (1) Basis for Short-Term Investments
The basis for short term investments are stated at amortized cost.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
Bonds are stated at amortized cost using the interest method. Bonds rated NAIC Class 6 are valued at market.
- (3) Basis for Common Stocks
The basis is cost. The admitted value is adjusted to fair value in accordance with NAIC procedures. An unrealized gain or loss is recognized until it is sold and then a realized gain or loss is recognized.
- (4) Basis for Preferred Stocks
The basis is cost or amortized value in accordance with NAIC procedures
- (5) Basis for Mortgage Loans
The Union has no mortgage loans.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
The basis for loan backed securities are handled the same way as bonds as described in item C(2) above.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
The Union has no subsidiaries or controlled or affiliated entities.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
The Union has no ownership interests in joint ventures partnerships or limited liability entities.
- (9) Accounting Policies for Derivatives
The Union has no derivatives.
- (10) Anticipated Investment Income Used in Premiums Deficiency Calculation
The Union has no premium deficiencies.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts
There are no claims or losses as the Union does not have any A&H policies.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Union has not modified its capitalization policy from the prior period.

NOTES TO FINANCIAL STATEMENTS

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
 The Union has no pharmaceutical rebates

D. Going Concern
 After evaluating the Union's ability to continue as a going concern, management is not aware of any conditions or events which raised substantial doubts concerning the Union's ability as a going concern as of the date of this filing.

Note 2 – Accounting Changes and Correction of Errors

During the current year, the Union made no adjustments for an error in the prior year.

Note 3 – Business Combinations and Goodwill

Not Applicable

Note 4 – Discontinued Operations

Not Applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
 Not Applicable

B. Debt Restructuring
 Not Applicable

C. Reverse Mortgages
 Not Applicable

D. Loan-Backed Securities
 Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
 Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
 Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
 Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale
 Repurchase Transaction – Cash Taker – Overview of Sale Transactions
 Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
 Repurchase Transaction – Cash Provider – Overview of Sale Transactions
 Not Applicable

J. Real Estate
 Not Applicable

K. Low-Income Housing Tax Credits (LIHTC)
 Not Applicable

L. Restricted Assets
 Not Applicable

M. Working Capital Finance Investments
 Not Applicable

N. Offsetting and Netting of Assets and Liabilities
 Not Applicable

O. Structured Notes

NOTES TO FINANCIAL STATEMENTS

Not Applicable

P. 5GI Securities

Not Applicable

Q. Short Sales

Not Applicable

R. Prepayment Penalty and Acceleration Fees

Not Applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 7 – Investment IncomeA. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
Bonds and other invested assets are excluded when collection of interest is uncertain and or the bond is in default.B. The total amount excluded:
Total amount excluded was zero in 2018.**Note 8 – Derivative Instruments**

Not Applicable

Note 9 – Income Taxes

Not Applicable

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

Not Applicable

Note 11 – Debt

Not Applicable

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

Not Applicable

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

Not Applicable

Note 14 – Liabilities, Contingencies and Assessments

Not Applicable

Note 15 – Leases

A. Lessee Operating Lease

(1) Lessee's Leasing Arrangements

a. Rental Expense
Copierb. Basis on Which Contingent Rental Payments are Determined
\$257.94 Monthlyc. Existence and Terms of Renewal or Purchase Options and Escalation Clauses
61 Month lease

d. Restrictions Imposed by Lease Agreements

e. Identification of Lease Agreements that have been Terminated Early
N/A

(2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year

a. At December 31, 2018 the minimum aggregate rental commitments are as follows:

| Year Ending December 31 | Operating Leases |
|-------------------------|------------------|
| 1. 2019 | \$ 3,095 |

NOTES TO FINANCIAL STATEMENTS

| Year Ending December 31 | Operating Leases |
|-------------------------|------------------|
| 2. 2020 | \$ 3,095 |
| 3. 2021 | \$ 3,095 |
| 4. 2022 | \$ 2,064 |
| 5. 2023 | \$ |
| 6. Total | \$ |

b. Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases

(3) For Sale-Leaseback Transactions

a. Terms of the Sale-Leaseback Transactions

b. Obligation of Future Minimum Lease Payments and Total of Minimum Sublease Rentals

B. Lessor Leases

(1) Operating Leases:

a. Lessor's Leasing Arrangements

b. Cost and Carrying Amount of Property on Lease or Held for Leasing

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:

| Year Ending December 31 | Operating Leases |
|-------------------------|------------------|
| 1. 2019 | \$ |
| 2. 2020 | \$ |
| 3. 2021 | \$ |
| 4. 2022 | \$ |
| 5. 2022 | \$ |
| 6. Total | \$ |

d. Total Contingent Rentals

(2) Leveraged Leases:

a. Terms Including Pretax Income from Leveraged Leases

b. Pretax Income, Tax Effect and Investment Tax Credit

| | 2018 | 2017 |
|---|------|------|
| 1. Income from leveraged leases before income tax including investment tax credit | \$ | \$ |
| 2. Less current income tax | \$ | \$ |
| 3. Net income from leveraged leases | \$ | \$ |

c. The components of the investment in leveraged leases at December 31, 2018 and 2017 were as shown below:

| | 2018 | 2017 |
|---|------|------|
| 1. Lease contracts receivable (net of principal and interest on non-recourse financing) | | |
| 2. Estimated residual value of leased assets | | |
| 3. Unearned and deferred income | | |
| 4. Investment in leveraged leases | | |
| 5. Deferred income taxes related to leveraged leases | | |
| 6. Net investment in leveraged leases | | |

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

Not Applicable

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

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

NOTES TO FINANCIAL STATEMENTS

Not Applicable

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

Not Applicable

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

| Description for Each Type of Asset or Liability | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Total |
|---|------------|---------|---------|-----------------------|------------|
| Assets at Fair Value | | | | | |
| COMMON STOCK | \$ 295,708 | \$ | \$ | \$ | \$ 295,708 |
| Total | \$ 295,708 | \$ | \$ | \$ | \$ 295,708 |
| Liabilities at Fair Value | | | | | |
| | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ |

