FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA & CANADA

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) | NAIC Company Code..... 56340 | Employer's ID Number..... 34-0220550

Organized under the Laws of OH | State of Domicile or Port of Entry OH | Country of Domicile US

Incorporated/Organized..... January 9, 1892 | Commenced Business..... October 1, 1890

Statutory Home Office	6611 ROCKSIDE ROAD .. INDEPENDENCE .. OH .. US .. 44131 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	6611 ROCKSIDE ROAD .. INDEPENDENCE .. OH .. US .. 44131 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-642-9406 *(Area Code) (Telephone Number)*
Mail Address	6611 ROCKSIDE ROAD .. INDEPENDENCE .. OH .. US .. 44131 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	6611 ROCKSIDE ROAD .. INDEPENDENCE .. OH .. US .. 44131 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-642-9406 *(Area Code) (Telephone Number)*
Internet Web Site Address	WWW.FCSU.COM	
Statutory Statement Contact	KENNETH ANTHONY ARENDT *(Name)*	216-642-9406 *(Area Code) (Telephone Number) (Extension)*
	FCSU@AOL.COM *(E-Mail Address)*	216-642-4310 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. ANDREW MATHEW RAJEC	PRESIDENT	2. KENNETH ANTHONY ARENDT	EXECUTIVE SECRETARY
3. GEORGE F. MATTA II	TREASURER	4. ANDREW R. HARCAR SR	VICE PRESIDENT

OTHER

GARY J. MATTA	GENERAL COUNSEL	EDWARD COWMAN	ACTUARY

DIRECTORS OR TRUSTEES

ANDREW MATHEW RAJEC	ANDREW R. HARCAR SR	KENNETH ANTHONY ARENDT	GEORGE F. MATTA II
REV. THOMAS NASTA	SABINA SABADOS	HENRY HASSAY	KAREN HUNKA
JAMES MARMOL	MARTHA ZAVADA-WOJCIK	MILOS MITRO	DAMIAN NASTA
RUDOLF ONDREJCO	MICHAEL LAKO		

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

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

(Signature)	(Signature)	(Signature)
ANDREW MATHEW RAJEC	KENNETH ANTHONY ARENDT	GEORGE F. MATTA II
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	EXECUTIVE SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of FEBRUARY 2019

a. Is this an original filing? Yes [X] No [ ]

b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached

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)	353,011,701		353,011,701	348,541,005
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks	2,987,141		2,987,141	2,710,635
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	371,258		371,258	609,764
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)	373,070		373,070	401,326
4.2 Properties held for the production of income (less $.....0 encumbrances)	991,961		991,961	1,045,630
4.3 Properties held for sale (less $.....0 encumbrances)	785,946		785,946	779,196
5. Cash ($.....11,888,225, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....3,943,679, Schedule DA)	15,831,904		15,831,904	30,811,526
6. Contract loans (including $.....0 premium notes)	1,107,398		1,107,398	1,094,955
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)	7,210,059		7,210,059	5,280,869
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)	382,670,437	0	382,670,437	391,274,906
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	4,627,912		4,627,912	4,658,595
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	21,785		21,785	23,586
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 ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset			0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)	4,865	4,865	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	550	550	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	387,325,549	5,415	387,320,134	395,957,087
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTAL (Lines 26 and 27)	387,325,549	5,415	387,320,134	395,957,087

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. Deposits 550	550	550	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)	550	550	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)	315,165,261	313,139,204
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)	28,783,032	39,687,240
4.	Contract claims:		
	4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11)	300,000	300,000
	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	400,000	400,000
	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)	47,645	61,288
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)	1,030,876	1,128,886
9.	Commissions to fieldworkers due or accrued-life and annuity contracts $.....0 ; accident and health $.....0 and deposit-type contract funds $.....0	14,273	23,126
10.	Commissions and expense allowances payable on reinsurance assumed		
11.	General expenses due or accrued (Exhibit 2, Line 12, Col. 7)	76,626	62,102
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)	18,683	18,072
14.	Unearned investment income		
15.	Amounts withheld or retained by Society as agent or trustee	5,791,613	6,190,944
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	9,511	9,511
19.	Liability for benefits for employees and fieldworkers if not included above		
20.	Borrowed money $.....0 and interest thereon $.....0		
21.	Miscellaneous liabilities:		
	21.1 Asset valuation reserve (AVR, Line 16, Col. 7)	2,783,323	2,913,033
	21.2 Reinsurance in unauthorized and certified ($.....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		
	21.6 Funds held under coinsurance		
	21.7 Derivatives		
	21.8 Payable for securities	100,013	
	21.9 Payable for securities lending		
22.	Aggregate write-ins for liabilities	424,693	1,240,835
23.	Total liabilities excluding Separate Accounts business (Lines 1 to 22)	354,945,549	365,174,241
24.	From Separate Accounts statement		
25.	Total liabilities (Lines 23 and 24)	354,945,549	365,174,241
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	32,374,585	30,782,846
30.	Total (Lines 26 through 29) (Page 4, Line 47) (including $.....0 in Separate Accounts statement)	32,374,585	30,782,846
31.	Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3)	387,320,134	395,957,087

DETAILS OF WRITE-INS

2201.	Postretirement Reserve	413,726	379,868
2202.	Security Deposits	10,967	10,967
2203.	Convention Accrual		650,000
2298.	Summary of remaining write-ins for Line 22 from overflow page	0	200,000
2299.	Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	424,693	1,240,835
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)	12,068,358	19,448,102
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	15,936,994	15,764,562
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	461,105	485,085
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	13,273	31,642
9. Totals (Lines 1 to 8.3)	28,479,730	35,729,391
10. Death benefits	2,642,835	2,607,722
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits	17,516,462	15,550,939
13. Disability benefits and benefits under accident and health contracts, including premiums waived $.....0		
14. Surrender benefits and withdrawals for life contracts	572,287	559,825
15. Interest and adjustments on contract or deposit-type contracts funds	179,936	169,629
16. Payments on supplementary contracts with life contingencies		
17. Increase in aggregate reserve for life and accident and health contracts	2,026,057	10,847,624
18. Totals (Lines 10 to 17)	22,937,577	29,735,739
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)	166,490	304,518
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)	3,721,729	3,038,946
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5)	106,341	95,852
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	(409,342)	(192,209)
26. Totals (Lines 18 to 25)	26,522,795	32,982,846
27. Net gain from operations before refunds to members (Line 9 minus Line 26)	1,956,935	2,746,545
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2)	422,699	420,527
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28)	1,534,236	2,326,018
30. Net realized capital gains (losses) less capital gains tax of $.....0 (excluding $.....363,096 transferred to the IMR)	97,832	(151,690)
31. Net income (Lines 29 + 30)	1,632,068	2,174,328
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2)	30,782,846	28,099,397
33. Net income from operations (Line 31)	1,632,068	2,174,328
34. Change in net unrealized capital gains (losses) less capital gains tax of $.....0	(162,804)	784,400
35. Change in net unrealized foreign exchange capital gain (loss)		
36. Change in nonadmitted assets	2,919	2,919
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	129,710	(305,475)
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	(10,155)	27,278
46. Net change in surplus for the year (Lines 33 through 45)	1,591,738	2,683,450
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30)	32,374,585	30,782,846

DETAILS OF WRITE-INS

08.301.	ADVERTISING AND SUBSCRIPTION INCOME	3,350	3,665
08.302.	RENTAL INCOME ON GROUNDS AT ESTATES- PA	6,000	26,000
08.303.	MISCELLANEOUS INCOME	3,923	1,977
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)	13,273	31,642
2501.	NET CHANGE IN SETTLEMENT OPTIONS W/O LIFE		
2502.	NET CHANGE IN PENSION FUND	(409,342)	(392,209)
2503.	LEGAL RESERVE LAWSUIT FUND		200,000
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)	(409,342)	(192,209)
4501.	ACCRUAL & ASSET ADJUSTMENTS	(10,155)	27,278
4502.	TRF OF UNEARNED PREM RESRV & REINS CR TO RESERVES		
4503.	INCREASE IN POST RETIREMENT COST		
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)	(10,155)	27,278

