

An error of omission has been identified on LR027 on the RBC Statement that will require an amendment of the complete Annual Statement and RBC Life electronic filings.

The error of omission was identified on the RBC Statement Page LR027.2; Line (33) — C-3 RBC Cash Flow Testing Interest Rate Risk. The amended filing will revise Line (33) to a value of one (1).

An adjustment to the amount of Prepaid Pension [\$2,624] listed on non-admitted assets was also revised to the year-end pension reports that were provided at the filing deadline.



ANNUAL STATEMENT

For the Year Ended December 31, 2020
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 (Street and Number) (City or Town, State, Country and Zip Code)	800-845-0494 (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 (Street and Number) (City or Town, State, Country and Zip Code)	800-845-0494 (Area Code) (Telephone Number)
Internet Web Site Address	www.TheCLC.org	
Statutory Statement Contact	Loni Perkins (Name) lperkins@theclc.org (E-Mail Address)	800-845-0494 (Area Code) (Telephone Number) (Extension) 614-944-4743 (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) FAIRY WAGNER	(Signature) LONI A. PERKINS	(Signature) IRENE BORROR
1. (Printed Name) PRESIDENT	2. (Printed Name) CHIEF OPERATING OFFICER	3. (Printed Name) SECRETARY
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2021

a. Is this an original filing?
b. If no 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes [X] No []

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	131,206,602		131,206,602	124,300,556
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	502,925		502,925	1,015,759
2.2 Common stocks.....				0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				0
3.2 Other than first liens.....				0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....				0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....				0
4.3 Properties held for sale (less \$.....0 encumbrances).....				0
5. Cash (\$....866,476, Schedule E-Part 1), cash equivalents (\$....48,165, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	914,641		914,641	1,367,002
6. Contract loans (including \$.....0 premium notes).....	1,217,500		1,217,500	1,242,838
7. Derivatives (Schedule DB).....				0
8. Other invested assets (Schedule BA).....				0
9. Receivables for securities.....				0
10. Securities lending reinvested collateral assets (Schedule DL).....				0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	133,841,668	0	133,841,668	127,926,155
13. Title plants less \$.....0 charged off (for Title insurers only).....				0
14. Investment income due and accrued.....	1,594,931		1,594,931	1,552,116
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	7,271	3,321	3,951	6,722
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				0
16.2 Funds held by or deposited with reinsured companies.....				0
16.3 Other amounts receivable under reinsurance contracts.....				0
17. Amounts receivable relating to uninsured plans.....				0
18.1 Current federal and foreign income tax recoverable and interest thereon.....				0
18.2 Net deferred tax asset.....				0
19. Guaranty funds receivable or on deposit.....				0
20. Electronic data processing equipment and software.....	8,489		8,489	10,153
21. Furniture and equipment, including health care delivery assets (\$.....0).....	7,826	7,826	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				0
23. Receivables from parent, subsidiaries and affiliates.....				0
24. Health care (\$.....0) and other amounts receivable.....				0
25. Aggregate write-ins for other-than-invested assets.....	126,232	126,232	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	135,586,420	137,379	135,449,041	129,495,147
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	135,586,420	137,379	135,449,041	129,495,147

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Pension.....	77,210	77,210	0	
2502. Deposit.....	4,185	4,185	0	
2503. Prepaid Dues / Insurance.....	44,837	44,837	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	126,232	126,232	0	0

