



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	NAIC Company Code..... 56316	Employer's ID Number..... 31-4144574
(Current Period) (Prior Period)		
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
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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	a. Is this an original filing?	Yes [X] No []
This day of 2020	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56316

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	185,569				185,569
2. Annuity considerations.....	15,967,715				15,967,715
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,153,285	0	0	0	16,153,285
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	336,258				336,258
10. Matured endowments.....	3,930				3,930
11. Annuity benefits.....	15,158,557				15,158,557
12. Surrender values and withdrawals for life contracts.....	139,400				139,400
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	15,638,145	0	0	0	15,638,145

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	25	29,991							25	29,991
17. Incurred during current year.....	119	299,899							119	299,899
Settled during current year:										
18.1 By payment in full.....	131	272,325							131	272,325
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	131	272,325	0	0	0	0	0	0	131	272,325
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	131	272,325	0	0	0	0	0	0	131	272,325
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	13	57,565	0	0	0	0	0	0	13	57,565
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7,477	58,739,596		(a)					7,477	58,739,596
21. Issued during year.....	91	3,131,062							91	3,131,062
22. Other changes to in force (Net).....	(214)	(1,620,954)							(214)	(1,620,954)
23. In force December 31 of current year.....	7,354	60,249,704	0	(a)	0	0	0	0	7,354	60,249,704

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

Catholic Ladies of Columbia



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code....0 NAIC Company Code....56316

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	259				259
2. Annuity considerations.....	67,591				67,591
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	67,850	0	0	0	67,850
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	6,924				6,924
10. Matured endowments.....					0
11. Annuity benefits.....	87,233				87,233
12. Surrender values and withdrawals for life contracts.....	1,776				1,776
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	95,933	0	0	0	95,933

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	1,000							1	1,000
17. Incurred during current year.....	4	6,758							4	6,758
Settled during current year:										
18.1 By payment in full.....	4	6,758							4	6,758
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	6,758	0	0	0	0	0	0	4	6,758
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	6,758	0	0	0	0	0	0	4	6,758
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,000	0	0	0	0	0	0	1	1,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	74	315,790	(a)						74	315,790
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(5)	(9,270)							(5)	(9,270)
23. In force December 31 of current year.....	70	316,520	0	0	0	0	0	0	70	316,520

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products.....0.

NONE



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56316

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	310				310
2. Annuity considerations.....	377,059				377,059
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	377,370	0	0	0	377,370
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,866				1,866
10. Matured endowments.....					0
11. Annuity benefits.....	34,000				34,000
12. Surrender values and withdrawals for life contracts.....	1,830				1,830
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	37,696	0	0	0	37,696

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,780							2	1,780
17. Incurred during current year.....	2	3,301							2	3,301
Settled during current year:										
18.1 By payment in full.....	2	3,301							2	3,301
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	3,301	0	0	0	0	0	0	2	3,301
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	3,301	0	0	0	0	0	0	2	3,301
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	1,780	0	0	0	0	0	0	2	1,780
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	94	531,662	(a)						94	531,662
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(4)	(13,270)							(4)	(13,270)
23. In force December 31 of current year.....	91	528,392	0	(a)	0	0	0	0	91	528,392

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

NONE



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0 NAIC Company Code....56316

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,040				6,040
2. Annuity considerations.....	5,760,310				5,760,310
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,766,350	0	0	0	5,766,350
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	2,732,091				2,732,091
12. Surrender values and withdrawals for life contracts.....	43,196				43,196
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,775,287	0	0	0	2,775,287

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	107	1,591,400	(a)						107	1,591,400
21. Issued during year.....	7	1,400,000							7	1,400,000
22. Other changes to in force (Net).....	(1)	(75,459)							(1)	(75,459)
23. In force December 31 of current year.....	113	2,915,941	0	(a) 0	0	0	0	0	113	2,915,941