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	12,056,516	19,444,126
2.	Net investment income	17,357,073	17,179,646
3.	Miscellaneous income	13,273	31,642
4.	Total (Lines 1 through 3)	29,426,863	36,655,414
5.	Benefit and loss related payments	20,911,520	18,888,115
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	3,920,352	2,848,439
8.	Dividends paid to policyholders	422,699	420,527
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	25,254,571	22,157,081
11.	Net cash from operations (Line 4 minus Line 10)	4,172,292	14,498,333
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	26,852,197	24,312,661
	12.2 Stocks		
	12.3 Mortgage loans	238,506	225,104
	12.4 Real estate		
	12.5 Other invested assets	1,622,284	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	118,456	
	12.7 Miscellaneous proceeds	100,013	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	28,931,456	24,537,765
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	32,302,867	31,163,444
	13.2 Stocks	116,313	18,700
	13.3 Mortgage loans		
	13.4 Real estate	6,750	23,375
	13.5 Other invested assets	3,858,886	
	13.6 Miscellaneous applications		521,933
	13.7 Total investments acquired (Lines 13.1 to 13.6)	36,284,816	31,727,452
14.	Net increase (decrease) in contract loans and premium notes	12,443	(23,870)
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(7,365,804)	(7,165,817)
	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	(11,391,738)	(1,366,238)
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(394,372)	883,842
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(11,786,110)	(482,396)
	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)	(14,979,622)	6,850,120
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	30,811,525	23,961,405
	19.2 End of year (Line 18 plus Line 19.1)	15,831,903	30,811,525

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	12,068,358	1,512,026	10,556,332				12,068,358		
2. Considerations for supplementary contracts with life contingencies	0						0		
3. Net investment income	15,936,994	4,781,098	11,155,896				15,936,994		
4. Amortization of interest maintenance reserve (IMR)	461,105	461,105					461,105		
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	13,273	13,273	0	0	0	0	13,273	0	0
9. Totals (Lines 1 to 8.3)	28,479,730	6,767,502	21,712,228	0	0	0	28,479,730	0	0
10. Death benefits	2,642,835	2,642,835					2,642,835		
11. Matured endowments (excluding guaranteed annual pure endowments)	0						0		
12. Annuity benefits	17,516,462		17,516,462				17,516,462		
13. Disability benefits and benefits under accident and health contracts, including premiums waived $ 0	0						0		
14. Surrender benefits and withdrawals for life contracts	572,287	572,287					572,287		
15. Interest and adjustments on contract or deposit-type contract funds	179,936	179,936					179,936		
16. Payments on supplementary contracts with life contingencies	0						0		
17. Increase in aggregate reserve for life and accident and health contracts	2,026,057	506,515	1,519,542				2,026,057		
18. Totals (Lines 10 to 17)	22,937,577	3,901,573	19,036,004	0	0	0	22,937,577	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only)	166,490	21,363	145,127				166,490		
20. Commissions and expense allowances on reinsurance assumed	0						0		
21. General insurance expenses and fraternal expenses	3,721,729	680,377	1,750,269				2,430,646	1,291,083	
22. Insurance taxes, licenses and fees	106,341	106,341					106,341		
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	(409,342)	(409,342)	0	0	0	0	(409,342)	0	0
26. Totals (Lines 18 to 25)	26,522,795	4,300,312	20,931,400	0	0	0	25,231,712	1,291,083	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26)	1,956,935	2,467,190	780,828	0	0	0	3,248,018	(1,291,083)	0
28. Refunds to members	422,699	422,699					422,699		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28)	1,534,236	2,044,491	780,828	0	0	0	2,825,319	(1,291,083)	0
DETAILS OF WRITE-INS									
08.301. ADVERTISING AND SUBSCRIPTION INCOME	3,350	3,350					3,350		
08.302. RENTAL INCOME ON GROUNDS AT ESTATES- PA.	6,000	6,000					6,000		
08.303. MISCELLANEOUS INCOME	3,923	3,923					3,923		
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)	13,273	13,273	0	0	0	0	13,273	0	0
2501. NET CHANGE IN SETTLEMENT OPTIONS W/O LIFE	0						0		
2502. NET CHANGE IN PENSION FUND	(409,342)	(409,342)					(409,342)		
2503. LEGAL RESERVE LAWSUIT FUND	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)	(409,342)	(409,342)	0	0	0	0	(409,342)	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	313,139,205	78,534,124	234,605,081	
2. Tabular net premiums or considerations	12,034,950	1,478,617	10,556,333	
3. Present value of disability claims incurred	0			XXX
4. Tabular interest	12,116,024	3,984,970	8,131,054	
5. Tabular less actual reserve released	(107,421)		(107,421)	
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)	337,182,758	83,997,711	253,185,047	0
9. Tabular cost	2,742,489	2,742,489		XXX
10. Reserves released by death	1,160,436	1,160,436	XXX	XXX
11. Reserves released by other terminations (net)	598,110	598,110		
12. Annuity, supplementary contract and disability payments involving life contingencies	17,516,462		17,516,462	
13. Net transfers to or (from) Separate Accounts	0			
14. Total deductions (Lines 9 to 13)	22,017,497	4,501,035	17,516,462	0
15. Reserve December 31, current year	315,165,261	79,496,676	235,668,585	0

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 455,454	455,022
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 16,408,589	16,378,338
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	95,576	165,576
2.21	Common stocks of affiliates	70,000	
3.	Mortgage loans	(c) 36,510	36,510
4.	Real estate	(d) 360,294	360,294
5.	Contract loans	61,880	61,880
6.	Cash, cash equivalents and short-term investments	(e) 244,145	244,145
7.	Derivative instruments	(f)	
8.	Other invested assets	288,340	288,340
9.	Aggregate write-ins for investment income	(693,202)	(693,202)
10.	Total gross investment income	17,327,586	17,296,903
11.	Investment expenses		(g) 1,191,202
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 86,782
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 81,925
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		1,359,909
17.	Net investment income (Line 10 minus Line 16)		15,936,994
	DETAILS OF WRITE-INS		
0901.	Pension Fund Expense	(693,202)	(693,202)
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)	(693,202)	(693,202)
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....108,284 accrual of discount less $.....1,415,145 amortization of premium and less $.....257,810 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 $.....149,285 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 $.....1,156,913 investment expenses and $.....86,782 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 $.....81,925 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)	326,885		326,885		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0	14,689	
2.21	Common stocks of affiliates			0	145,505	
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	118,456		118,456		
7.	Derivative instruments			0		
8.	Other invested assets	15,587		15,587	(322,998)	
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	460,928	0	460,928	(162,804)	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	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
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	6,513,963	33,925	6,480,038			6,513,963		
6.2 Reinsurance assumed	0					0		
6.3 Reinsurance ceded	0					0		
6.4 Net	6,513,963	33,925	6,480,038	0	0	6,513,963	0	0
7. Line 5 + Line 6.4	6,513,963	33,925	6,480,038	0	0	6,513,963	0	0
8. Prior year (uncollected + deferred and accrued - advance)	0					0		
9. First year premiums and considerations:								
9.1 Direct	6,513,963	33,925	6,480,038			6,513,963		
9.2 Reinsurance assumed	0					0		
9.3 Reinsurance ceded	0					0		
9.4 Net (Line 7 - Line 8)	6,513,963	33,925	6,480,038	0	0	6,513,963	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct	738,412	738,412				738,412		
10.2 Reinsurance assumed	0					0		
10.3 Reinsurance ceded	0					0		
10.4 Net	738,412	738,412	0	0	0	738,412	0	0
RENEWAL								
11. Uncollected	21,785	21,785				21,785		
12. Deferred and accrued	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct	21,785	21,785				21,785		
13.2 Reinsurance assumed	0					0		
13.3 Reinsurance ceded	0					0		
13.4 Net (Line 11 + Line 12)	21,785	21,785	0	0	0	21,785	0	0
14. Advance	47,645	47,645				47,645		
15. Line 13.4 - Line 14	(25,860)	(25,860)	0	0	0	(25,860)	0	0
16. Collected during year:								
16.1 Direct	4,836,473	760,179	4,076,295			4,836,473		
16.2 Reinsurance assumed	0					0		
16.3 Reinsurance ceded	32,332	32,332				32,332		
16.4 Net	4,804,141	727,847	4,076,295	0	0	4,804,141	0	0
17. Line 15 + Line 16.4	4,778,281	701,987	4,076,295	0	0	4,778,281	0	0
18. Prior year (uncollected + deferred and accrued - advance)	(37,702)	(37,702)				(37,702)		
19. Renewal premiums and considerations:								
19.1 Direct	4,848,316	772,021	4,076,295			4,848,316		
19.2 Reinsurance assumed	0					0		
19.3 Reinsurance ceded	32,332	32,332				32,332		
19.4 Net (Line 17 - Line 18)	4,815,983	739,689	4,076,295	0	0	4,815,983	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct	12,100,691	1,544,358	10,556,333	0	0	12,100,691	0	0
20.2 Reinsurance assumed	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded	32,332	32,332	0	0	0	32,332	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4)	12,068,358	1,512,026	10,556,332	0	0	12,068,358	0	0