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

NONE

| Description | 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 | Settlements | Ending Balance at 12/31/2018 |
|----------------|-------------------------------|------------------------|--------------------------|---|--|-----------|-----------|-------|-------------|------------------------------|
| a. Assets | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| b. Liabilities | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

NONE

(3) Policies when Transfers Between Levels are Recognized

NOT APPLICABLE

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

BROKER STATEMENTS

(5) Fair Value Disclosures

NOT APPLICABLE

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

NOT APPLICABLE

C. Fair Value Level

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|------------|---------------|-----------|-----------------------|----------------------------------|
| BONDS | \$ 17,043,024 | \$ 17,495,054 | \$ | \$ 17,043,024 | \$ | \$ | \$ |
| COMMON STOCKS | \$ 295,708 | \$ 295,708 | \$ 295,708 | \$ | \$ | \$ | \$ |
| PREFERRED STOCKS | \$ 43,679 | \$ 50,000 | \$ | \$ 43,679 | \$ | \$ | \$ |
| CASH AND EQUIVALENTS | \$ 204,385 | \$ 204,385 | \$ 204,385 | \$ | \$ | \$ | \$ |
| TOTAL | \$ 17,586,796 | \$ 18,045,147 | \$ 500,093 | \$ 17,086,703 | \$ | \$ | \$ |

D. Not Practicable to Estimate Fair Value

| Type of Class or Financial Instrument | Carrying Value | Effective Interest Rate | Maturity Date | Explanation |
|---------------------------------------|----------------|-------------------------|---------------|-------------|
| | \$ | | | |

E. NAV Practical Expedient Investments

Note 21 – Other Items

NOTES TO FINANCIAL STATEMENTS

Not Applicable

Note 22 – Events Subsequent

NO SUBSEQUENT EVENTS OCCURRED THAT WOULD IMPACT THE STATEMENT AT DECEMBER 31,2018.

Subsequent events have been considered through for these statutory financial statements which are to be issued on .

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

Yes [] No [X]

| | 2018 | 2017 |
|---|------|------|
| B. ACA fee assessment payable for the upcoming year | \$ | \$ |
| C. ACA fee assessment paid | \$ | \$ |
| D. Premium written subject to ACA 9010 assessment | \$ | \$ |
| E. Total adjusted capital before surplus adjustment (Five-Year Historical Line 17) | \$ | \$ |
| F. Total adjusted capital after surplus adjustment (Five-Year Historical Line 17 minus 22B above) | \$ | \$ |
| G. Authorized control level | \$ | \$ |

H. Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level (YES/NO)?

Yes [] No [X]

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [] No [X]
If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [] No [X]
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No [X]
a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [] No []
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$NONE**

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

B. Uncollectible Reinsurance

NONE

(1) The Company has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

| | |
|--|--------|
| a. Claims incurred | \$ |
| b. Claims adjustment expenses incurred | \$ |
| c. Premiums earned | \$ |
| d. Other | \$ |
| Entity | Amount |
| | \$ |

C. Commutation of Ceded Reinsurance

NOTES TO FINANCIAL STATEMENTS

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

| (1) Claims incurred | \$ |
|---|--------|
| (2) Claims adjustment expenses incurred | \$ |
| (3) Premiums earned | \$ |
| (4) Other | \$ |
| Entity | Amount |
| | \$ |

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a. Certified Reinsurers Downgraded or Status Subject to Revocation

| Name of Certified Reinsurer | Relationship to Reporting Entity | Date of Action | Jurisdiction of Action | Collateral Percentage Requirement Before | Collateral Percentage Requirement After | Net Obligation Subject to Collateral | Collateral Required (But Not Received) |
|-----------------------------|----------------------------------|----------------|------------------------|--|---|--------------------------------------|--|
| | | | | % | % | \$ | \$ |

b. Impact to the Reporting Entity as a Result of the Assuming Entity's Downgraded or Revocation of Certified Reinsurer Status

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a. Certified Reinsurer Rating is Downgraded or Status Subject to Revocation

| Date of Action | Jurisdiction of Action | Collateral Percentage Requirement Before | Collateral Percentage Requirement After | Net Obligation Subject to Collateral | Collateral Required (But Not Received) |
|----------------|------------------------|--|---|--------------------------------------|--|
| | | % | % | \$ | \$ |

b. Impact to the Reporting Entity as a Result of the Certified Reinsurer Rating Downgraded or Revocation of Certified Reinsurer Status

E. Reinsurance of variable annuity contracts/certificates with an affiliated captive reinsurer**F. Reinsurance Agreement with Affiliated Captive Reinsurer****G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework**

(1) Captive Reinsurers in Which a Risk-Based Capital Shortfall Exists per the Risk-Based Capital XXX/AXXX Captive Reinsurance Consolidated Exhibit:

a. Captives with Risk-Based Capital Shortfall

| Cession ID | NAIC Company Code | ID Number | Name of Captive Reinsurer | Amount of Risk-Based Capital Shortfall |
|------------|-------------------|-----------|---------------------------|--|
| 0 | 0 | | | \$ |
| Total | XXX | XXX | XXX | \$ |

b. Effect of Risk-Based Capital Shortfall on Total Adjusted Capital (TAC)

| | | |
|---|--------------------------------|----|
| 1. Total Adjusted Capital (TAC) | (Five-Year Historical Line 30) | \$ |
| 2. Risk-Based Capital Shortfall | (Sum of G(1)a1 Column 5) | \$ |
| 3. Total Adjusted Capital (TAC) Before Risk-Based Capital Shortfall | (G(1)b1 + G(1)b2) | \$ |

(2) Captive Reinsurers for Which a Non-Zero Primary Security Shortfall is Shown on the Risk-Based Capital XXX/AXXX Reinsurance Primary Security Shortfall by Cession Exhibit

| Cession ID | NAIC Company Code | ID Number | Name of Captive Reinsurer | Amount of Risk-Based Capital Shortfall |
|------------|-------------------|-----------|---------------------------|--|
| 0 | 0 | | | \$ |
| Total | XXX | XXX | XXX | \$ |

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

NOTES TO FINANCIAL STATEMENTS**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

A. Change in Incurred Losses and Loss Adjustment Expenses
The Union has had no incurred losses or loss adjustment expenses.