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

NONE

Catholic Ladies of Columbia



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56316

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	178,961				178,961
2. Annuity considerations.....	9,762,754				9,762,754
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,941,715	0	0	0	9,941,715
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	327,468				327,468
10. Matured endowments.....	3,930				3,930
11. Annuity benefits.....	12,305,233				12,305,233
12. Surrender values and withdrawals for life contracts.....	92,598				92,598
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	12,729,229	0	0	0	12,729,229

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	22	27,211							22	27,211
17. Incurred during current year.....	113	289,840							113	289,840
Settled during current year:										
18.1 By payment in full.....	125	262,266							125	262,266
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	125	262,266	0	0	0	0	0	0	125	262,266
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	125	262,266	0	0	0	0	0	0	125	262,266
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	54,785	0	0	0	0	0	0	10	54,785
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7,202	56,300,744	(a)						7,202	56,300,744
21. Issued during year.....	82	1,711,062							82	1,711,062
22. Other changes to in force (Net).....	(204)	(1,522,955)							(204)	(1,522,955)
23. In force December 31 of current year.....	7,080	56,488,851	0	(a) 0	0	0	0	0	7,080	56,488,851

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

NONE

Catholic Ladies of Columbia
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	171,384
2. Current year's realized pre-tax capital gains/(losses) of \$.....(123,328) transferred into the reserve net of taxes of \$.....0.....	(123,329)
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	48,055
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	26,377
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	21,678

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2019.....	28,811	(2,434)		26,377
2. 2020.....	13,170	(8,251)		4,919
3. 2021.....	24,871	(7,410)		17,461
4. 2022.....	20,686	(7,251)		13,435
5. 2023.....	14,729	(7,092)		7,637
6. 2024.....	12,321	(7,313)		5,008
7. 2025.....	10,505	(6,908)		3,597
8. 2026.....	8,852	(6,860)		1,992
9. 2027.....	6,638	(6,777)		(139)
10. 2028.....	4,100	(6,798)		(2,698)
11. 2029.....	1,715	(6,521)		(4,806)
12. 2030.....	(682)	(6,641)		(7,323)
13. 2031.....	(1,256)	(6,744)		(8,000)
14. 2032.....	(3,424)	(6,836)		(10,260)
15. 2033.....	(7,906)	(6,959)		(14,865)
16. 2034.....	451	(7,082)		(6,631)
17. 2035.....	7,929	(6,886)		1,043
18. 2036.....	4,014	(6,142)		(2,128)
19. 2037.....	(1,867)	(1,114)		(2,981)
20. 2038.....	(1,728)	(221)		(1,949)
21. 2039.....	(2,003)	(228)		(2,231)
22. 2040.....	(894)	(236)		(1,130)
23. 2041.....	3,289	(214)		3,075
24. 2042.....	1,804	(68)		1,736
25. 2043.....	2,131	(72)		2,059
26. 2044.....	2,068	(74)		1,994
27. 2045.....	2,271	(69)		2,202
28. 2046.....	2,474	(55)		2,419
29. 2047.....	6,291	(40)		6,251
30. 2048.....	12,025	(24)		12,001
31. 2049 and Later.....		(9)		(9)
32. Total (Lines 1 to 31).....	171,385	(123,329)	0	48,056

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	765,521		765,521			.0	765,521
2. Realized capital gains/(losses) net of taxes - General Account.....	(91,985)		(91,985)			.0	(91,985)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			.0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	(47,355)		(47,355)			.0	(47,355)
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			.0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			.0	0
7. Basic contribution.....	195,590		195,590			.0	195,590
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	821,771	0	821,771	0	0	.0	821,771
9. Maximum reserve.....	973,922		973,922			.0	973,922
10. Reserve objective.....	600,690		600,690			.0	600,690
11. 20% of (Line 10 minus Line 8).....	(44,216)	0	(44,216)	0	0	.0	(44,216)
12. Balance before transfers (Lines 8 + 11).....	777,555	0	777,555	0	0	.0	777,555
13. Transfers.....			0			.0	0
14. Voluntary contribution.....			0			.0	0
15. Adjustment down to maximum/up to zero.....			0			.0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	777,555	0	777,555	0	0	.0	777,555