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

	1	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums	995	995				995		
22. All other	421,704	421,704				421,704		
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	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	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	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6)	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single)	121,976	13,804	108,172			121,976		
28. Single	4,090	4,090				4,090		
29. Renewal	40,424	3,469	36,955			40,424		
30. Deposit-type contract funds	0					0		
31. Totals (to agree with Page 6, Line 19)	166,490	21,363	145,127	0	0	166,490	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Rent	132,285				2,000	15,000	149,285
2.	Salaries and wages	1,062,336				51,700	36,000	1,150,036
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	184,767					20,000	204,767
3.32	Other fieldworker welfare	20,036						20,036
4.1	Legal fees and expenses	76,841					1,000	77,841
4.2	Medical examination fees	6,847						6,847
4.3	Inspection report fees							0
4.4	Fees of public accountants and consulting actuaries	274,027					10,000	284,027
4.5	Expense of investigation and settlement of certificate claims							0
5.1	Traveling expenses	117,753				5,000	22,000	144,753
5.2	Advertising	39,302					1,000	40,302
5.3	Postage, express, telegraph and telephone	83,097					15,000	98,097
5.4	Printing and stationery	57,046					6,000	63,046
5.5	Cost or depreciation of furniture and equipment	15,769					28,338	44,107
5.6	Rental of equipment	27,518						27,518
5.7	Cost or depreciation of EDP equipment and software	75,344					5,000	80,344
5.8	Lodge supplies less $.....0 from sales							0
6.1	Books and periodicals	2,973					2,800	5,773
6.2	Bureau and association dues	8,440					2,050	10,490
6.3	Insurance, except on real estate	95,499						95,499
6.4	Miscellaneous losses							0
6.5	Collection and bank service charges	33,748						33,748
6.6	Sundry general expenses	118,018				133,701		251,719
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						184,332	184,332
8.2	Expense of supreme lodge meetings						542,932	542,932
9.1	Real estate expenses					158,444		158,444
9.2	Investment expenses not included elsewhere					840,357		840,357
9.3	Aggregate write-ins for expenses	0	0	0	0	0	398,631	398,631
10.	General expenses incurred	2,431,646	0	0	0	1,191,202	(a) 1,290,083	(b) 4,912,931
11.	General expenses unpaid December 31, prior year						62,102	62,102
12.	General expenses unpaid December 31, current year						76,626	76,626
13.	General expenses paid during year (Lines 10 + 11 - 12)	2,431,646	0	0	0	1,191,202	1,275,559	4,898,407
	DETAILS OF WRITE-INS							
09.301	Schlorships, Donations,Athletics,Fraternal						398,631	398,631
09.302								0
09.303								0
09.398	Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	0	0
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above)	0	0	0	0	0	398,631	398,631

(a) Show the distribution of this amount in the following categories:
1. Charitable $.....481,064; 2. Institutional $.....0; 3. Recreational and Health $.....27,012; 4. Educational $.....237,959
5. Religious $.....10,290; 6. Membership $.....529,942; 7. Other $.....0; 8. Total $.....1,286,267

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Real estate taxes				86,782		86,782
2.	State insurance department licenses and fees	18,629					18,629
3.	Other state taxes, including $.....0 for employee benefits	2,186					2,186
4.	U.S. Social Security taxes	84,366					84,366
5.	All other taxes	1,159					1,159
6.	Taxes, licenses and fees Incurred	106,340	0	0	86,782	0	193,122
7.	Taxes, licenses and fees unpaid December 31, prior year				18,072		18,072
8.	Taxes, licenses and fees unpaid December 31, current year				18,683		18,683
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8)	106,340	0	0	86,171	0	192,511

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1 Life	2 Accident and Health
1.	Applied to pay renewal premiums	995	
2.	Applied to shorten the endowment or premium-paying period		
3.	Applied to provide paid-up additions	404,057	
4.	Applied to provide paid-up annuities		
5.	Total (Lines 1 to 4)	405,052	0
6.	Paid in cash	6,066	
7.	Left on deposit	11,581	
8.	Aggregate write-ins for dividend or refund	0	0
9.	Total (Lines 5 to 8)	422,699	0
10.	Amount due and unpaid		
11.	Provision for dividends or refunds payable in the following calendar year	400,000	
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)	400,000	0
16.	Total from prior year	400,000	
17.	Total dividends or refunds (Line 9 + 15 - 16)	422,699	0
	DETAILS OF WRITE-INS		
0801.			
0802.			
0803.			
0898.	Summary of remaining write-ins for Line 8 from overflow page	0	0
0899.	Totals (Line 0801 through 0803 plus 0898) (Line 8 above)	0	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. AE 4%, 3.5%, 3%	17,309		17,309		
0100002. AM(5) 3%	457,347		457,347		
0100003. 41 CSO 2.5%	6,088		6,088		
0100004. 58 CSO 3% & 4.5%	2,786,131		2,786,131		
0100005. 80 CSO 4.5%	18,997,302		18,997,302		
0100006. 80 CSO 5%	1,510,979		1,510,979		
0100007. 80 CSO 5.5%	40,632,454		40,632,454		
0100008. 80 CSO 6%	7,879,941		7,879,941		
0100009. 2001 CSO 4.5%	187,527		187,527		
0100010. 2001 CSO 4.0%	4,892,861		4,892,861		
0100011. 2001 CSO 3.5%	1,913,511		1,913,511		
0100012. UNEARNED PREMIUM RESERVE	209,438		209,438		
0100013. REINSURANCE RESERVE CREDIT	(29,261)		(29,261)		
0199997. Totals (Gross)	79,461,627	0	79,461,627	0	0
0199999. Totals (Net)	79,461,627	0	79,461,627	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. SPDA, FPDA	226,745,685	XXX	226,745,685	XXX	
0200002. SPIA	835,655	XXX	835,655	XXX	
0200003. HOME OFFICE PENSION	8,087,245	XXX	8,087,245	XXX	
0299997. Totals (Gross)	235,668,585	XXX	235,668,585	XXX	0
0299999. Totals (Net)	235,668,585	XXX	235,668,585	XXX	0
Disability - Active Lives:					
0500001. DIS ACTIVE	30,000		30,000		
0599997. Totals (Gross)	30,000	0	30,000	0	0
0599999. Totals (Net)	30,000	0	30,000	0	0
Disability - Disabled Lives:					
0600001. DIS DISABLED 52 DIS & 58 CSO 2.5%	5,049		5,049		
0699997. Totals (Gross)	5,049	0	5,049	0	0
0699999. Totals (Net)	5,049	0	5,049	0	0
9999999. Totals (Net) - Page 3, Line 1	315,165,261	0	315,165,261	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

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

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No [ ]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	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

NONE

(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	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance	39,687,240		1,040,237		255,505	38,391,498
2. Deposits received during the year	949,282		922,501		26,781	
3. Investment earnings credited to the account	0					
4. Other net change in reserves	476,032		476,032			
5. Fees and other charges assessed	0					
6. Surrender charges	0					
7. Net surrender or withdrawal payments	12,329,522		174,095		10,689	12,144,738
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)	28,783,032	0	2,264,675	0	271,597	26,246,760
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)	28,783,032	0	2,264,675	0	271,597	26,246,760

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

Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct	208,801		208,801								
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	208,801	0	208,801	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	91,199		91,199								
3.2 Reinsurance assumed	0										
3.3 Reinsurance ceded	0										
3.4 Net	91,199	0	(b) 91,199	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 0
4. Totals:											
4.1 Direct	300,000	0	300,000	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	300,000	(a) 0	(a) 300,000	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	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct	20,159,297		2,642,835	17,516,462							
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	(d) 20,159,297	0	2,642,835	17,516,462	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct	300,000	0	300,000	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	300,000	0	300,000	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	300,000		300,000								
4.2 Reinsurance assumed	0										
4.3 Reinsurance ceded	0										
4.4 Net	300,000	0	300,000	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year	0										
6. Incurred benefits:											
6.1 Direct	20,159,297	0	2,642,835	17,516,462	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	20,159,297	0	2,642,835	17,516,462	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	4,865	7,784	2,919
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	550	550	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	5,415	8,334	2,919
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	5,415	8,334	2,919

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. Deposits 550	550	550	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)	550	550	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	$ 1,632,068	$ 2,174,328
(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	$ 1,632,068	$ 2,174,328
SURPLUS					
(5) Company state basis (Page 3, Line 30, Columns 1 & 2)	XXX	XXX	XXX	$ 32,374,585	$ 30,782,846
(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	$ 32,374,585	$ 30,782,846

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

The preparation of financial statements in conformity with Statutory Accounting Principals requires management to make estimates and assumpitons that affect the reported amounts of assets and liabilities. It also requires disclosure 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 policy holders is determined annually by the Society's Board of Directors. The aggregate amount of policyholders' dividends is related to actual interest, mortality, morbidity, and expense experience for the year and judgment as to the appropriate level of statutory surplus to be retained by the Society. In addition, the Society uses the following accounting policies:

(1) Basis for Short-Term Investments
Short-term investments are stated at amortized cost.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
Bonds: Not backed by other loans at amortized cost using the interest method: loan-backed bonds and structured securities at amortized cost using the interest method including anticipate prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.