B. Information about Significant Changes in Methodologies and Assumptions
NO changes in methodologies or assumptions used in calculating the liability for unpaid losses.

Note 26 – Intercompany Pooling Arrangements

Not Applicable

Note 27 – Structured Settlements

Not Applicable

Note 28 – Health Care Receivables

Not Applicable

Note 29 – Participating Policies

All life insurance policies issued are participating at 100%. The portfolio average method is applied ,recognizing plan of insurance , amount of insurance, year of issue and age at issue. The Union paid dividends in the amount shown on Exhibit 4 to the policyholders. The Union did not allocate any additional income to it's policyholders.

Note 30 – Premium Deficiency Reserves

The Union had no Deficiency Reserves.

1. Liability carried for premium deficiency reserve: \$0

2. Date of most recent evaluation of this liability:

3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

Note 31 – Reserves for Life Contracts and Annuity Contracts

(1) Reserve Practices
The Union authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death.Surrender values are not promised in excess of regularly computer reserves.

(2) Valuation of Substandard Policies
Extra premiums are charged for substandard lives for certificates issued,plus the gross premium at a rated age. Regular reserves are computed by the regular reserve for the plan at a rated age and in addition one-half of the extra premium charge for one year.

(3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums
As of December 31 of the current year, the Union had no insurance in force for which the gross premium are less than the net premium according to the standrd valuationset by the State of Ohio.

(4) Method Used to Determine Tabular Interest, Reserves Released, and Cost
The Tabular interest (Page 7,Line 4) has been determined from basic policy data. The Tabular Less Actual Reserves Released (Page 7, Lline 5) has been determined by formula as described in the instructions for Page 7 by formula.

(5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies
The Tabular Cost (Page 7, Line 9) has been determined by formulas described in the instructions for page 7. For the determination of the Tabular Interest on funds not involving life contingencies under Page 7, Annuity, line 3, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation.The total amount of all such products is entered under Page 7,Line 3.

(6) Details for Other Changes
There were no amounts for Other Increases on Page 7, Line 7

| Item | Total | Industrial Life | ORDINARY | | | Credit Life Group and Individual | GROUP | |
|-------|-------|-----------------|----------------|----------------------|-------------------------|----------------------------------|----------------|-----------|
| | | | Life Insurance | Individual Annuities | Supplementary Contracts | | Life Insurance | Annuities |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

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

NOTES TO FINANCIAL STATEMENTS

| | General Accounts | Separate Account with Guarantees | Separate Account Nonguaranteed | Total | % of Total |
|--|---------------------|--|--------------------------------------|--------------|------------|
| A. Subject to Discretionary Withdrawal: | | | | | |
| (1) With market value adjustment | \$ | \$ | \$ | \$ | % |
| (2) At book value less current surrender charge of 5% or more | | | | | % |
| (3) At fair value | | | | | % |
| (4) Total with market value adjustment or at fair value (total of 1 through 3) | \$ | \$ | \$ | \$ | % |
| (5) At book value without adjustment (minimal or no charge or adjustment) | 8,247,131 | | | 8,247,131 | 100.0% |
| B. Not subject to discretionary withdrawal | | | | | % |
| C. Total (gross: direct + assumed) | 8,247,131 | | | 8,247,131 | 100.0% |
| D. Reinsurance ceded | | | | | |
| E. Total (net) (C) - (D) | \$ 8,247,131 | \$ | \$ | \$ 8,247,131 | |

F. Life and Accident & Health Annual Statement:

| | |
|---|--------------|
| (1) Exhibit 5, Annuities section, Total (net) | \$ 8,247,131 |
| (2) Exhibit 5, Supplementary contracts with life contingencies section, Total (net) | |
| (3) Exhibit 7, Deposit-type contracts, Line 14, Column 1 | |
| (4) Subtotal | \$ 8,247,131 |
| Separate Accounts Statement: | |
| (5) Exhibit 3, Line 0299999, Column 2 | \$ |
| (6) Exhibit 3, Line 0399999, Column 2 | |
| (7) Policyholder dividend and coupon accumulations | |
| (8) Policyholder premiums | |
| (9) Guaranteed interest contracts | |
| (10) Other contract deposit funds | |
| (11) Subtotal | \$ |
| (12) Combined Total | \$ 8,247,131 |

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

A. Deferred and uncollected life insurance premiums and annuity considerations as of end of December 31, 2018 were:

| | Gross | Net of Loading |
|---------------------------|--------|----------------|
| (1) Industrial | \$ | \$ |
| (2) Ordinary new business | | |
| (3) Ordinary renewal | 436 | |
| (4) Credit life | | |
| (5) Group life | | |
| (6) Group annuity | | |
| (7) Totals | \$ 436 | \$ |

Note 34 – Separate Accounts

Not Applicable

Note 35 – Loss/Claim Adjustment Expenses

The Union had no loss/claim adjustment expenses.

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

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating? OHIO

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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]
10/02/2018

2.2 If yes, date of change: 07/26/2017

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 11/20/2017

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments? Ohio Department of Insurance

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If the answer is YES, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| | | |
|----------------|------------------------------|---------------------------|
| 1 | 2 NAIC Company Code | 3 State of Domicile |
| Name of Entity | | |

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
7.21 State the percentage of foreign control %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| | |
|------------------|---------------------|
| 1 Nationality | 2 Type of Entity |
| | |

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| | | | | | |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
| | | | | | |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
JAMES G ZUPKA CPA INC. 5240 E98TH ST. CLEVELAND, OH. 44125

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Joe Steimla & Associates, Inc. Joseph H. Steimla, Actuary 2067 Gypsum Circle, Naperville, IL 60564

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

| | | | |
|-------|-------------------------------------|----|---|
| 12.11 | Name of real estate holding company | \$ | 0 |
| 12.12 | Number of parcels involved | \$ | 0 |
| 12.13 | Total book/adjusted carrying value | \$ | 0 |