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	94,522,894	XXX	XXX	94,522,894	0.0005	47,261	0.0016	151,237	0.0033	311,926
3	2	High quality.....	25,088,991	XXX	XXX	25,088,991	0.0021	52,687	0.0064	160,570	0.0106	265,943
4	3	Medium quality.....	2,387,969	XXX	XXX	2,387,969	0.0099	23,641	0.0263	62,804	0.0376	89,788
5	4	Low quality.....	1,482,774	XXX	XXX	1,482,774	0.0245	36,328	0.0572	84,815	0.0817	121,143
6	5	Lower quality.....	507,678	XXX	XXX	507,678	0.0630	31,984	0.1128	57,266	0.1880	95,443
7	6	In or near default.....	310,250	XXX	XXX	310,250	0.0000	0	0.2370	73,529	0.2370	73,529
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX		XXX		XXX	
9		Total long-term bonds (sum of Lines 1 through 8).....	124,300,556	XXX	XXX	124,300,556	XXX	191,901	XXX	590,220	XXX	957,772
		PREFERRED STOCKS										
10	1	Highest quality.....	2,275	XXX	XXX	2,275	0.0005	1	0.0016	4	0.0033	8
11	2	High quality.....	813,484	XXX	XXX	813,484	0.0021	1,708	0.0064	5,206	0.0106	8,623
12	3	Medium quality.....	200,000	XXX	XXX	200,000	0.0099	1,980	0.0263	5,260	0.0376	7,520
13	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	1,015,759	XXX	XXX	1,015,759	XXX	3,689	XXX	10,470	XXX	16,150
		SHORT-TERM BONDS										
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
20	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
21	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
22	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
23	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25		Total short-term bonds (sum of Lines 18 through 24).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	125,316,315	XXX	XXX	125,316,315	XXX	195,590	XXX	600,690	XXX	973,922