(3) Basis for Common Stocks
At market value, except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.

(4) Basis for Preferred Stocks
Cost or Amortized Value in accordance with NAIC procedure.

(5) Basis for Mortgage Loans
Mortgage Loan or Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.

(6) Basis for Loan-Backed Securities and Adjustment Methodology
Loan backed securities are handled the same as bonds as described in item C(2) above.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
The Society has a wholly-owned subsidiary; Jednota, Inc.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
The Society has ownership interests in joint ventures as shown on Schedule BA Part 1.

(9) Accounting Policies for Derivatives
The Society has no derivatives.

(10) Anticipated Investment Income Used in Premiums Deficiency Calculation
The Society does not calculate Premium Deficiency.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts
The Society has neither Individual Accident and Heath Contracts; nor Group Accident and Health Contracts. The Society is not currently marketing individual accident and health contracts.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Society has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
The Society does not participate in Pharmaceutical Rebate Receivables.

D. Going Concern

After carefully evaluating the Society's ability to continue as a going concern, Society management was not aware of any conditions or events which raised substantial doubts concerning the Society's ability to continue as a going concern as of the date of the filing of this statement.

NOTES TO FINANCIAL STATEMENTS

Note 2 – Accounting Changes and Correction of Errors

DURING THE CURRENT YEAR'S FINANCIAL STATEMENT PREPARATION THERE WERE NO ADJUSTMENTS

Note 3 – Business Combinations and Goodwill

A. Statutory Purchase Method

B. Statutory Merger

C. Assumption Reinsurance

D. Impairment Loss

Note 4 – Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale
THE SOCIETY HAS NOT DISCONTINUED OPERATIONS.

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
THE SOCIETY HAS MADE NO MORTGAGE LOANS IN 2018.

(1) Maximum and Minimum Lending Rates

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgage was:

	Current Year	Prior Year
(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total	$	$

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in which the Insurer is a Participant or Co-Lender in a Mortgage Loan Agreement:
NONE

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current	$	$	$	$	$	$	$
(b) 30-59 Days Past Due	$	$	$	$	$	$	$
(c) 60-89 Days Past Due	$	$	$	$	$	$	$
(d) 90-179 Days Past Due	$	$	$	$	$	$	$
(e) 180+ Days Past Due	$	$	$	$	$	$	$
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	$	$	$	$	$	$	$
(b) Interest Accrued	$	$	$	$	$	$	$
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	$	$	$	$	$	$	$
(b) Interest Accrued	$	$	$	$	$	$	$
4. Interest Reduced							
(a) Recorded Investment	$	$	$	$	$	$	$
(b) Number of Loans							
(c) Percent Reduced	%	%	%	%	%	%	%
5. Participant or Co-Lender in a Mortgage Loan Agreement							
(a) Recorded Investment	$	$	$	$	$	$	$
b. Prior Year							
1. Recorded Investment (All)							

NOTES TO FINANCIAL STATEMENTS

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
(a) Current	$	$	$	$	$	$	$
(b) 30-59 Days Past Due	$	$	$	$	$	$	$
(c) 60-89 Days Past Due	$	$	$	$	$	$	$
(d) 90-179 Days Past Due	$	$	$	$	$	$	$
(e) 180+ Days Past Due	$	$	$	$	$	$	$
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	$	$	$	$	$	$	$
(b) Interest Accrued	$	$	$	$	$	$	$
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	$	$	$	$	$	$	$
(b) Interest Accrued	$	$	$	$	$	$	$
4. Interest Reduced							
(a) Recorded Investment	$	$	$	$	$	$	$
(b) Number of Loans							
(c) Percent Reduced	%	%	%	%	%	%	%
5. Participant or Co-Lender in a Mortgage Loan Agreement							
(a) Recorded Investment	$	$	$	$	$	$	$

(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-Lender Mortgage Loan Agreement for which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan: NONE

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. With Allowance for Credit Losses	$	$	$	$	$	$	$
2. No Allowance for Credit Losses							
3. Total (1 + 2)	$	$	$	$	$	$	$
4. Subject to a Participant or Co-Lender Mortgage Loan Agreement for which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan							
b. Prior Year							
1. With Allowance for Credit Losses	$	$	$	$	$	$	$
2. No Allowance for Credit Losses	$	$	$	$	$	$	$
3. Total (1 + 2)	$	$	$	$	$	$	$
4. Subject to a Participant or Co-Lender Mortgage Loan Agreement for which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan	$	$	$	$	$	$	$

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting: NONE

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Average Recorded Investment							
2. Interest Income Recognized							
3. Recorded Investments on Nonaccrual Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							
b. Prior Year							
1. Average Recorded Investment							

NOTES TO FINANCIAL STATEMENTS

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
2. Interest Income Recognized							
3. Recorded Investments on Nonaccrual Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							

(7) Allowances for Credit Balances: N/A

	Current Year	Prior Year
a. Balance at beginning of period	$	$
b. Additions charged to operations		
c. Direct write-downs charged against the allowances		
d. Recoveries of amounts previously charged off		
e. Balance at end of period	$	$

(8) Mortgage Loans Derecognized as a Result of Foreclosure: N/A

	Current Year
a. Aggregate amount of mortgage loans derecognized	$
b. Real estate collateral recognized	
c. Other collateral recognized	
d. Receivables recognized from a government guarantee of the foreclosed mortgage loan	$

(9) Policy for Recognizing Interest Income on Impaired Loans
N/A

B. Debt Restructuring NONE

C. Reverse Mortgages NONE

D. Loan-Backed Securities NONE

E. Dollar Repurchase Agreements and/or Securities Lending Transactions NONE

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing NONE

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions NONE

H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions NONE

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions NONE

J. Real Estate

(1-5 NONE)

K. Low-Income Housing Tax Credits (LIHTC) N/A

L. Restricted Assets NONE

M. Working Capital Finance Investments NONE

N. Offsetting and Netting of Assets and Liabilities N/A

O. Structured Notes NONE

P. 5GI Securities NONE

Q. Short Sales NONE

R. Prepayment Penalty and Acceleration Fees NONE

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership
THE SOCIETY HAS NO INVESTMENTS IN JOINT VENTURES, PARTNERSHIPS, OR LIMITED LIABILITY COMPANIES.

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies

NOTES TO FINANCIAL STATEMENTS

Note 7 – Investment Income

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

MORTGAGE LOANS: ON LOANS IN FORECLOSURE OR DELINQUENT FOR MORE THAN 90 DAYS
BONDS: WHERE COLLECTION OF INTEREST IS UNCERTAIN AND/OR THE BOND IS IN DEFAULT
REAL ESTATE: WHERE RENT IS IN ARREARS FOR MORE THAN THREE MONTHS.

B. The total amount excluded:

-0-

Note 8 – Derivative Instruments

THE SOCIETY HAS NO DERIVATIVE INSTRUMENTS AS OF DECEMBER 31, 2018

Note 9 – Income Taxes

(A - I) THE SOCIETY, AS A FRATERNAL BENEFIT SOCIETY, IS NOT SUBJECT TO INCOME TAXES.

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

A.- O. THE SOCIETY IS NOT DIRECTLY OR INDIRECTLY OWNED OR CONTROLLED BY ANY OTHER COMPANY, CORPORATION, GROUP OF COMPANIES, PARTNERSHIP, OR INDIVIDUAL.

Note 11 – Debt

A. Debt Including Capital Notes
THE SOCIETY HAS NO DEBT OR BORROWED MONEY AS OF DECEMBER 31, 2018.

B. FHLB (Federal Home Loan Bank) Agreements

(1) Information on the Nature of the Agreement
The Company is a member of the Federal Home Loan Bank (FHLB) of Cincinnati. Through its membership, the Company has conducted business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds in an investment spread strategy, consistent with its other investment spread operations. The Company has determined the actual/estimated maximum borrowing capacity as $40,786,825. The Company calculated this amount in accordance with current FHLB capital stock.

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year

	1 Total 2 + 3	2 General Account	3 Separate Accounts
(a) Membership Stock – Class A	$ 475,148	$ 475,148	$
(b) Membership Stock – Class B			
(c) Activity Stock	1,049,903	1,049,903	
(d) Excess Stock	85,149	85,149	
(e) Aggregate Total (a+b+c+d)	$ 1,610,200	$ 1,610,200	$
(f) Actual or estimated borrowing capacity as determined by the insurer	26,247,567	XXX	XXX

2. Prior Year-End

	1 Total 2 + 3	2 General Account	3 Separate Accounts
(a) Membership Stock – Class A	$ 458,856	$ 458,856	$
(b) Membership Stock – Class B			
(c) Activity Stock	1,135,044	1,135,044	
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	$ 1,593,900	$ 1,593,900	$
(f) Actual or estimated borrowing capacity as determined by the insurer	38,392,305	XXX	XXX

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d).
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d).

b. Membership Stock (Class A and B) Eligible for Redemption and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption 3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	$ 475,148	$ 475,148	$	$	$	$
2. Class B	$	$	$	$	$	$

11B(2)B1 current year total (column 1) should equal 11B(2)a1(a) total (column 1).
11B(2)B2 current year total (column 1) should equal 11B(2)a1(b) total (column 1).