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []

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

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

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

| | | | |
|-----|---|----|---|
| (a) | Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; | \$ | 0 |
| (b) | Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; | \$ | 0 |
| (c) | Compliance with applicable governmental laws, rules and regulations; | \$ | 0 |
| (d) | The prompt internal reporting of violations to an appropriate person or persons identified in the code; and | \$ | 0 |
| (e) | Accountability for adherence to the code. | \$ | 0 |

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

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

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

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

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

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

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

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

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

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

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

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

| | | | |
|-------|----------------------|----|---|
| 21.21 | Rented from others | \$ | 0 |
| 21.22 | Borrowed from others | \$ | 0 |
| 21.23 | Leased from others | \$ | 0 |
| 21.24 | Other | \$ | 0 |

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

22.2 If answer is yes:

| | | | |
|-------|--|----|---|
| 22.21 | Amount paid as losses or risk adjustment | \$ | 0 |
| 22.22 | Amount paid as expenses | \$ | 0 |
| 22.23 | Other amounts paid | \$ | 0 |

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ _____ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.103 Total payable for securities lending reported on the liability page: \$ _____ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [] No [X]

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

25.21 Subject to repurchase agreements \$ _____ 0

25.22 Subject to reverse repurchase agreements \$ _____ 0

25.23 Subject to dollar repurchase agreements \$ _____ 0

25.24 Subject to reverse dollar repurchase agreements \$ _____ 0

25.25 Placed under option agreements \$ _____ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ _____ 0

25.27 FHLB Capital Stock \$ _____ 0

25.28 On deposit with states \$ _____ 0

25.29 On deposit with other regulatory bodies \$ _____ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ _____ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ _____ 0

25.32 Other \$ _____ 0

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | \$ _____ |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: \$ _____ 0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|---|
| Wells Fargo Advisors | 950 Main Ave., Cleveland, Ohio 44113 |
| Janney, Montgomery Scott | 822 Hanna Building, Cleveland, Ohio 44115 |

28.02 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) |
|--------------|------------------|------------------------------|
| | | |

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ("...that have access to the investment accounts", "... handle securities").

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| | |

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|---|---------------------------------|------------------------------------|----------------------|--|
| | | | | |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [X] No []

29.2 If yes, complete the following schedule:

| 1 CUSIP | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| 112830 10 4 | Brookfield | \$ 31,294 |
| 19766J 10 2 | Columbia FDS | \$ 66,791 |
| 21924U 30 0 | Cornerstone | \$ 200 |
| 25155T 51 0 | DWS Strat Income | \$ 17,698 |
| 354713 50 5 | Franklin | \$ 42,209 |
| 67075A 10 6 | Nuveen | \$ 40,440 |
| 74433A 10 9 | Prudential Global | \$ 22,610 |
| 29.2999 TOTAL | | \$ 221,242 |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from above table) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|--|--|--|------------------------|
| Brookfield | Nomura Resecuritization TR 2014-IR | \$ 757 | 12/31/2018 |
| Columbia FDS | US 10 year Note (CBT) Mar19 | \$ 6,813 | 12/31/2018 |
| Cornerstone | Apple Inc | \$ 9 | 12/31/2018 |
| DWS Strat Income | United States Treasury Notes .62% | \$ 1,090 | 12/31/2018 |
| Franklin | Franklin Lower Tier Floating Rate Fund | \$ 1,769 | 12/31/2018 |
| Nuveen | Farm Credit Bank of Texas Class B | \$ 1,237 | 12/31/2018 |
| Prudential Global | Closed End Fund Loan | \$ 9,528 | 12/31/2018 |

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|------|------------------|---------------------------------|-----------------|--|
| 30.1 | Bonds | \$ 17,495,054 | \$ 17,043,024 | \$ (452,030) |
| 30.2 | Preferred Stocks | \$ 50,000 | \$ 43,679 | \$ (6,321) |
| 30.3 | Totals | \$ 17,545,054 | \$ 17,086,703 | \$ (458,351) |

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

BROKER STATEMENTS

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

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes [X] No []

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

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

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any

\$ 0

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |

36.1 Amount of payments for legal expenses, if any?

\$ 0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ 0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

| | | |
|------|---|--------------------------|
| 1.1 | Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes [] No [X] |
| 1.2 | If yes, indicate premium earned on U.S. business only. | \$ _____ |
| 1.3 | What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ _____ |
| 1.31 | Reason for excluding: | |
| 1.4 | Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. | \$ _____ |
| 1.5 | Indicate total incurred claims on all Medicare Supplement insurance. | \$ _____ |
| 1.6 | Individual policies: | |
| | Most current three years: | |
| 1.61 | Total premium earned | \$ _____ |
| 1.62 | Total incurred claims | \$ _____ |
| 1.63 | Number of covered lives | \$ _____ |
| | All years prior to most current three years: | |
| 1.64 | Total premium earned | \$ _____ |
| 1.65 | Total incurred claims | \$ _____ |
| 1.66 | Number of covered lives | \$ _____ |
| 1.7 | Group policies: | |
| | Most current three years: | |
| 1.71 | Total premium earned | \$ _____ |
| 1.72 | Total incurred claims | \$ _____ |
| 1.73 | Number of covered lives | \$ _____ |
| | All years prior to most current three years: | |
| 1.74 | Total premium earned | \$ _____ |
| 1.75 | Total incurred claims | \$ _____ |
| 1.76 | Number of covered lives | \$ _____ |
| 2.1 | Does the reporting entity have Separate Accounts? | Yes [] No [X] |
| 2.2 | If yes, has a Separate Accounts statement been filed with this Department | Yes [] No [] N/A [X] |
| 2.3 | What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? | \$ _____ |
| 2.4 | State the authority under which Separate Accounts are maintained: | |
| 2.5 | Was any of the reporting entity's Separate Accounts business reinsured as of December 31? | Yes [] No [X] |
| 2.6 | Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? | Yes [] No [X] |
| 2.7 | If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"? | \$ _____ |
| 3. | Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? | Yes [X] No [] |
| 4. | How often are meetings of the subordinate branches required to be held? | |
| | <u>Monthly</u> | |
| 5. | How are the subordinate branches represented in the supreme or governing body? | |
| | <u>By Delegates and one alternative for each 100 members</u> | |
| 6. | What is the basis of representation in the governing body? | |
| | <u>One Delegate</u> | |
| 7.1 | How often are regular meetings of the governing body held? | |
| | <u>Every 4 years</u> | |
| 7.2 | When was the last regular meeting of the governing body held? | 10-2-2018 08/25/2018 |
| 7.3 | When and where will the next regular or special meeting of the governing body be held? | |
| 7.4 | How many members of the governing body attended the last regular meeting? | 34 |
| 7.5 | How many of the same were delegates of the subordinate branches? | 34 |
| 8. | How are the expenses of the governing body defrayed? | |
| | <u>General Fund</u> | |
| 9. | When and by whom are the officers and directors elected? | |
| | <u>At the Convention the Directors are</u> | |
| 10. | What are the qualifications for membership? | |
| | <u>Good moral character, good health and of the Christian Faith</u> | |
| 11. | What are the limiting ages for admission? | |
| | <u>0-90</u> | |
| 12. | What is the minimum and maximum insurance that may be issued on any one life? | |
| | <u>Minimum- \$2,000 Max- \$35,000 - Amounts greater than \$35,000 are reinsured</u> | |
| 13. | Is a medical examination required before issuing a benefit certificate to applicants? | Yes [] No [X] |
| 14. | Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? | Yes [] No [X] |