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0011	0	0.0057	0	0.0074	0
36		Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0040	0	0.0114	0	0.0149	0
37		Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0069	0	0.0200	0	0.0257	0
38		Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0120	0	0.0343	0	0.0428	0
39		Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0183	0	0.0486	0	0.0628	0
40		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0007	0	0.0011	0
41		Residential mortgages-all other.....			XXX.....	0	0.0015	0	0.0034	0	0.0046	0
42		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0007	0	0.0011	0
43		Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0011	0	0.0057	0	0.0074	0
44		Commercial mortgages-all other - CM2 - high quality.....			XXX.....	0	0.0040	0	0.0114	0	0.0149	0
45		Commercial mortgages-all other - CM3 - medium quality.....			XXX.....	0	0.0069	0	0.0200	0	0.0257	0
46		Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0120	0	0.0343	0	0.0428	0
47		Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, not in process:										
48		Farm mortgages.....			XXX.....	0	0.0480	0	0.0868	0	0.1371	0
49		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0006	0	0.0014	0	0.0023	0
50		Residential mortgages-all other.....			XXX.....	0	0.0029	0	0.0066	0	0.0103	0
51		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0006	0	0.0014	0	0.0023	0
52		Commercial mortgages-all other.....			XXX.....	0	0.0480	0	0.0868	0	0.1371	0
		In process of foreclosure:										
53		Farm mortgages.....			XXX.....	0	0.0000	0	0.1942	0	0.1942	0
54		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0046	0	0.0046	0
55		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0149	0	0.0149	0
56		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0046	0	0.0046	0
57		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1942	0	0.1942	0
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
59		Schedule DA mortgages.....			XXX.....	0	0.0034	0	0.0114	0	0.0149	0
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(a).....0.1580	0	(a).....0.1580	0
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated Investment Subsidiary:												
5		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
6		Fixed income highest quality.....				0	XXX		XXX		XXX	
7		Fixed income high quality.....				0	XXX		XXX		XXX	
8		Fixed income medium quality.....				0	XXX		XXX		XXX	
9		Fixed income low quality.....				0	XXX		XXX		XXX	
10		Fixed income lower quality.....				0	XXX		XXX		XXX	
11		Fixed income in or near default.....				0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....0.1580	0	(a).....0.1580	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1945	0	0.1945	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17		Total common stock (sum of Lines 1 through 16).....	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18		Home office property (General Account only).....				0	0.0000	0	0.0912	0	0.0912	0
19		Investment properties.....				0	0.0000	0	0.0912	0	0.0912	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1337	0	0.1337	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX	XXX	.0	0.0005	.0	0.0016	.0	0.0033	.0
31	2	High quality.....		XXX	XXX	.0	0.0021	.0	0.0064	.0	0.0106	.0
32	3	Medium quality.....		XXX	XXX	.0	0.0099	.0	0.0263	.0	0.0376	.0
33	4	Low quality.....		XXX	XXX	.0	0.0245	.0	0.0572	.0	0.0817	.0
34	5	Lower quality.....		XXX	XXX	.0	0.0630	.0	0.1128	.0	0.1880	.0
35	6	In or near default.....		XXX	XXX	.0	0.0000	.0	0.2370	.0	0.2370	.0
36		Affiliated life with AVR.....		XXX	XXX	.0	0.0000	.0	0.0000	.0	0.0000	.0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	.0	XXX	XXX	.0	XXX	.0	XXX	.0	XXX	.0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality.....			XXX	.0	0.0011	.0	0.0057	.0	0.0074	.0
39		Mortgages - CM2 - high quality.....			XXX	.0	0.0040	.0	0.0114	.0	0.0149	.0
40		Mortgages - CM3 - medium quality.....			XXX	.0	0.0069	.0	0.0200	.0	0.0257	.0
41		Mortgages - CM4 - low medium quality.....			XXX	.0	0.0120	.0	0.0343	.0	0.0428	.0
42		Mortgages - CM5 - low quality.....			XXX	.0	0.0183	.0	0.0486	.0	0.0628	.0
43		Residential mortgages-insured or guaranteed.....			XXX	.0	0.0003	.0	0.0007	.0	0.0011	.0
44		Residential mortgages-all other.....		XXX	XXX	.0	0.0015	.0	0.0034	.0	0.0046	.0
45		Commercial mortgages-insured or guaranteed.....			XXX	.0	0.0003	.0	0.0007	.0	0.0011	.0
		Overdue, Not in Process Affiliated:										
46		Farm mortgages.....			XXX	.0	0.0480	.0	0.0868	.0	0.1371	.0
47		Residential mortgages-insured or guaranteed.....			XXX	.0	0.0006	.0	0.0014	.0	0.0023	.0
48		Residential mortgages-all other.....			XXX	.0	0.0029	.0	0.0066	.0	0.0103	.0
49		Commercial mortgages-insured or guaranteed.....			XXX	.0	0.0006	.0	0.0014	.0	0.0023	.0
50		Commercial mortgages-all other.....			XXX	.0	0.0480	.0	0.0868	.0	0.1371	.0
		In Process of foreclosure Affiliated:										
51		Farm mortgages.....			XXX	.0	0.0000	.0	0.1942	.0	0.1942	.0
52		Residential mortgages-insured or guaranteed.....			XXX	.0	0.0000	.0	0.0046	.0	0.0046	.0
53		Residential mortgages-all other.....			XXX	.0	0.0000	.0	0.0149	.0	0.0149	.0
54		Commercial mortgages-insured or guaranteed.....			XXX	.0	0.0000	.0	0.0046	.0	0.0046	.0
55		Commercial mortgages-all other.....			XXX	.0	0.0000	.0	0.1942	.0	0.1942	.0
56		Total Affiliated (Sum of Lines 38 through 55).....	.0	.0	XXX	.0	XXX	.0	XXX	.0	XXX	.0
57		Unaffiliated - In Good Standing with Covenants.....			XXX	.0	(c)	.0	(c)	.0	(c)	.0
58		Unaffiliated - In Good Standing Defeased with Government Securities.....			XXX	.0	0.0011	.0	0.0057	.0	0.0074	.0
59		Unaffiliated - In Good Standing Primarily Senior.....			XXX	.0	0.0040	.0	0.0114	.0	0.0149	.0
60		Unaffiliated - In Good Standing All Other.....			XXX	.0	0.0069	.0	0.0200	.0	0.0257	.0
61		Unaffiliated - Overdue, Not in Process.....			XXX	.0	0.0480	.0	0.0868	.0	0.1371	.0
62		Unaffiliated - In Process of Foreclosure.....			XXX	.0	0.0000	.0	0.1942	.0	0.1942	.0
63		Total Unaffiliated (Sum of Lines 57 through 62).....	.0	.0	XXX	.0	XXX	.0	XXX	.0	XXX	.0
64		Total with Mortgage Loan Characteristics (Lines 56 + 63).....	.0	.0	XXX	.0	XXX	.0	XXX	.0	XXX	.0