(3) Collateral Pledged to FHLB

NOTES TO FINANCIAL STATEMENTS

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	$ 46,594,691	$ 45,440,156	$ 26,247,567
2. Current Year General Account Total Collateral Pledged	46,594,691	45,440,156	26,247,567
3. Current Year Separate Accounts Total Collateral Pledged			
4. Prior Year-End Total General and Separate Accounts Total Collateral Pledged	$ 50,272,441	$ 48,688,086	$ 39,892,580

11B(3)a1 (columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (columns 1, 2 and 3, respectively).
11B(3)a2 (columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (columns 1, 2 and 3, respectively).
11B(3)a3 (columns 1, 2 and 3) should be equal to or less than 11B(3)b3 (columns 1, 2 and 3, respectively).
11B(3)a4 (columns 1, 2 and 3) should be equal to or less than 11B(3)b4 (columns 1, 2 and 3, respectively).

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount of Borrowed at Time of Maximum Collateral
1. Current Year Total General and Separate Accounts Maximum Collateral Pledged (Lines 2+3)	$ 51,884,268	$ 48,688,086	$ 42,557,976
2. Current Year General Account Maximum Collateral Pledged	51,884,268	48,688,086	42,557,976
3. Current Year Separate Accounts Maximum Collateral Pledged			
4. Prior Year-End Total General and Separate Accounts Maximum Collateral Pledged	$ 51,884,268	$ 48,688,086	$ 42,557,976

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

	1 Total 2 + 3	2 General Account	3 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	$	$	$	XXX
(b) Funding Agreements				$
(c) Other	26,247,567	26,247,567		XXX
(d) Aggregate Total (a+b+c)	$ 26,247,567	$ 26,247,567	$	$

2. Prior Year-End

	1 Total 2 + 3	2 General Account	3 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	$	$	$	XXX
(b) Funding Agreements				$
(c) Other	38,392,305	38,392,305		XXX
(d) Aggregate Total (a+b+c)	$ 38,392,305	$ 38,392,305	$	$

b. Maximum Amount During Reporting Period (Current Year)

	1 Total 2 + 3	2 General Account	3 Separate Accounts
1. Debt	$	$	$
2. Funding Agreements			
3. Other	38,392,305	38,392,305	
4. Aggregate Total (Lines 1+2+3)	$ 38,392,305	$ 38,392,305	$

11B(4)b4 (columns 1, 2 and 3) should be equal to or greater than 11B(4)a1(d) (columns 1, 2 and 3, respectively).

c. FHLB – Prepayment Obligations

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

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

A. Defined Benefit Plan

(1) Change in Benefit Obligation

NOTES TO FINANCIAL STATEMENTS

		Overfunded		Underfunded	
		2018	2017	2018	2017
a.	Pension Benefits				
1.	Benefit obligation at beginning of year	$ 7,342,623	$ 6,881,350	$	$
2.	Service cost	153,989	115,514		
3.	Interest cost	323,668	337,068		
4.	Contribution by plan participants				
5.	Actuarial gain (loss)	346,631	287,052		
6.	Foreign currency exchange rate changes				
7.	Benefits paid	283,860	278,361		
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits	7,829,027	7,342,623		
10.	Benefit obligation at end of year	$ 54,024	$	$	$
		Overfunded		Underfunded	
b.	Postretirement Benefits	2018	2017	2018	2017
1.	Benefit obligation at beginning of year	$ 386,419	$ 384,248	$	$
2.	Service cost	8,053	4,655		
3.	Interest cost	20,287	20,173		
4.	Contribution by plan participants				
5.	Actuarial gain (loss)	14,267	(8,292)		
6.	Foreign currency exchange rate changes				
7.	Benefits paid	15,300	14,365		
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	$ 413,726	$ 386,419	$	$
		Overfunded		Underfunded	
c.	Special or Contractual Benefits per SSAP No. 11	2018	2017	2018	2017
1.	Benefit obligation at beginning of year	$	$	$	$
2.	Service cost				
3.	Interest cost				
4.	Contribution by plan participants				
5.	Actuarial gain (loss)				
6.	Foreign currency exchange rate changes				
7.	Benefits paid				
8.	Plan amendments				
9	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	$	$	$	$

(2) Change in Plan Assets

		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2018	2017	2018	2017	2018	2017
a.	Fair value of plan assets at beginning of year	$ 7,677,903	$ 7,285,694	$	$	$	$
b.	Actual return on plan assets	343,202	320,570				
c.	Foreign currency exchange rate changes						
d.	Reporting entity contribution	350,000	350,000				
e.	Plan participants' contributions						
f.	Benefits paid	283,860	278,361				
g.	Business combinations, divestitures and settlements						
h.	Fair value of plan assets at end of year	$ 8,087,245	$ 7,677,903	$	$	$	$

(3) Funded Status

		Pension Benefits		Postretirement Benefits	
		2018	2017	2018	2017
a.	Components				
1.	Prepaid benefit costs	$ 1,225,914	$ 1,006,940	$	$
2.	Overfunded plans assets	$ (967,696)	$ (671,660)	$	$
3.	Accrued benefit costs	$	$	$ 351,663	$ 336,335
4.	Liability for pension benefits	$	$	$ 62,063	$ 50,084

NOTES TO FINANCIAL STATEMENTS

b.	Assets and liabilities recognized				
	1. Assets (nonadmitted)	$ 258,218	$	$	$
	2. Liabilities recognized	$	$	$ 413,726	$ 386,419
c.	Unrecognized liabilities	$	$	$	$

(4) Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	2018	2017	2018	2017	2018	2017
a. Service cost	$ 153,989	$ 115,514	$ 8,053	$ 4,655	$	$
b. Interest cost	323,668	337,068	19,500	19,649		
c. Expected return on plan assets	(346,631)	(366,035)	788	525		
d. Transition asset or obligation						
e. Gains and losses			2,288	2,217		
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment						
h. Total net periodic benefit cost	$ 131,026	$ 86,547	$ 30,629	$ 27,046	$	$

(5) Amounts in Unassigned Funds (Surplus) Recognized as Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits	
	2018	2017	2018	2017
a. Items not yet recognized as a component of net periodic cost – prior year	$ (671,660)	$ (339,143)	$ 50,084	$ 60,593
b. Net transition asset or obligation recognized				
c. Net prior service cost or credit arising during the period				
d. Net prior service cost or credit recognized				
e. Net gain and loss arising during the period	(296,036)	(332,517)	14,267	(8,292)
f. Net gain and loss recognized			(2,288)	(2,217)
g. Items not yet recognized as a component of net periodic cost – current period	$ (967,696)	$ (671,660)	$ 62,063	$ 50,084

(6) Amounts in Unassigned Funds (Surplus) Expected to be Recognized in the Next Fiscal Year as Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits	
	2018	2017	2018	2017
a. Net transition asset or obligations	$	$	$	$
b. Net prior service cost or credit	$	$	$	$
c. Net recognized gains and losses	$ (10,598)	$	$ (12,413)	$ (2,288)

(7) Amounts in Unassigned Funds (Surplus) that have not yet been Recognized as Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits	
	2018	2017	2018	2017
a. Net transition asset or obligations	$	$	$	$
b. Net prior service cost or credit	$	$	$	$
c. Net recognized gains and losses	$ (967,696)	$ (671,660)	$ 62,063	$ 50,084

(8) Weighted-Average Assumptions Used to Determine Net Periodic Benefit Cost as of December 31

	2018	2017
a. Weighted-average discount rate	0.5%	0.5%
b. Expected long-term rate of return on plan assets	0.5%	0.5%
c. Rate of compensation increase	0.3%	2.5%
Weighted-average assumptions used to determine projected benefit obligations as of December 31		
d. Weighted-average discount rate	0.5%	0.5%
e. Rate of compensation increase	0.3%	2.5%

NOTES TO FINANCIAL STATEMENTS

(9) Accumulated Benefit Obligation for Defined Benefit Pension Plans
$7,449,573 IN 2018 - $7,079,654 in 2017

(10) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s)
N/A

(11) Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage point change in assumed health care cost trend rates would have the following effects:
N/A

	1 Percentage Point Increase	1 Percentage Point Decrease
a. Effect on total of service and interest cost components	$	$
b. Effect on postretirement benefit obligation	$	$

N/A

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the year indicated:

Year(s)	Amount
a. 2019	$ 437,497
b. 2020	$ 456,270
c. 2021	$ 445,217
d. 2022	$ 474,326
e. 2023	$ 555,349
f. 2024 through 20__	$ 2,713,359

(13) Estimate of Contributions Expected to be Paid to the Plan
The Society does not have any regulatory contribution requirements for 2018, however, the Society currently intends to make voluntary contributions to the defined benefit pension plan in an amount that is considered appropriate.

