AMENDED FILING EXPLANATION

Statement Page 23 - 5 Year Historical Data

The 5-Year historical Data has been amended to include historical data on lines 73, 74, and 83 for Columns 2 through 5 previously ommitted in error.

Statement Page 49 - Schedule T

This schedule has been amended to include footnote detail previously ommitted in error.

* 5 6 3 1 6 2 0 1 9 2 0 1 0 0 1 0 5 *

ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Catholic Ladies of Columbia

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56316 Employer's ID Number..... 31-4144574

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

Licensed as Business Type: Fraternal Benefit Society

Incorporated/Organized..... March 12, 1897 Commenced Business..... March 12, 1897

Statutory Home Office 700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230 800-845-0494
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230 800-845-0494
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.TheCLC.org

Statutory Statement Contact Loni Perkins 800-845-0494
(Name) (Area Code) (Telephone Number) (Extension)

lperkins@theclc.org 614-944-4743
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. FAIRY WAGNER	PRESIDENT	2. LONI A. PERKINS	CHIEF OPERATING OFFICER
3. IRENE BORROR	SECRETARY	4. ALICE TEYNOR	VICE PRESIDENT

OTHER

DIRECTORS OR TRUSTEES

THERESA BRODMAN LYDIA RALL VIKI SNIDER CHARISSE SHICK

State of........ Ohio
County of..... Franklin

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)
FAIRY WAGNER	LONI A. PERKINS	IRENE BORROR
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	CHIEF OPERATING OFFICER	SECRETARY
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This ________ day of ________________ 2020

a. Is this an original filing? Yes [ ] No [X]
b. If no
1. State the amendment number 1
2. Date filed 03/16/2020
3. Number of pages attached 2

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 2019	2 2018	3 2017	4 2016	5 2015
	Life Insurance in Force (Exhibit of Life Insurance)					
1.	Ordinary - whole life and endowment (Line 34, Col. 4)	42,440	42,318	41,762	40,402	38,987
2.	Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)	17,810	16,420	14,675	14,211	14,224
3.	Credit life (Line 21, Col. 6)					
4.	Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)					
5.	Industrial (Line 21, Col. 2)					
6.	FEGLI/SGLI (Lines 43 & 44, Col. 4)					
7.	Total (Line 21, Col. 10)	60,250	58,738	56,437	54,613	53,211
7.1	Total in force for which VM-20 deterministic/stochastic reserves are calculated				XXX	XXX
	New Business Issued (Exhibit of Life Insurance)					
8.	Ordinary - whole life and endowment (Line 34, Col. 2)	996	1,015	1,569	2,012	662
9.	Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)	2,135	2,950	1,790	1,685	815
10.	Credit life (Line 2, Col. 6)					
11.	Group (Line 2, Col. 9)					
12.	Industrial (Line 2, Col. 2)					
13.	Total (Line 2, Col. 10)	3,131	3,965	3,359	3,697	1,477
	Premium Income - Lines of Business (Exhibit 1-Part 1)					
14.	Industrial life (Line 20.4, Col. 2)					
15.1	Ordinary life insurance (Line 20.4, Col.. 3)	164,404	196,344	223,717	293,620	151,654
15.2	Ordinary individual annuities (Line 20.4, Col. 4)	15,966,971	11,778,808	28,694,241	16,477,467	10,953,214
16.	Credit life (group and individual) (Line 20.4, Col. 5)					
17.1	Group life insurance (Line 20.4, Col. 6)					
17.2	Group annuities (Line 20.4, Col. 7)					
18.1	A&H - group (Line 20.4, Col. 8)					
18.2	A&H - credit (group and individual) (Line 20.4, Col. 9)					
18.3	A&H - other (Line 20.4, Col. 10)					
19.	Aggregate of all other lines of business (Line 20.4, Col. 11)					
20.	Total	16,131,375	11,975,152	28,917,958	16,771,087	11,104,868
	Balance Sheet (Pages 2 and 3)					
21.	Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	129,495,147	124,096,674	119,623,601	97,736,909	85,393,893
22.	Total liabilities excluding Separate Accounts business (Page 3, Line 26)	125,393,411	119,905,540	115,310,016	93,783,271	82,074,748
23.	Aggregate life reserves (Page 3, Line 1)	122,660,541	118,162,663	112,990,706	92,028,011	79,338,039
23.1	Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1				XXX	XXX
24.	Aggregate A&H reserves (Page 3, Line 2)					
25.	Deposit-type contract funds (Page 3, Line 3)	144,951	226,906	221,435	332,401	424,897
26.	Asset valuation reserve (Page 3, Line 24.01)	777,555	765,522	733,630	702,561	629,007
27.	Capital (Page 3, Lines 29 & 30)					
28.	Surplus (Page 3, Line 37)	4,101,736	4,191,134	4,313,585	3,953,636	3,319,145
	Cash Flow (Page 5)					
29.	Net cash from operations (Line 11)	6,208,192	4,886,054	22,229,425	12,333,677	8,711,474
	Risk-Based Capital Analysis					
30.	Total adjusted capital	4,881,291	4,958,656	5,049,215	4,658,197	3,932,189
31.	Authorized control level risk-based capital	1,468,879	1,345,559	1,252,775	1,001,875	1,072,851
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32.	Bonds (Line 1)	97.2	97.3	97.0	96.0	95.3
33.	Stocks (Lines 2.1 and 2.2)	0.8	1.2	1.3	2.0	2.5
34.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
35.	Real estate (Line 4.1, 4.2 and 4.3)					
36.	Cash, cash equivalents and short-term investments (Line 5)	1.1	0.5	0.6	0.7	0.7
37.	Contract loans (Line 6)	1.0	1.0	1.1	1.4	1.6
38.	Derivatives (Line 7)					
39.	Other invested assets (Line 8)					
40.	Receivables for securities (Line 9)					
41.	Securities lending reinvested collateral assets (Line 10)					
42.	Aggregate write-ins for invested assets (Line 11)					
43.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(continued)