NONE

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(a).....0.1580	0	(a).....0.1580	0
66		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68		Affiliated certain other (see SVO Purposes and Procedures Manual).....		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69		Affiliated other - all other.....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only).....				0	0.0000	0	0.0912	0	0.0912	0
72		Investment properties.....				0	0.0000	0	0.0912	0	0.0912	0
73		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1337	0	0.1337	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73).....	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
77		Guaranteed state low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed state low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
79		All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79).....	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments.....		XXX		0	0.0000	0	0.0042	0	0.0042	0
82		NAIC 2 working capital finance investments.....		XXX		0	0.0000	0	0.0137	0	0.0137	0
83		Other invested assets - Schedule BA.....		XXX		0	0.0000	0	0.1580	0	0.1580	0
84		Other short-term invested assets - Schedule DA.....		XXX		0	0.0000	0	0.1580	0	0.1580	0
85		Total All Other (sum of Lines 81, 82, 83 and 84).....	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....	0	0	0	0	XXX	0	XXX	0	XXX	0

- (a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
- (b) Determined using same factors and breakdowns used for directly owned real estate.
- (c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

Sch. S - Pt. 1 - Sn. 1
NONE

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	10/01/2003	Optum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	2,388,526	1,336	1,218	5,747				
88099.....	75-1608507....	10/02/2003	Optum Re Insurance Company.....	TX.....	OTH/I.....	OL.....	6,716,641	17,463	14,833	16,162				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						9,105,167	18,799	16,051	21,909	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						9,105,167	18,799	16,051	21,909	0	0	0	0
1199999.	Total - General Account - Authorized.....						9,105,167	18,799	16,051	21,909	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						9,105,167	18,799	16,051	21,909	0	0	0	0
6999999.	Total U.S.....						9,105,167	18,799	16,051	21,909	0	0	0	0
9999999.	Total.....						9,105,167	18,799	16,051	21,909	0	0	0	0

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Catholic Ladies of Columbia
SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	22	13	13	18	15
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....					
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders and refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....		16		16	14
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends and refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