(14) Amounts and Types of Securities Included in Plan Assets
The amount of pension fund invested in the Employer's Group Annuity is: 2017=$7,677,903, 2018 = $8,087,245

(15) Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses

(16) Substantive Comment Used to Account for Benefit Obligation

(17) Cost of Providing Special or Contractual Termination Benefits Recognized

(18) Significant Change in the Benefit Obligation or Plan Assets

(19) Amount and Time Plan Assets Expected to be Returned

(20) Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans

(21) Full Transition Surplus Impact of SSAP 102

B. Investment Policies and Strategies

C. Fair Value of Plan Assets

(1) Fair Value Measurements of Plans Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
GROUP ANNUITY	$	$ 8,087,245	$	$ 8,087,245
Total Plan Assets	$	$ 8,087,245	$	$ 8,087,245

Allocation estimate based on beginning of year pattern. End of year pattern not available before completion of report.

(2) Valuation Technique(s) and Inputs Used to Measure Fair Value

D. Basis Used to Determine Expected Long-Term Rate-of-Return

NOTES TO FINANCIAL STATEMENTS

E. Defined Contribution Plans

F. Multiemployer Plans

G. Consolidated/Holding Company Plans

H. Postemployment Benefits and Compensated Absences

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

(1) Recognition of the Existence of the Act

(2) Effects of the Subsidy in Measuring the Net Postretirement Benefit Cost

(3) Disclosure of Gross Benefit Payments

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

(1-13) THE SOCIETY IS A FRATERNAL BENEFIT SOCIETY AND ISSUES NO STOCK.

Note 14 – Liabilities, Contingencies and Assessments

A - F THE SOCIETY HAS NO LIABILITIES, CONTINGENCIES , OR ASSESSMENTS.

Note 15 – Leases

A.- B THE SOCIETY DOES NOT HAVE ANY MATERIAL LEASE OBLIGATIONS AT THIS TIME.

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

THE SOCIETY HAD NO OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCERNS OF CREDIT RISKS.

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

A. - C. NONE

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

A.- C. NONE

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

THE SOCIETY HAS NO DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS.

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	$ 1,827,156	$	$	$	$ 1,827,156
PARENT SUBSIDIARY	$ 1,159,985	$	$	$	$ 1,159,985
Total	$ 2,987,141	$	$	$	$ 2,987,141
Liabilities at Fair Value					
	$	$	$	$	$
Total	$	$	$	$	$

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

NOTES TO FINANCIAL STATEMENTS

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	Settle-ments	Ending Balance at 12/31/2018
a. Assets										
	$	$	$	$	$	$	$	$	$	$
Total	$	$	$	$	$	$	$	$	$	$
b. Liabilities										
	$	$	$	$	$	$	$	$	$	$
Total	$	$	$	$	$	$	$	$	$	$

(3) Policies when Transfers Between Levels are Recognized

NONE

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

NONE

(5) Fair Value Disclosures

NONE

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

NONE

C. Fair Value Level

NONE

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

D. Not Practicable to Estimate Fair Value

NONE

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

E. NAV Practical Expedient Investments

NONE

Note 21 – Other Items

THE SOCIETY HAS NO OTHER ITEMS THAT REQUIRE REPORTING.

Note 22 – Events Subsequent

The Society has made the determination after careful review of its assets and by obtaining opinions from its investment managers and advisors that the Society has nothing to report as Events Subsequent, including no recovery of business interruption insurance.

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)	$ 35,357,908	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 17 minus 22B above)	$ 35,357,908	
G.	Authorized control level	$ 3,750,003	

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

NOTES TO FINANCIAL STATEMENTS

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. **$0**
   b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? **$**

(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 [X]
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. **$0**

(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? **$0**

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

None

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

NOTES TO FINANCIAL STATEMENTS

(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
None

F. Reinsurance Agreement with Affiliated Captive Reinsurer
None

G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework

None

(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)	$	35,357,908
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)	$	35,357,908

(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

THE SOCIETY HAS NO RETROSPECTIVELY RATED CONTRACTS OR CONTRACTS SUBJECT TO REDETERMINATION.

A. Method Used by the Reporting Entity to Estimate Accrued Retrospective Premium Adjustments

B. Disclose Whether Accrued Retrospective Premiums are Recorded Through Written Premium or as an Adjustment to Earned Premium

C. Disclose the Amount of Net Premiums Written Subject to Retrospective Rating Features

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	$	$	$	$	$
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	$
Current Reporting Year-to-Date					

(7) Medical loss ratio rebates incurred	$	$	$	$	$
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions
Yes [ ] No [X]

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

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk payments)	
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk premium)	
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions – not reported as ceded premium	

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

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

	Accrued Prior Year Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk payments)	$	$	$	$	$	$	$	$	A	$	$
2. Premium adjustments (payable) (including high risk premium)									B		
3. Subtotal ACA Permanent Risk Adjustment Program	$	$	$	$	$	$	$	$		$	$
b. Transitional ACA Reinsurance Program											
1. Amounts	$	$	$	$	$	$	$	$	C	$	$

NOTES TO FINANCIAL STATEMENTS

	Accrued Prior Year Written Before the Prior	During the on Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec 31 of Year	Differences		Adjustments		Ref	Unsettled as of the	Balances Reporting Date
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
recoverable for claims paid											
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	$	$	$	$	$	$	$	$		$	$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	$	$	$	$	$	$	$	$	I	$	$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	$	$	$	$	$	$	$	$		$	$
d. Total for ACA Risk Sharing Provisions	$	$	$	$	$	$	$	$		$	$

Explanations of Adjustments

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

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

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

NOTES TO FINANCIAL STATEMENTS

Risk Corridors Program Year	Accrued Prior Year Written Before The Prior	During the on Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec 31 of Year	Differences		Adjustments			Unsettled as of the	Balances Reporting Date
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
experience rating refunds											
d. Total for Risk Corridors	$	$	$	$	$	$	$	$		$	$

A.
B.
C.
D.
E.
F.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	6 Net Admitted Asset (4–5)
a. 2014	$	$	$	$	$	$
b. 2015						
c. 2016						
d. Total (a+b+c)	$	$	$	$	$	$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A.- B. Change in Incurred Losses and Loss Adjustment Expenses

THE SOCIETY HAS NO CHANGE IN INCURRED LOSSES OR LOSS ADJUSTMENT EXPENSES.

B. Information about Significant Changes in Methodologies and Assumptions

Note 26 – Intercompany Pooling Arrangements

THE SOCIETY HAS NO INTERCOMPANY POOLING AARENGEMENTS.

A. Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

Lead Entity and all Affiliated Entities	NAIC Company Code	Pooling Percentage %

B. Description of Lines and Types of Business Subject to the Pooling Agreement

C. Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement

D. Identification of all Pool Members that are Parties to Reinsurance Agreements with Non-Affiliated Reinsurers

E. Explanation of Discrepancies Between Entries of Pooled Business

F. Description of Intercompany Sharing

G. Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

Note 27 – Structured Settlements

THE SOCIETY HAS NO STRUCTURED SETTLEMENTS.

A. Reserves No Longer Carried

Loss Reserves Eliminated by Annuities	Unrecorded Loss Contingencies
$	$

NOTES TO FINANCIAL STATEMENTS

B. Annuities Which Equal or Exceed 1% of Policyholders' Surplus

Life Insurance Company and Location	Licensed in Company's State of Domicile YES/NO	Statement Value (i.e. Present Value) of Annuities
		$

Note 28 – Health Care Receivables

THE SOCIETY HAS NO HEALTH CARE RECEIVABLES.

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
	$	$	$	$	$

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
0	0	$	$	$	$	$	$	$	$

Note 29 – Participating Policies

100% OF PERMANENT POLICIES ARE PARTICIPATING
THE PORTFOLIO AVERAGE METHOD IS APPLIED, RECOGNIZING PLAN OF INSURANCE, AMOUNT OF INSURANCE, YEAR OF ISSUE, AND AGE AT ISSUE.
THE SOCIETY PAID DIVIDENDS TO POLICYHOLDERS IN THE AMOUNT SHOWN ON EXHIBIT 4.

Note 30 – Premium 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 [ ]

Note 31 – Reserves for Life Contracts and Annuity Contracts

(1) Reserve Practices
Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age.