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

15.1 Are notices of the payments required sent to the members? Yes [X] No [] N/A []

15.2 If yes, do the notices state the purpose for which the money is to be used? Yes [X] No []

16. What proportion of first and subsequent year's payments may be used for management expenses?

| | |
|------------------------|---|
| 16.11 First Year | % |
| 16.12 Subsequent Years | % |

17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [] No [X]

17.2 If so, what amount and for what purpose? \$ _____

18.1 Does the reporting entity pay an old age disability benefit? Yes [] No [X]

18.2 If yes, at what age does the benefit commence? _____

19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No [X]

19.2 If yes, when? At the Convention on October 2, 2019

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

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

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

21.3 If yes, explain _____

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

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

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

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

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

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

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

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

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

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

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

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

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

| Date | Outstanding Lien Amount |
|------|-------------------------|
| | \$ _____ |

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

27.2 If the answer to 27.1 is yes, please provide the following:

| 1 | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|---|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |
| | | | \$ _____ | \$ _____ | \$ _____ | |

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

| | |
|------------------------------|----------|
| 28.1 Direct Premiums Written | \$ _____ |
| 28.2 Total Incurred Claims | \$ _____ |
| 28.3 Number of Covered Lives | _____ |

***Ordinary Life Insurance Includes**

| |
|---|
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary guarantee) |
| Universal Life (with or without secondary guarantee) |
| Variable Universal Life (with or without secondary guarantee) |

29. Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states? Yes [X] No []

29.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting insurer? Yes [] No []

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

\$000 omitted for amounts of life insurance

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|---|-------------|------------|------------|------------|------------|
| Life Insurance in Force (Exhibit of Life Insurance) | | | | | |
| 1. Total (Line 21, Column 2)..... | 18,382 | 18,526 | 18,774 | 18,909 | 18,909 |
| 1.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated..... | | | XXX | XXX | XXX |
| New Business Issued (Exhibit of Life Insurance) | | | | | |
| 2. Total (Line 2, Column 2)..... | 96 | 119 | 186 | 240 | 182 |
| Premium Income (Exhibit 1, Part 1) | | | | | |
| 3. Life insurance - first year (Line 9.4, Column 2)..... | 8,205 | 35,428 | 57,967 | 70,869 | 52,990 |
| 4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2)..... | 57,616 | 54,766 | 20,159 | 19,871 | 21,386 |
| 5. Annuity (Line 20.4, Column 3)..... | 617,085 | 984,710 | 1,643,476 | 848,980 | 1,235,499 |
| 6. Accident and health (Line 20.4, Column 4)..... | | | | | |
| 7. Aggregate of all other lines of business (Line 20.4, Column 5)..... | | | | | |
| 8. Total (Line 20.4, Column 1)..... | 682,906 | 1,074,904 | 1,721,602 | 939,720 | 1,309,875 |
| Balance Sheet Items (Pages 2 and 3) | | | | | |
| 9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)..... | 18,429,511 | 19,548,188 | 19,022,095 | 17,788,487 | 17,345,072 |
| 10. Total liabilities excluding Separate Accounts business (Page 3, Line 23)..... | 15,471,399 | 16,610,285 | 16,246,213 | 15,160,086 | 14,849,576 |
| 11. Aggregate reserve for life certificates and contracts (Page 3, Line 1)..... | 14,818,994 | 15,966,364 | 15,641,674 | 14,598,161 | 14,256,057 |
| 11.1 Excess VM-20 deterministic/stochastic reserve over NPR, related to Line 1.1..... | | | XXX | XXX | XXX |
| 12. Aggregate reserve for accident and health certificates (Page 3, Line 2)..... | | | | | |
| 13. Deposit-type contract funds (Page 3, Line 3)..... | | | | | |
| 14. Asset valuation reserve (Page 3, Line 21.1)..... | 376,643 | 333,384 | 312,273 | 277,655 | 312,367 |
| 15. Surplus (Page 3, Line 30)..... | 2,958,112 | 2,937,903 | 2,775,882 | 2,628,401 | 2,495,496 |
| Cash Flow (Page 5) | | | | | |
| 16. Net cash from operations (Line 11)..... | (1,023,216) | 486,647 | 1,222,715 | 459,957 | 1,163,991 |
| Risk-Based Capital Analysis | | | | | |
| 17. Total adjusted capital..... | | 3,288,787 | 3,106,517 | 2,926,416 | 2,827,863 |
| 18. 50% of the calculated RBC amount..... | | 303,142 | 275,906 | 213,110 | 197,978 |
| Percentage Distribution of Cash, Cash Equivalent and Invested Assets | | | | | |
| (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0 | | | | | |
| 19. Bonds (Line 1)..... | .96.1 | .93.6 | .92.6 | .91.8 | .87.3 |
| 20. Stocks (Lines 2.1 and 2.2)..... | 1.9 | 2.1 | 2.1 | 2.9 | .51 |
| 21. Mortgage loans on real estate (Lines 3.1 and 3.2)..... | | | | | |
| 22. Real estate (Lines 4.1, 4.2 and 4.3)..... | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 |
| 23. Cash, cash equivalents and short-term investments (Line 5)..... | 1.1 | 3.4 | 4.3 | 4.2 | .65 |
| 24. Contract loans (Line 6)..... | 0.6 | 0.7 | 0.7 | 0.8 | 0.8 |
| 25. Derivatives (Line 7)..... | | | | | |
| 26. Other invested assets (Line 8)..... | | | | | |
| 27. Receivable for securities (Line 9)..... | | | | | |
| 28. Securities lending reinvested collateral assets (Line 10)..... | | | | | |
| 29. Aggregate write-ins for invested assets (Line 11)..... | | | | | |
| 30. Cash, cash equivalents and invested assets (Line 12)..... | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Investments in Subsidiaries and Affiliates | | | | | |
| 31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1)..... | | | | | |
| 32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1)..... | | | | | |
| 33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1)..... | | | | | |
| 34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10)..... | | | | | |
| 35. Affiliated mortgage loans on real estate..... | | | | | |
| 36. All other affiliated..... | | | | | |
| 37. Total of above Lines 31 to 36..... | 0 | 0 | 0 | 0 | 0 |
| 38. Total investment in parent included in Lines 31 to 36 above..... | | | | | |
| Total Nonadmitted Assets and Admitted Assets | | | | | |
| 39. Total nonadmitted assets (Page 2, Line 28, Col. 2)..... | 722 | | | | |
| 40. Total admitted assets (Page 2, Line 28, Col. 3)..... | 18,429,511 | 19,548,188 | 19,022,095 | 17,788,487 | 17,345,072 |
| Investment Data | | | | | |
| 41. Net investment income (Exhibit of Net Investment Income, Line 17)..... | 883,223 | 881,025 | 829,890 | 849,073 | 806,817 |
| 42. Realized capital gains (losses) (Page 4, Line 30, Column 1)..... | 4,096 | (1,824) | (782) | (7,777) | 12,578 |
| 43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1)..... | (48,635) | 8,356 | 4,260 | (47,039) | (4,479) |
| 44. Total of above Lines 41, 42 and 43..... | 838,684 | 887,557 | 833,368 | 794,257 | 814,916 |