Catholic Ladies of Columbia
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	127,926,155		127,926,155
2. Reinsurance (Line 16).....			0
3. Premiums and considerations (Line 15).....	6,722		6,722
4. Net credit for ceded reinsurance.....	XXX	18,799	18,799
5. All other admitted assets (balance).....	1,562,269		1,562,269
6. Total assets excluding Separate Accounts (Line 26).....	129,495,147	18,799	129,513,946
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	129,495,147	18,799	129,513,946
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	122,660,541	18,799	122,679,340
10. Liability for deposit-type contracts (Line 3).....	144,951		144,951
11. Claim reserves (Line 4).....	1,352,061		1,352,061
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	4,000		4,000
13. Premium & annuity considerations received in advance (Line 8).....	8,481		8,481
14. Other contract liabilities (Line 9).....	21,678		21,678
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	1,201,699		1,201,699
20. Total liabilities excluding Separate Accounts (Line 26).....	125,393,411	18,799	125,412,210
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	125,393,411	18,799	125,412,210
23. Capital & surplus (Line 38).....	4,101,736	XXX	4,101,736
24. Total liabilities, capital & surplus (Line 39).....	129,495,147	18,799	129,513,946
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	18,799		
26. Claim reserves.....	0		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	18,799		
34. Premiums and considerations.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	0		
41. Total net credit for ceded reinsurance.....	18,799		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
States, Etc.							
1.	Alabama.....	AL					0
2.	Alaska.....	AK					0
3.	Arizona.....	AZ					0
4.	Arkansas.....	AR					0
5.	California.....	CA					0
6.	Colorado.....	CO					0
7.	Connecticut.....	CT					0
8.	Delaware.....	DE					0
9.	District of Columbia.....	DC					0
10.	Florida.....	FL					0
11.	Georgia.....	GA					0
12.	Hawaii.....	HI					0
13.	Idaho.....	ID					0
14.	Illinois.....	IL					0
15.	Indiana.....	IN	259	67,591			67,850
16.	Iowa.....	IA					0
17.	Kansas.....	KS					0
18.	Kentucky.....	KY	310	377,059			377,370
19.	Louisiana.....	LA					0
20.	Maine.....	ME					0
21.	Maryland.....	MD					0
22.	Massachusetts.....	MA					0
23.	Michigan.....	MI	6,040	5,760,310			5,766,350
24.	Minnesota.....	MN					0
25.	Mississippi.....	MS					0
26.	Missouri.....	MO					0
27.	Montana.....	MT					0
28.	Nebraska.....	NE					0
29.	Nevada.....	NV					0
30.	New Hampshire.....	NH					0
31.	New Jersey.....	NJ					0
32.	New Mexico.....	NM					0
33.	New York.....	NY					0
34.	North Carolina.....	NC					0
35.	North Dakota.....	ND					0
36.	Ohio.....	OH	178,961	9,762,754			9,941,715
37.	Oklahoma.....	OK					0
38.	Oregon.....	OR					0
39.	Pennsylvania.....	PA					0
40.	Rhode Island.....	RI					0
41.	South Carolina.....	SC					0
42.	South Dakota.....	SD					0
43.	Tennessee.....	TN					0
44.	Texas.....	TX					0
45.	Utah.....	UT					0
46.	Vermont.....	VT					0
47.	Virginia.....	VA					0
48.	Washington.....	WA					0
49.	West Virginia.....	WV					0
50.	Wisconsin.....	WI					0
51.	Wyoming.....	WY					0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		185,569	15,967,715	0	0	16,153,285

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

Catholic Ladies of Columbia
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**
If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
50.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

EXPLANATIONS:

BAR CODE:

Catholic Ladies of Columbia

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1.	
2.	
3.	
4.	
5.	
6.	* 5 6 3 1 6 2 0 1 9 2 9 0 0 0 0 0 0 *
7.	* 5 6 3 1 6 2 0 1 9 3 0 0 0 0 0 0 0 *
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11.	
12. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 2 0 0 0 0 0 0 *
13. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 3 6 0 0 0 0 0 0 *
14. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 9 0 0 0 0 0 0 *
15.	
16.	
17. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 2 0 0 0 0 0 *
18. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 3 0 0 0 0 0 *
19. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 4 0 0 0 0 0 *
20. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 5 0 0 0 0 0 *
21. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 6 0 0 0 0 0 *
22. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 7 0 0 0 0 0 *
23. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 8 0 0 0 0 0 *
24. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 4 9 0 0 0 0 0 *
25.	
26. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 5 1 0 0 0 0 0 *
27. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 5 2 0 0 0 0 0 *
28. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 5 3 0 0 0 0 0 *
29. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 3 6 0 0 0 0 0 *
30. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 3 7 0 0 0 0 0 *
31. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 3 8 0 0 0 0 0 *
32. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 3 9 0 0 0 0 0 *
33. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 5 4 0 0 0 0 0 *
34. The data for this supplement is not required to be filed.	* 5 6 3 1 6 2 0 1 9 4 9 5 0 0 0 0 0 *
35.	

Catholic Ladies of Columbia

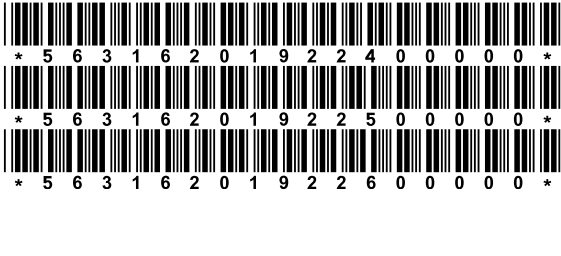
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

36. The data for this supplement is not required to be filed.



37. The data for this supplement is not required to be filed.



38. The data for this supplement is not required to be filed.



39. The data for this supplement is not required to be filed.



40.

41.

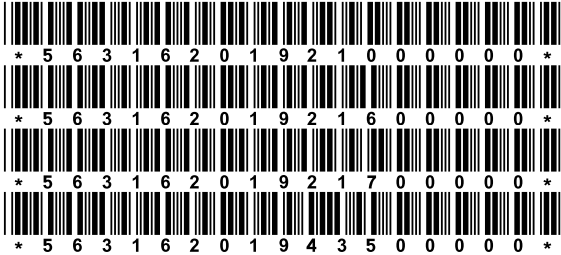
42. The data for this supplement is not required to be filed.



43. The data for this supplement is not required to be filed.



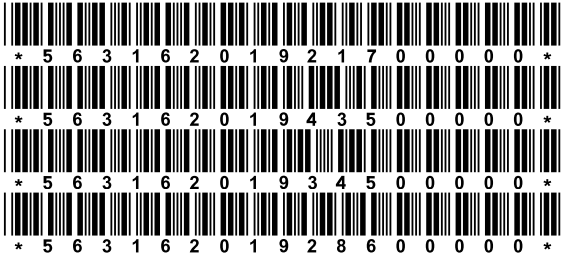
44. The data for this supplement is not required to be filed.



45. The data for this supplement is not required to be filed.



46. The data for this supplement is not required to be filed.



47. The data for this supplement is not required to be filed.



48. The data for this supplement is not required to be filed.



49. The data for this supplement is not required to be filed.



50.



Catholic Ladies of Columbia
Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4 All Other Lines of Business			
		2	3				
	Life	Cost Containment	All Other		Investment	Fraternal	Total
09.304. Education & Training.....						1,551	1,551
09.397. Summary of remaining write-ins for Line 9.3.....	0	0	0	0	0	1,551	1,551

Overflow Page for Write-Ins

NONE

Catholic Ladies of Columbia



VM-20 RESERVES SUPPLEMENT - PART 1

Life Insurance Reserves Valued According to VM-20 by Product Type

For the Year Ended December, 31, 2019

(To Be Filed by March 1)

(\$000 Omitted Except for Number of Policies)

NAIC Group Code: 0

NAIC Company Code: 56316

[illegible]

DETAILS OF WRITE-INS

[illegible]

456.1

Catholic Ladies of Columbia
VM-20 RESERVES SUPPLEMENT - PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three Year Transition Period
For the Year Ended December 31, 2019
(To Be filed by March 1)
(\$000 Omitted Except for Number of Policies)