(2) Valuation of Substandard Policies
Regular reserves are computed by the regular reserve for the plan at a rated age and holding 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 Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set 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 Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7.

(5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies
The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7. For the determination of 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.

NOTES TO FINANCIAL STATEMENTS

(6) Details for Other Changes
Not applicable.

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

		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	20,019,610			20,019,610	8.7%
	(3) At fair value					%
	(4) Total with market value adjustment or at fair value (total of 1 through 3)	$ 20,019,610	$	$	$ 20,019,610	8.7%
	(5) At book value without adjustment (minimal or no charge or adjustment)	206,997,673			206,997,673	90.0%
B.	Not subject to discretionary withdrawal	3,100,330			3,100,330	1.3%
C.	Total (gross: direct + assumed)	230,117,613			230,117,613	100.0%
D.	Reinsurance ceded					
E.	Total (net) (C) - (D)	$ 230,117,613	$	$	$ 230,117,613	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities section, Total (net)	$ 235,668,585
(2)	Exhibit 5, Supplementary contracts with life contingencies section, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	28,783,032
(4)	Subtotal	$ 264,451,617
	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	$ 264,451,617

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

Not Applicable

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		
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	$	$

Note 34 – Separate Accounts

NOTES TO FINANCIAL STATEMENTS

THE SOCIETY DOES NOT HAVE SEPARATE ACCOUNTS.

A. Separate Account Activity

(1) General nature of Separate Account Business

(2) In accordance with the products/transactions recorded within the separate account, some assets are considered legally insulated whereas others are not legally insulated from the general account. (The legal insulation of the separate account assets prevents such assets from being generally available to satisfy claims resulting from the general account.)

As of end of December 31, 2018 and 2017 the Company separate account statement included legally insulated assets of $ and $_____, respectively. The assets legally insulated from the general account as of December 31, 2018 are attributed to the following products/transactions:

Product/Transaction	Legally Insulated Assets	Separate Account Assets (Not Legally Insulated)
	$	$
Total	$	$

(3) In accordance with the products/transaction recorded within the separate account, some separate account liabilities are guaranteed by the general account. (In accordance with the guarantees provided, if the investment proceeds are insufficient to cover the rate of return guaranteed for the product, the policyholder proceeds will be remitted by the general account.)

To compensate the general account for the risk taken, the separate account has paid risk charges as follows for the past five (5) years:

a.	2018	$
b.	2017	$
c.	2016	$
d.	2015	$
e.	2014	$

As of end of December 31, 2018, the general account of XYZ Company had paid $_____ toward separate account guarantees. The total separate account guarantees paid by the general account for the preceding four years ending December 31, 2016, 2015, 2014, and 2013 was $_____, $_____, $_____, and $_____, respectively.

(4) Securities Lending Within the Separate Account

B. General Nature and Characteristics of Separate Accounts Business

Separate Accounts with Guarantees

		Index	Nonindexed Guarantee Less than/equal to 4%	Nonindexed Guarantee More than 4%	Nonguaranteed Separate Accounts	Total
(1)	Premiums, considerations or deposits for end of year	$	$	$	$	$
	Reserves at end of year					
(2)	For accounts with assets at:					
	a. Fair value	$	$	$	$	$
	b. Amortized cost					
	c. Total reserves*	$	$	$	$	$
(3)	By withdrawal characteristics					
	a. Subject to discretionary withdrawal					
	1. With market value adjustment	$	$	$	$	$
	2. At book value without market value adjustment and with current surrender charge of 5% or more					
	3. At fair value					
	4. At book value without market value adjustment and with current surrender charge less than 5%					
	5. Subtotal					
	b. Not subject to discretionary withdrawal					
	c. Total	$	$	$	$	$
(4)	Reserves for asset default risk in lieu or AVR	$	$	$	$	$

* Line 2(c) should equal Line 3(h)

C. Reconciliation of Net Transfers to or (from) Separate Accounts

NOTES TO FINANCIAL STATEMENTS

(1) Transfers as reported in the Summary of Operations of the Separate Accounts Statement:

a.	Transfers to Separate Accounts (Page 4, Line 1.4)	$
b.	Transfer from Separate Accounts (Page 4, Line 10)	
c.	Net transfers to or (from) Separate Accounts (a) - (b)	$

(2) Reconciling adjustments:

Adjustment	Amount
	$

(3) Transfers as reported in the Summary of Operations of the Life, Accident & Health Annual Statement
(1c) + (2) = (Page 4, Line 26) $

Note 35 – Loss/Claim Adjustment Expenses

Not Required.

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 [X] No [ ]
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 [X] No [ ] N/A [ ]

1.3 State regulating? STATE OF 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]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 08/18/2017

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. 12/31/2016

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). 12/15/2017

3.4 By what department or departments?
STATE OF OHIO, DEPT. 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 [X] No [ ] N/A [ ]

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

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 Name of Entity	2 NAIC Company Code	3 State of Domicile

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?
HOSACK, SPECHT, MUETZEL, & WOOD, LLP 2 PENN CENTER WEST STE 326, PITTSBURGH PA 15276

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 for 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?
EDWARD F COWMAN, FSA, MAA MILLER & NEWBERG INC. 8717 WEST 110TH ST, SUITE 530 OVERLAND PARK KS 66210

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

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 [ ] No [ ]

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

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

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;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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 reporting 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 [X] No [ ]

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	$ 1,610,200
25.28	On deposit with states	$ 165,000
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	$ 45,440,156
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
KEYBANK, NA	127 PUBLIC SQUARE, CLEVELAND, OH 44114

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 [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		$
29.2999 TOTAL		$

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
		$	

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	$ 356,955,380	$ 357,047,187	$ 91,807
30.2	Preferred Stocks	$ 0	$ 3,512	$ 3,512
30.3	Totals	$ 356,955,380	$ 357,050,699	$ 95,319

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

SVO AVS SERVICE, BROKERS, AND TRADE PUBLICATIONS

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:

a. 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.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 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:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. 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.

d. 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

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? $ 77,841

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
BARLEY SYNDER LLP	$ 20,216
BUCKINGHAM DOOLITTLE	$ 30,874

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

SULLIVAN ROGERS & FEICHTEL	$ 22,019

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?	
	ANNUALLY	
5.	How are the subordinate branches represented in the supreme or governing body?	
	THEY ARE REPRESENTED BY ELECTED DELEGATES	
6.	What is the basis of representation in the governing body?	
	EACH LODGE HAVING 50 MEMBERS IS ENTITLED TO ONE DELEGATE & AN ADDITIONAL DELEGATE FOR EACH 100 MEMBERS OVER 50.	
7.1	How often are regular meetings of the governing body held?	
	QUADRENIALLY	
7.2	When was the last regular meeting of the governing body held?	08/04/2018
7.3	When and where will the next regular or special meeting of the governing body be held?	
	UNDETERMINED	
7.4	How many members of the governing body attended the last regular meeting?	321
7.5	How many of the same were delegates of the subordinate branches?	291
8.	How are the expenses of the governing body defrayed?	
	FROM THE GENERAL FUND OF THE SOCIETY	
9.	When and by whom are the officers and directors elected?	
	BY THE DELEGATES AT THE CONVENTION	
10.	What are the qualifications for membership?	
	SLOVAK DESCENT (OR MARRIAGE), CATHOLIC FAITH, U.S. OR CANADIAN RESIDENCY.	
11.	What are the limiting ages for admission?	
	80 YEARS	
12.	What is the minimum and maximum insurance that may be issued on any one life?	
	NONE	
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [X] No [ ]
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]
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 [ ]

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

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?