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Aggregate reserve for life contracts \$....128,446,021 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	128,446,023	122,660,541
2.	Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	95,981	144,951
4.	Contract claims:		
4.1	Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....	2,273,649	1,352,061
4.2	Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5.	Policyholders' dividends/refunds to members \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
6.	Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1	Policyholders' dividends and refunds to members apportioned for payment (including \$.....0 Modco).....		
6.2	Policyholders' dividends and refunds to members not yet apportioned (including \$.....0 Modco).....	4,000	4,000
6.3	Coupons and similar benefits (including \$.....0 Modco).....		
7.	Amount provisionally held for deferred dividend policies not included in Line 6.....		
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	8,476	8,481
9.	Contract liabilities not included elsewhere:		
9.1	Surrender values on canceled contracts.....		
9.2	Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3	Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4	Interest Maintenance Reserve (IMR, Line 6).....	128,761	21,678
10.	Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11.	Commissions and expense allowances payable on reinsurance assumed.....		
12.	General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	12,149	14,041
13.	Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14.	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6).....		1,104
15.1	Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		
15.2	Net deferred tax liability.....		
16.	Unearned investment income.....		
17.	Amounts withheld or retained by reporting entity as agent or trustee.....	439,818	408,999
18.	Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19.	Remittances and items not allocated.....		
20.	Net adjustment in assets and liabilities due to foreign exchange rates.....		
21.	Liability for benefits for employees and agents if not included above.....		
22.	Borrowed money \$.....0 and interest thereon \$.....0.....		
23.	Dividends to stockholders declared and unpaid.....		
24.	Miscellaneous liabilities:		
24.01	Asset valuation reserve (AVR Line 16, Col. 7).....	524,039	777,555
24.02	Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03	Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04	Payable to parent, subsidiaries and affiliates.....		
24.05	Drafts outstanding.....		
24.06	Liability for amounts held under uninsured plans.....		
24.07	Funds held under coinsurance.....		
24.08	Derivatives.....		
24.09	Payable for securities.....		
24.10	Payable for securities lending.....		
24.11	Capital notes \$.....0 and interest thereon \$.....0.....		
25.	Aggregate write-ins for liabilities.....	0	0
26.	Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	131,932,896	125,393,411
27.	From Separate Accounts Statement.....		
28.	Total liabilities (Line 26 and 27).....	131,932,896	125,393,411
29.	Common capital stock.....		
30.	Preferred capital stock.....		
31.	Aggregate write-ins for other-than-special surplus funds.....	0	0
32.	Surplus notes.....		
33.	Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....		
34.	Aggregate write-ins for special surplus funds.....	0	0
35.	Unassigned funds (surplus).....	3,516,145	4,101,736
36.	Less treasury stock, at cost:		
36.10.000 shares common (value included in Line 29 \$.....0).....		
36.20.000 shares preferred (value included in Line 30 \$.....0).....		
37.	Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	3,516,145	4,101,736
38.	Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	3,516,145	4,101,736
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	135,449,041	129,495,147

DETAILS OF WRITE-INS

2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0
3101.			
3102.			
3103.			
3198.	Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199.	Totals (Lines 3101 through 3103 plus 3198) (Line 31 above).....	0	0
3401.			
3402.			
3403.			
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
SUMMARY OF OPERATIONS