		1 2019	2 2018	3 2017	4 2016	5 2015
	Investments in Parent, Subsidiaries and Affiliates					
44.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
45.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
46.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
47.	Affiliated short-term investments (subtotal included in Sch. DA, Verif., Col. 5, Line 10)					
48.	Affiliated mortgage loans on real estate					
49.	All other affiliated					
50.	Total of above Lines 44 to 49	0	0	0	0	0
51.	Total investment in parent included in Lines 44 to 49 above					
	Total Nonadmitted and Admitted Assets					
52.	Total nonadmitted assets (Page 2, Line 28, Col. 2)	113,006	130,314	106,246	87,396	82,688
53.	Total admitted assets (Page 2, Line 28, Col. 3)	129,495,147	124,096,674	119,623,601	97,736,909	85,393,893
	Investment Data					
54.	Net investment income (Exhibit of Net Investment Income)	5,667,253	5,241,431	4,841,529	4,371,875	4,105,076
55.	Realized capital gains (losses) (Page 4, Line 34, Column 1)	(93,671)	(49,386)	(22,772)	55,120	42,848
56.	Unrealized capital gains (losses) (Page 4, Line 38, Column 1)	(47,355)			39	
57.	Total of above Lines 54, 55 and 56	5,526,227	5,192,045	4,818,756	4,427,033	4,147,924
	Benefits and Reserve Increase (Page 6)					
58.	Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 & 8)	15,636,248	10,648,135	10,234,608	6,476,020	5,182,495
59.	Total contract/certificate benefits - A&H (Lines 13 & 14, Col. 6)					
60.	Increase in life reserves - other than group and annuities (Line 19, Col. 2)	89,383	300,541	176,390	344,289	161,372
61.	Increase in A&H reserves (Line 19, Col. 6)					
62.	Dividends to policyholders and refunds to members (Line 30, Col 1)					
	Operating Percentages					
63.	Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line (6) / (Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00	10.1	11.7	6.9	7.9	9.9
64.	Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00	0.2	0.2	0.3	2.8	
65.	A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)					3.9
66.	A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)					
67.	A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)					
	A&H Claim Reserve Adequacy					
68.	Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2)					
69.	Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2)					
70.	Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2)					
71.	Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2)					
	Net Gains From Operations After Dividends to Policyholders/Members' Refunds and Federal Income Taxes by Lines of Business (Page 6.x, Line 33)					
72.	Industrial life (Page 6.1, Col. 2)					
73.	Ordinary - life (Page 6.1, Col. 1 less Cols. 2, 10 and 12)	(301,315)	(343,185)	(281,090)	240,492	320,554
74.	Ordinary - individual annuities (Page 6, Col. 4)	544,494	594,870	1,001,753	561,867	471,962
75.	Ordinary - supplementary contracts	XXX				
76.	Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7)					
77.	Group life (Page 6.2, Col. 1 less Col. 7 less Col. 9)					
78.	Group annuities (Page 6, Col. 5)					
79.	A&H - group (Page 6.5, Col. 3)					
80.	A&H - credit (Page 6.5, Col. 10)					
81.	A&H - other (Page 6.5, Col. 1 less Cols. 3 and 10)					
82.	Aggregate of all other lines of business (Page 6, Col. 8)					
83.	Fraternal (Page 6, Col. 7)	(196,826)	(268,789)	(182,905)	(144,765)	(141,352)
84.	Total (Page 6, Col. 1)	46,353	(17,104)	537,757	657,594	651,164