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 [X] N/A [ ]

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 P&C Insurance Company and Location	2 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 Company Name	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 [ ]

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)	325,351	327,865	330,574	332,340	334,473
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)	4,644	4,972	4,930	5,621	6,548
	Premium Income (Exhibit 1, Part 1)					
3.	Life insurance - first year (Line 9.4, Column 2)	33,925	25,415	30,549	23,768	31,364
4.	Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2)	1,478,101	1,582,879	1,413,564	1,517,952	1,497,693
5.	Annuity (Line 20.4, Column 3)	10,556,332	17,839,808	20,013,710	17,031,541	15,341,389
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)	12,068,358	19,448,102	21,457,823	18,573,261	16,870,446
	Balance Sheet Items (Pages 2 and 3)					
9.	Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	387,320,134	395,957,087	382,380,128	366,868,306	351,426,549
10.	Total liabilities excluding Separate Accounts business (Page 3, Line 23)	354,945,549	365,174,241	354,280,731	340,470,890	327,276,867
11.	Aggregate reserve for life certificates and contracts (Page 3, Line 1)	315,165,261	313,139,204	302,291,581	287,620,117	274,860,000
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)	28,783,032	39,687,240	41,098,805	44,046,110	42,849,920
14.	Asset valuation reserve (Page 3, Line 21.1)	2,783,323	2,913,033	2,607,558	2,191,650	2,311,775
15.	Surplus (Page 3, Line 30)	32,374,585	30,782,846	28,099,397	26,397,416	24,149,682
	Cash Flow (Page 5)					
16.	Net cash from operations (Line 11)	4,172,292	14,498,333	17,716,516	15,390,930	13,751,899
	Risk-Based Capital Analysis					
17.	Total adjusted capital	35,357,908	33,895,879	30,856,955	28,789,066	26,661,457
18.	50% of the calculated RBC amount	3,750,003	3,387,634	3,587,097	3,373,467	2,789,667
	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)	92.2	89.1	90.6	93.2	89.5
20.	Stocks (Lines 2.1 and 2.2)	0.8	0.7	0.6	0.6	1.0
21.	Mortgage loans on real estate (Lines 3.1 and 3.2)	0.1	0.2	0.2	0.3	0.4
22.	Real estate (Lines 4.1, 4.2 and 4.3)	0.6	0.6	0.6	0.7	0.7
23.	Cash, cash equivalents and short-term investments (Line 5)	4.1	7.9	6.3	3.4	5.2
24.	Contract loans (Line 6)	0.3	0.3	0.3	0.3	0.3
25.	Derivatives (Line 7)					
26.	Other invested assets (Line 8)	1.9	1.4	1.3	1.5	2.9
27.	Receivable for securities (Line 9)				0.0	
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)	1,159,985	1,014,480	776,316	662,075	600,804
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	1,159,985	1,014,480	776,316	662,075	600,804
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)	5,415	8,334	11,253	14,172	550
40.	Total admitted assets (Page 2, Line 28, Col. 3)	387,320,134	395,957,087	382,380,128	366,868,306	351,426,549
	Investment Data					
41.	Net investment income (Exhibit of Net Investment Income, Line 17)	15,936,994	15,764,562	15,527,524	15,210,049	14,710,566
42.	Realized capital gains (losses) (Page 4, Line 30, Column 1)	97,832	(151,690)	(164,465)	(638,711)	690,629
43.	Unrealized capital gains (losses) (Page 4, Line 34, Column 1)	(162,804)	784,400	358,567	409,181	(723,683)
44.	Total of above Lines 41, 42 and 43	15,872,022	16,397,272	15,721,626	14,980,519	14,677,512

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)	20,731,584	18,718,486	17,462,952	16,101,327	14,123,835
46. Total certificate benefits - accident and health (Line 13, Column 5)					
47. Increase in life reserves (Line 17, Column 2)	506,515	1,084,854	1,122,171	1,183,440	678,000
48. Increase in accident and health reserves (Line 17, Column 5)					
49. Refunds to members (Line 28, Column 1)	422,699	420,527	413,708	411,659	405,722
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	32.2	17.2	14.9	17.8	18.1
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	2.0	2.0	1.8	2.3	1.9
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)	2,044,491	1,447,750	2,566,146	1,981,370	1,133,637
58. Annuity (Column 3)	780,828	1,826,470	501,090	1,182,559	1,298,668
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)	(1,291,083)	(948,202)	(1,076,880)	(1,010,384)	(1,063,820)
63. Expense (Column 9)					
64. Total (Column 1)	1,534,236	2,326,018	1,990,356	2,153,545	1,368,485

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	54,185	327,865
2.	Issued during year	343	4,644
3.	Reinsurance assumed		
4.	Revived during year	81	1,466
5.	Increased during year (net)	127	2,711
6.	Subtotals, Lines 2 to 5	551	8,821
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)	54,736	336,686
	Deductions During Year:		
10.	Death	919	2,270
11.	Maturity	55	60
12.	Disability		
13.	Expiry	153	2,102
14.	Surrender	334	1,284
15.	Lapse	304	5,165
16.	Conversion	7	454
17.	Decreased (net)		
18.	Reinsurance		
19.	Aggregate write-ins for decreases	0	0
20.	Totals (Lines 10 to 19)	1,772	11,335
21.	In force end of year (a) (Line 9 minus Line 20)	52,964	325,351
22.	Reinsurance ceded end of year	XXX	11,002
23.	Line 21 minus Line 22	XXX	314,349
	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.....7,864 , amount, $.....38,865.
Additional accidental death benefits included in life certificates were in amount $.....0. 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?.....Excess Interest and Mortality Savings

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			5,913	
2.	Issued during year			252	
3.	Reinsurance assumed				
4.	Increased during year (net)				
5.	Totals (Lines 1 to 4)	0	0	6,165	0
	Deduction during year:				
6.	Decreased during year (net)			355	
7.	Reinsurance ceded				
8.	Totals (Lines 6 and 7)	0	0	355	0
9.	In force end of year (Line 5 minus Line 8)	0	0	5,810	0
10.	Amount on deposit				XXX
	Income now payable:				
11.	Amount of income payable			3,266,929	XXX
	Deferred fully paid:				
12.	Account balance	XXX	XXX	3,493,378	XXX
	Deferred not fully paid:				
13.	Account balance	XXX	XXX	226,257,229	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	5	6	7
		2 Life Insurance Premiums	3 Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1. Alabama AL	N					0	
2. Alaska AK	N					0	
3. Arizona AZ	L		348,840			348,840	
4. Arkansas AR	N					0	
5. California CA	N					0	
6. Colorado CO	L	14	20,000			20,014	
7. Connecticut CT	L	17,412	7,000			24,412	
8. Delaware DE	N					0	
9. District of Columbia DC	N					0	
10. Florida FL	L	8,588	29,939			38,527	
11. Georgia GA	L	10	9,500			9,510	
12. Hawaii HI	N					0	
13. Idaho ID	N					0	
14. Illinois IL	L	64,417	2,679,175			2,743,592	
15. Indiana IN	L	6,455	13,168			19,623	
16. Iowa IA	L	280	326,101			326,381	
17. Kansas KS	N					0	
18. Kentucky KY	L					0	
19. Louisiana LA	N					0	
20. Maine ME	N					0	
21. Maryland MD	L	28	82,000			82,028	
22. Massachusetts MA	L	2,331	6,500			8,831	
23. Michigan MI	L	38,847	428,655			467,502	
24. Minnesota MN	L	8,488	26,000			34,488	
25. Mississippi MS	N					0	
26. Missouri MO	L	466	448,000			448,466	
27. Montana MT	N					0	
28. Nebraska NE	L	524	93,523			94,048	
29. Nevada NV	L	118				118	
30. New Hampshire NH	N					0	
31. New Jersey NJ	L	164,455	315,030			479,485	
32. New Mexico NM	N					0	
33. New York NY	L	58,720	432,262			490,982	
34. North Carolina NC	L					0	
35. North Dakota ND	N					0	
36. Ohio OH	L	185,531	1,357,990			1,543,522	
37. Oklahoma OK	N					0	
38. Oregon OR	N					0	
39. Pennsylvania PA	L	552,448	3,733,017			4,285,465	
40. Rhode Island RI	N					0	
41. South Carolina SC	L		700			700	
42. South Dakota SD	N					0	
43. Tennessee TN	L					0	
44. Texas TX	L	134				134	
45. Utah UT	N					0	
46. Vermont VT	N					0	
47. Virginia VA	L	8,897	300			9,197	
48. Washington WA	N					0	
49. West Virginia WV	L	4,138	11,100			15,238	
50. Wisconsin WI	L	5,161	187,531			192,692	
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	0
59. Subtotal	XXX	1,127,464	10,556,332	0	0	11,683,797	0
90. Reporting entity contributions for employee benefit plans	XXX	404,057				404,057	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX	995				995	
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	0
95. Totals (Direct Business)	XXX	1,532,516	10,556,332	0	0	12,088,849	0
96. Plus reinsurance assumed	XXX					0	
97. Totals (All Business)	XXX	1,532,516	10,556,332	0	0	12,088,849	0
98. Less reinsurance ceded	XXX	32,332				32,332	
99. Totals (All Business) less reinsurance ceded	XXX	1,500,184	10,556,332	(b) 0	0	12,056,517	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 27
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 30

(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

Holding Company System Annual Regulation Statement

FCSU - NAIC 56340
A Fraternal benefit Society
E.I.N. 34-0220550

Filed with the Insurance Department of the State of Ohio by JEDNOTA, INC. on behalf of the following insurer:

First Catholic Slovak Union
6611 Rockside Road
Independence, OH 44131-2398
Domicile: Ohio

September 29, 1986

Correspondence should be addressed:
Mr. George Matta II
C/O: First Catholic Slovak Union
6611 Rockside Road
Independence, OH 44131-2398

Organizational Chart

JEDNOTA, INC. 100% owned by First Catholic Slovak Union, A Fraternal Benefit Society

Subsidiaries: JEDNOTA Properties, INC.
JEDNOTA General Company

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