AMENDED FILING EXPLANATION

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

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

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

FRATERNAL ORDERS - ASSOCIATION EDITION

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

ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

United Transportation Union Insurance Association

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56413 Employer's ID Number..... 23-7131460

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

Incorporated/Organized..... November 16, 1970 Commenced Business..... March 10, 1971

Statutory Home Office	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-228-9400 *(Area Code) (Telephone Number)*
Mail Address	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	24950 Country Club Blvd Ste 340 .. North Olmsted .. OH .. US .. 44070-5333 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-228-9400 *(Area Code) (Telephone Number)*
Internet Web Site Address	utuia.org	
Statutory Statement Contact	Jeffery A Becker *(Name)*	216-228-9400 *(Area Code) (Telephone Number) (Extension)*
	jbecker@utuia.org *(E-Mail Address)*	216-228-0411 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Kenneth L Laugel	President	2. Jeffery A Becker	Secretary
3. Jeffery A Becker	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

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

State of.....
County of.....

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

(Signature)	(Signature)	(Signature)
Kenneth L Laugel	Jeffery A Becker	Jeffery A Becker
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

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

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	17,185	600,220
2.	Issued during year	541	43,804
3.	Reinsurance assumed		
4.	Revived during year	199	15,530
5.	Increased during year (net)		1,075
6.	Subtotals, Lines 2 to 5	740	60,409
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)	17,925	660,629
	Deductions During Year:		
10.	Death	316	3,834
11.	Maturity	12	71
12.	Disability		
13.	Expiry	232	9,172
14.	Surrender	310	7,810
15.	Lapse	422	39,779
16.	Conversion		1,989
17.	Decreased (net)		
18.	Reinsurance		
19.	Aggregate write-ins for decreases	0	0
20.	Totals (Lines 10 to 19)	1,292	62,655
21.	In force end of year (a) (Line 9 minus Line 20)	16,633	597,974
22.	Reinsurance ceded end of year	XXX	91,791
23.	Line 21 minus Line 22	XXX	506,183
	DETAILS OF WRITE-INS		
0801.			
0802.			
0803.			
0898.	Summary of remaining write-ins for Line 8 from overflow page	0	0
0899.	Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)	0	0
1901.			
1902.			
1903.			
1998.	Summary of remaining write-ins for Line 19 from overflow page	0	0
1999.	Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)	0	0

(a) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....3,567 , amount, $.....43,570.
Additional accidental death benefits included in life certificates were in amount $.....32,728. 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?.....Operations

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	17	88	2,561	28,460
2.	Issued during year		2	20	2,319
3.	Reinsurance assumed				
4.	Increased during year (net)				
5.	Totals (Lines 1 to 4)	17	90	2,581	30,779
	Deduction during year:				
6.	Decreased during year (net)		10	102	
7.	Reinsurance ceded				
8.	Totals (Lines 6 and 7)	0	10	102	0
9.	In force end of year (Line 5 minus Line 8)	17	80	2,479	30,779
10.	Amount on deposit				XXX
	Income now payable:				
11.	Amount of income payable	21,522	880,555	10,639	XXX
	Deferred fully paid:				
12.	Account balance	XXX	XXX		XXX
	Deferred not fully paid:				
13.	Account balance	XXX	XXX	80,035,901	XXX