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:

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

Allocated by States and Territories

	1	Direct Business Only					
		Life Contracts		4	5	6	7
		2	3				
States, Etc.	Active Status (a)	Life Insurance Premiums	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	N					0	
4. Arkansas AR	N					0	
5. California CA	N					0	
6. Colorado CO	N					0	
7. Connecticut CT	N					0	
8. Delaware DE	N					0	
9. District of Columbia DC	N					0	
10. Florida FL	N					0	
11. Georgia GA	N					0	
12. Hawaii HI	N					0	
13. Idaho ID	N					0	
14. Illinois IL	N					0	
15. Indiana IN	L	259	67,591			67,850	
16. Iowa IA	N					0	
17. Kansas KS	N					0	
18. Kentucky KY	L	310	377,059			377,370	
19. Louisiana LA	N					0	
20. Maine ME	N					0	
21. Maryland MD	N					0	
22. Massachusetts MA	N					0	
23. Michigan MI	L	6,040	5,760,310			5,766,350	
24. Minnesota MN	N					0	
25. Mississippi MS	N					0	
26. Missouri MO	N					0	
27. Montana MT	N					0	
28. Nebraska NE	N					0	
29. Nevada NV	N					0	
30. New Hampshire NH	N					0	
31. New Jersey NJ	N					0	
32. New Mexico NM	N					0	
33. New York NY	N					0	
34. North Carolina NC	N					0	
35. North Dakota ND	N					0	
36. Ohio OH	L	178,961	9,762,754			9,941,715	
37. Oklahoma OK	N					0	
38. Oregon OR	N					0	
39. Pennsylvania PA	N					0	
40. Rhode Island RI	N					0	
41. South Carolina SC	N					0	
42. South Dakota SD	N					0	
43. Tennessee TN	N					0	
44. Texas TX	N					0	
45. Utah UT	N					0	
46. Vermont VT	N					0	
47. Virginia VA	N					0	
48. Washington WA	N					0	
49. West Virginia WV	N					0	
50. Wisconsin WI	N					0	
51. Wyoming WY	N					0	
52. American Samoa AS	N					0	
53. Guam GU	N					0	
54. Puerto Rico PR	N					0	
55. US Virgin Islands VI	N					0	
56. Northern Mariana Islands MP	N					0	
57. Canada CAN	N					0	
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Subtotal	XXX	185,569	15,967,715	0	0	16,153,285	0
90. Reporting entity contributions for employee benefit plans	XXX					0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX					0	
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	185,569	15,967,715	0	0	16,153,285	0
96. Plus reinsurance assumed	XXX					0	
97. Totals (All Business)	XXX	185,569	15,967,715	0	0	16,153,285	0
98. Less reinsurance ceded	XXX	21,909				21,909	
99. Totals (All Business) less reinsurance ceded	XXX	163,660	15,967,715	(c) 0	0	16,131,375	0

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4	R - Registered - Non-domiciled RRGs	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	0	Q - Qualified - Qualified or accredited reinsurer	0
		N - None of the above - Not allowed to write business in the state	53

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

premium per general ledger activity

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9, and 10, or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

Exhibit 1