FIVE-YEAR HISTORICAL DATA

(Continued)

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|--|-------------|-----------|-----------|-----------|-----------|
| Benefits and Reserve Increases (Page 6) | | | | | |
| 45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5)..... | 2,264,090 | 1,174,808 | 1,047,626 | 995,969 | 647,127 |
| 46. Total certificate benefits - accident and health (Line 13, Column 5)..... | | | | | |
| 47. Increase in life reserves (Line 17, Column 2)..... | (1,147,370) | (54,094) | 3,635 | 14,180 | (24,562) |
| 48. Increase in accident and health reserves (Line 17, Column 5)..... | | | | | |
| 49. Refunds to members (Line 28, Column 1)..... | 34,754 | 35,055 | 29,706 | 35,427 | 30,679 |
| Operating Percentages | | | | | |
| 50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) + (Page 6 Column 1, Line 1) x 100.0..... | .48.1 | .22.4 | .14.6 | .28.5 | .25.9 |
| 51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) + 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0..... | | .0.3 | .0.6 | | .0.8 |
| 52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2)..... | | | | | |
| 53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2)..... | | | | | |
| 54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2)..... | | | | | |
| Accident and Health Reserve Adequacy | | | | | |
| 55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1)..... | | | | | |
| 56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1)..... | | | | | |
| Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29) | | | | | |
| 57. Life Insurance (Column 2)..... | 1,280,053 | 94,734 | .831 | 160,829 | .57,516 |
| 58. Annuity (Column 3)..... | (1,053,592) | 185,733 | 221,719 | 35,974 | 36,717 |
| 59. Supplementary contracts (Column 4)..... | | | | | |
| 60. Accident and health (Column 5)..... | | | | | |
| 61. Aggregate of all other lines of business (Column 6)..... | | | | | |
| 62. Fraternal (Column 8)..... | (117,732) | (103,867) | (43,929) | (43,794) | (49,915) |
| 63. Expense (Column 9)..... | | | | | |
| 64. Total (Column 1)..... | 108,729 | 176,600 | 178,621 | 153,009 | 44,318 |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

| | 1 Number of Certificates | 2 Amount of Insurance |
|--|--------------------------------|--------------------------|
| 1. In force end of prior year..... | 3,562 | 18,526 |
| 2. Issued during year..... | .23 | .96 |
| 3. Reinsurance assumed..... | | |
| 4. Revived during year..... | | |
| 5. Increased during year (net)..... | | 121 |
| 6. Subtotals, Lines 2 to 5..... | .23 | 217 |
| 7. Additions by refunds during year..... | XXX..... | |
| 8. Aggregate write-ins for increases..... | .0 | 0 |
| 9. Totals (Line 1 plus Line 6 to Line 8)..... | 3,585 | 18,743 |
| Deductions During Year: | | |
| 10. Death..... | .63 | 225 |
| 11. Maturity..... | .22 | 123 |
| 12. Disability..... | .5 | 13 |
| 13. Expiry..... | | |
| 14. Surrender..... | | |
| 15. Lapse..... | | |
| 16. Conversion..... | | |
| 17. Decreased (net)..... | | |
| 18. Reinsurance..... | | |
| 19. Aggregate write-ins for decreases..... | .0 | 0 |
| 20. Totals (Lines 10 to 19)..... | .90 | 361 |
| 21. In force end of year (a) (Line 9 minus Line 20)..... | 3,495 | 18,382 |
| 22. Reinsurance ceded end of year..... | XXX..... | .83 |
| 23. Line 21 minus Line 22..... | XXX..... | 18,299 |

DETAILS OF WRITE-INS

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

(a) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....3,393 , amount, \$....17,582,628.