Three Transition Period						
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1 Term Life.....	6	6	12	12	61	6,525
1.2 Universal Life with Secondary Guarantee.....						
1.3 Non-participating Whole Life.....	277	277	360	360	296	3,950
1.4 Participating Whole Life.....						
1.5 Universal Life without Secondary Guarantee.....						
1.6 Variable Universal Life.....						
1.7 Variable Life.....						
1.8 Indexed Life.....						
1.9 Aggregate write-ins for other products.....	0	0	0	0	0	0
2. Total Life Insurance Reserves						
(Sum of Lines 1.1 through 1.9).....	283	283	372	372	357	10,475
DETAILS OF WRITE-INS						
1.901						
1.902						
1.903						
1.998 Summary of remaining write-ins for Line 1.9 from overflow page.....	0	0	0	0	0	0
1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above).....	0	0	0	0	0	0

VM-20 RESERVES SUPPLEMENT - PART 3

Life PBR Exemption
For the Year Ended December 31, 2019
(To be Filed by March 1)

Life PBR Exemption as Defined in the NAIC Adopted Valuation Manual (VM)

1. Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?

Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition. (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM []

2.2 State Statute SVL [] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?

Yes [] No []

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

NONE
- 2.3 State Regulation [] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Regulation different from the NAIC adopted VM?

Yes [] No []

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

VM-20 RESERVES SUPPLEMENT - PART 4

Other Exclusions from Life PBR
For the Year Ended December 31, 2019
(To be Filed by March 1)

1. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?

Yes [] No []

If the answer to question 1 is "Yes" please discuss any business not covered under the Single Exemption.

NONE
2. If the answer to question 1 is "Yes", does the company have risks for policies issued outside its state of domicile?

Yes [] No []

If the answer to question 2 is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
3. Is all of the company's individual life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?

Yes [] No []

Sch. O-Heading and Barcode
NONE

Sch. O - Pt. 1 - Sn. A
NONE

Sch. O - Pt. 1 - Sn. B
NONE

Sch. O - Pt. 1 - Sn. C
NONE

Sch. O - Pt. 2 - Sn. A
NONE

Sch. O - Pt. 2 - Sn. B
NONE

Sch. O - Pt. 2 - Sn. C
NONE

Sch. O - Pt. 3 - Sn. A
NONE

Sch. O - Pt. 3 - Sn. B
NONE

Sch. O - Pt. 3 - Sn. C
NONE

Catholic Ladies of Columbia
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claims and Cost Containment Liabilities and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....					
2. 2016.....	XXX				
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2015.....					
2. 2016.....	XXX				
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2015.....					
2. 2016.....	XXX				
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	OTHER.....	78
3. Individual annuity.....	OTHER.....	1,274
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....		
11. Total.....		1,352

Sch. O - Pt. 1 - Sn. D
NONE

Sch. O - Pt. 1 - Sn. E
NONE

Sch. O - Pt. 1 - Sn. F
NONE

Sch. O - Pt. 1 - Sn. G
NONE

Sch. O - Pt. 2 - Sn. D
NONE

Sch. O - Pt. 2 - Sn. E
NONE

Sch. O - Pt. 2 - Sn. F
NONE

Sch. O - Pt. 2 - Sn. G
NONE

Sch. O - Pt. 3 - Sn. D
NONE

Sch. O - Pt. 3 - Sn. E
NONE

Sch. O - Pt. 3 - Sn. F
NONE

Sch. O - Pt. 3 - Sn. G
NONE

Sch. O - Pt. 4 - Sn. D
NONE

Sch. O - Pt. 4 - Sn. E
NONE

Sch. O - Pt. 4 - Sn. F
NONE

Sch. O - Pt. 4 - Sn. G
NONE

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LIFE ANNUAL STATEMENT BLANK

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