Additional accidental death benefits included in life certificates were in amount \$....20,000. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]
If not, how are such expenses met?.....FROM GENERAL FUND

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

| | 1 Supplementary Contracts (Involving Life Contingencies) | 2 Supplementary Contracts (Not Involving Life Contingencies) | 3 Individual Annuities | 4 Accident & Health Insurance |
|--|--|--|------------------------------|--|
| 1. In force end of prior year..... | | | .343 | |
| 2. Issued during year..... | | | .17 | |
| 3. Reinsurance assumed..... | | | | |
| 4. Increased during year (net)..... | | | | |
| 5. Totals (Lines 1 to 4)..... | 0 | .0 | .360 | 0 |
| Deduction during year: | | | | |
| 6. Decreased during year (net)..... | | | .25 | |
| 7. Reinsurance ceded..... | | | | |
| 8. Totals (Lines 6 and 7)..... | 0 | .0 | .25 | 0 |
| 9. In force end of year (Line 5 minus Line 8)..... | 0 | .0 | .335 | 0 |
| 10. Amount on deposit..... | | | | XXX..... |
| Income now payable: | | | | |
| 11. Amount of income payable..... | | | | XXX..... |
| Deferred fully paid: | | | | |
| 12. Account balance..... | XXX..... | XXX..... | | XXX..... |
| Deferred not fully paid: | | | | |
| 13. Account balance..... | XXX..... | XXX..... | | XXX..... |

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

Allocated by States and Territories

| States, Etc. | 1 Active Status (a) | Direct Business Only | | | | | |
|---|------------------------------|---------------------------------|--------------------------------|---|------------------------------|--------------------------------------|--------------------------------|
| | | Life Contracts | | 4 Accident and Health Insurance Premiums, Including Policy, Mem- bership and Other Fees | 5 Other Considerations | 6 Total Columns 2 through 5 | 7 Deposit-Type Contracts |
| | | 2 Life Insurance Premiums | 3 Annuity Considerations | | | | |
| 1. Alabama..... | AL | | | | | | 0 |
| 2. Alaska..... | AK | N | | | | 0 | |
| 3. Arizona..... | AZ | N | | | | 0 | |
| 4. Arkansas..... | AR | N | | | | 0 | |
| 5. California..... | CA | N | | | | 0 | |
| 6. Colorado..... | CO | N | | | | 0 | |
| 7. Connecticut..... | CT | N | | | | 0 | |
| 8. Delaware..... | DE | N | | | | 0 | |
| 9. District of Columbia..... | DC | N | | | | 0 | |
| 10. Florida..... | FL | N | | | | 0 | |
| 11. Georgia..... | GA | N | | | | 0 | |
| 12. Hawaii..... | HI | N | | | | 0 | |
| 13. Idaho..... | ID | N | | | | 0 | |
| 14. Illinois..... | IL | L | 2,590 | 167,677 | | 170,267 | |
| 15. Indiana..... | IN | N | | | | 0 | |
| 16. Iowa..... | IA | L | | 7,000 | | 7,000 | |
| 17. Kansas..... | KS | N | | | | 0 | |
| 18. Kentucky..... | KY | N | | | | 0 | |
| 19. Louisiana..... | LA | N | | | | 0 | |
| 20. Maine..... | ME | N | | | | 0 | |
| 21. Maryland..... | MD | N | | | | 0 | |
| 22. Massachusetts..... | MA | N | | | | 0 | |
| 23. Michigan..... | MI | L | 1,849 | 4,600 | | 6,449 | |
| 24. Minnesota..... | MN | N | 405 | | | 405 | |
| 25. Mississippi..... | MS | N | | | | 0 | |
| 26. Missouri..... | MO | N | 31 | | | .31 | |
| 27. Montana..... | MT | N | | | | 0 | |
| 28. Nebraska..... | NE | N | | | | 0 | |
| 29. Nevada..... | NV | N | | | | 0 | |
| 30. New Hampshire..... | NH | N | | | | 0 | |
| 31. New Jersey..... | NJ | N | | | | 0 | |
| 32. New Mexico..... | NM | N | | | | 0 | |
| 33. New York..... | NY | N | 377 | | | .377 | |
| 34. North Carolina..... | NC | N | | | | 0 | |
| 35. North Dakota..... | ND | N | | | | 0 | |
| 36. Ohio..... | OH | L | 18,896 | 437,808 | | 456,704 | |
| 37. Oklahoma..... | OK | N | | | | 0 | |
| 38. Oregon..... | OR | N | | | | 0 | |
| 39. Pennsylvania..... | PA | N | | | | 0 | |
| 40. Rhode Island..... | RI | N | | | | 0 | |
| 41. South Carolina..... | SC | N | | | | 0 | |
| 42. South Dakota..... | SD | N | | | | 0 | |
| 43. Tennessee..... | TN | N | | | | 0 | |
| 44. Texas..... | TX | N | | | | 0 | |
| 45. Utah..... | UT | N | | | | 0 | |
| 46. Vermont..... | VT | N | | | | 0 | |
| 47. Virginia..... | VA | N | | | | 0 | |
| 48. Washington..... | WA | N | | | | 0 | |
| 49. West Virginia..... | WV | N | | | | 0 | |
| 50. Wisconsin..... | WI | N | | | | 0 | |
| 51. Wyoming..... | WY | N | | | | 0 | |
| 52. American Samoa..... | AS | N | | | | 0 | |
| 53. Guam..... | GU | N | | | | 0 | |
| 54. Puerto Rico..... | PR | N | | | | 0 | |
| 55. US Virgin Islands..... | VI | N | | | | 0 | |
| 56. Northern Mariana Islands..... | MP | N | | | | 0 | |
| 57. Canada..... | CAN | N | | | | 0 | |
| 58. Aggregate Other Alien..... | OT | XXX | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal..... | | XXX | 24,148 | 617,085 | 0 | .641,233 | 0 |
| 90. Reporting entity contributions for employee benefit plans..... | | XXX | | | | 0 | |
| 91. Dividends or refunds applied to purchase paid-up additions and annuities..... | | XXX | | | | 34,754 | |
| 92. Dividends or refunds applied to shorten endowment or premium paying period..... | | XXX | | | | 0 | |
| 93. Premium or annuity considerations waived under disability or other contract provisions..... | | XXX | | | | 0 | |
| 94. Aggregate other amounts not allocable by State..... | | XXX | 0 | 0 | 0 | 0 | 0 |
| 95. Totals (Direct Business)..... | | XXX | .58,902 | 617,085 | 0 | .675,987 | 0 |
| 96. Plus reinsurance assumed..... | | XXX | | | | 0 | |
| 97. Totals (All Business)..... | | XXX | .58,902 | 617,085 | 0 | .675,987 | 0 |
| 98. Less reinsurance ceded..... | | XXX | 387 | | | 387 | |
| 99. Totals (All Business) less reinsurance ceded..... | | XXX | .58,515 | 617,085 | (b) 0 | .675,600 | 0 |

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 4

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..... 53

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

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

2018 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

| | | | |
|--|------|--|------|
| Analysis of Increase in Reserves During The Year | 7 | Schedule D – Part 2 – Section 1 | E11 |
| Analysis of Operations By Lines of Business | 6 | Schedule D – Part 2 – Section 2 | E12 |
| Asset Valuation Reserve (Replications (Synthetic) Assets | 32 | Schedule D – Part 3 | E13 |
| Asset Valuation Reserve Default Component | 27 | Schedule D – Part 4 | E14 |
| Asset Valuation Reserve Equity Component | 29 | Schedule D – Part 5 | E15 |
| Asset Valuation Reserve | 26 | Schedule D – Part 6 – Section 1 | E16 |
| Assets | 2 | Schedule D – Part 6 – Section 2 | E16 |
| Cash Flow | 5 | Schedule D – Summary By Country | SI04 |
| Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts | 9 | Schedule D – Verification Between Years | SI03 |
| Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense | 10 | Schedule DA – Part 1 | E17 |
| Exhibit 2 – General Expenses | 11 | Schedule DA – Part 2 – Verification Between Years | SI10 |
| Exhibit 3 – Taxes, Licenses and Fees | 11 | Schedule DB – Part A – Section 1 | E18 |
| Exhibit 4 – Dividends | 11 | Schedule DB – Part A – Section 2 | E19 |
| Exhibit 5 – Aggregate Reserve for Life Contracts | 12 | Schedule DB – Part A – Verification Between Years | SI11 |
| Exhibit 5 – Interrogatories | 13 | Schedule DB – Part B – Section 1 | E20 |
| Exhibit 5A – Changes in Bases of Valuation During The Year | 13 | Schedule DB – Part B – Section 2 | E21 |
| Exhibit 6 – Aggregate Reserves for Accident and Health Contracts | 14 | Schedule DB – Part B – Verification Between Years | SI11 |
| Exhibit 7 – Deposit-Type Contracts | 14 | Schedule DB – Part C – Section 1 | SI12 |
| Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 1 | 15 | Schedule DB – Part C – Section 2 | SI13 |
| Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2 | 16 | Schedule DB – Part D – Section 1 | E22 |
| Exhibit of Capital Gains (Losses) | 8 | Schedule DB – Part D – Section 2 | E23 |
| Exhibit of Life Insurance | 24 | Schedule DB – Verification | SI14 |
| Exhibit of Net Investment Income | 8 | Schedule DL – Part 1 | E24 |
| Exhibit of Nonadmitted Assets | 17 | Schedule DL – Part 2 | E25 |
| Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance | 24 | Schedule E – Part 1 – Cash | E26 |
| Five-Year Historical Data | 21 | Schedule E – Part 2 – Cash Equivalents | E27 |
| Form for Calculating the Interest Maintenance Reserve (IMR) | 25 | Schedule E – Verification Between Years | SI15 |
| General Interrogatories | 19 | Schedule E – Part 3 – Special Deposits | E28 |
| Jurat Page | 1 | Schedule F | 33 |
| Liabilities, Surplus and Other Funds | 3 | Schedule H – Accident and Health Exhibit – Part 1 | 34 |
| Life Insurance (State Page) | 23 | Schedule H – Part 5 – Health Claims | 36 |
| Notes To Financial Statements | 18 | Schedule H – Parts – 2, 3, and 4 | 35 |
| Overflow Page For Write-Ins | 52 | Schedule S – Part 1 – Section 1 | 37 |
| Schedule A – Part 1 | E01 | Schedule S – Part 1 – Section 2 | 38 |
| Schedule A – Part 2 | E02 | Schedule S – Part 2 | 39 |
| Schedule A – Part 3 | E03 | Schedule S – Part 3 – Section 1 | 40 |
| Schedule A – Verification Between Years | SI02 | Schedule S – Part 3 – Section 2 | 41 |
| Schedule B – Part 1 | E04 | Schedule S – Part 4 | 42 |
| Schedule B – Part 2 | E05 | Schedule S – Part 5 | 43 |
| Schedule B – Part 3 | E06 | Schedule S – Part 6 | 44 |
| Schedule B – Verification Between Years | SI02 | Schedule S – Part 7 | 45 |
| Schedule BA – Part 1 | E07 | Schedule T – Part 2 – Interstate Compact | 46 |
| Schedule BA – Part 2 | E08 | Schedule T – Premiums and Annuity Considerations | 47 |
| Schedule BA – Part 3 | E09 | Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 48 |
| Schedule BA – Verification Between Years | SI03 | Schedule Y – Part 1A – Detail of Insurance Holding Company System | 49 |
| Schedule D – Part 1 | E10 | Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates | 50 |
| Schedule D – Part 1A – Section 1 | SI05 | Summary Investment Schedule | SI01 |
| Schedule D – Part 1A – Section 2 | SI08 | Summary of Operations | 4 |
| | | Supplemental Exhibits and Schedules Interrogatories | 51 |