		1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)		14,355,455	16,131,375
2. Considerations for supplementary contracts with life contingencies			
3. Net investment income (Exhibit of Net Investment Income, Line 17)		5,657,932	5,667,253
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)		5,293	26,377
5. Separate Accounts net gain from operations excluding unrealized gains or losses			
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)			
7. Reserve adjustments on reinsurance ceded			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts			
8.2 Charges and fees for deposit-type contracts			
8.3 Aggregate write-ins for miscellaneous income		37,849	37,822
9. Totals (Lines 1 to 8.3)		20,056,529	21,862,828
10. Death benefits		388,343	334,361
11. Matured endowments (excluding guaranteed annual pure endowments)		6,492	3,930
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)		12,656,116	15,158,557
13. Disability benefits and benefits under accident and health contracts			
14. Coupons, guaranteed annual pure endowments and similar benefits			
15. Surrender benefits and withdrawals for life contracts		105,719	139,400
16. Group conversions			
17. Interest and adjustments on contract or deposit-type contract funds		17,057	11,643
18. Payments on supplementary contracts with life contingencies			
19. Increase in aggregate reserves for life and accident and health contracts		5,785,481	4,497,876
20. Totals (Lines 10 to 19)		18,959,208	20,145,767
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		478,107	621,563
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)			
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6)		1,008,263	1,002,468
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)		38,603	36,381
25. Increase in loading on deferred and uncollected premiums			
26. Net transfers to or (from) Separate Accounts net of reinsurance			
27. Aggregate write-ins for deductions		2,443	10,296
28. Totals (Lines 20 to 27)		20,486,625	21,816,475
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)		(430,095)	46,353
30. Dividends to policyholders and refunds to members			
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)		(430,095)	46,353
32. Federal and foreign income taxes incurred (excluding tax on capital gains)			
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)		(430,095)	46,353
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR)		(431,993)	(93,671)
35. Net income (Line 33 plus Line 34)		(862,088)	(47,318)
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)		4,101,736	4,191,134
37. Net income (Line 35)		(862,088)	(47,318)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		47,355	(47,355)
39. Change in net unrealized foreign exchange capital gain (loss)			
40. Change in net deferred income tax			
41. Change in nonadmitted assets		(24,374)	17,309
42. Change in liability for reinsurance in unauthorized and certified companies			
43. Change in reserve on account of change in valuation basis (increase) or decrease			
44. Change in asset valuation reserve		253,515	(12,033)
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)			
46. Surplus (contributed to) withdrawn from Separate Accounts during period			
47. Other changes in surplus in Separate Accounts Statement			
48. Change in surplus notes			
49. Cumulative effect of changes in accounting principles			
50. Capital changes:			
50.1 Paid in			
50.2 Transferred from surplus (Stock Dividend)			
50.3 Transferred to surplus			
51. Surplus adjustment:			
51.1 Paid in			
51.2 Transferred to capital (Stock Dividend)			
51.3 Transferred from capital			
51.4 Change in surplus as a result of reinsurance			
52. Dividends to stockholders		0	0
53. Aggregate write-ins for gains and losses in surplus		(585,591)	(89,398)
54. Net change in capital and surplus for the year (Lines 37 through 53)			
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)		3,516,145	4,101,736

DETAILS OF WRITE-INS

08.301. Misc. Income		7,257	11,715
08.302. Annuity W/D Penalty		30,591	26,108
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page		0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)		37,849	37,822
2701. Pension Benefits		2,443	10,296
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page		0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		2,443	10,296
5301. Adjustment to Cash Basis			
5302. Increase to Convention Reserve			
5303. Decrease for Lien Payment			
5398. Summary of remaining write-ins for Line 53 from overflow page		0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)		0	0

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	14,360,040	16,128,343
2. Net investment income.....	..6,201,098	6,165,460
3. Miscellaneous income.....	.37,849	37,822
4. Total (Lines 1 through 3).....	20,598,988	22,331,625
5. Benefit and loss related payments.....	12,252,139	14,456,543
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,530,413	1,666,891
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	13,782,552	16,123,434
11. Net cash from operations (Line 4 minus Line 10).....	..6,816,436	6,208,192
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	13,227,289	4,380,476
12.2 Stocks.....	.534,071	468,575
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	13,761,360	4,849,051
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	21,012,817	10,210,153
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	21,012,817	10,210,153
14. Net increase (decrease) in contract loans and premium notes.....	(25,338)	2,202
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(7,226,119)	(5,363,303)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	(48,970)	(81,955)
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	.6,292	22,117
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(42,678)	(59,838)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(452,360)	785,050
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,367,002	581,951
19.2 End of year (Line 18 plus Line 19.1).....	914,641	1,367,002

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

20.0001
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts.....	14,355,455	174,784		14,180,671					
2. Considerations for supplementary contracts with life contingencies.....	0	XXX	XXX			XXX	XXX		XXX
3. Net investment income.....	5,657,932	501,762		5,156,171					
4. Amortization of Interest Maintenance Reserve (IMR).....	5,293	469		4,824					
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0								
6. Commissions and expense allowances on reinsurance ceded.....	0								
7. Reserve adjustments on reinsurance ceded.....	0								
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	0								
8.2 Charges and fees for deposit-type contracts.....	0								
8.3 Aggregate write-ins for miscellaneous income.....	37,849	7,257	0	30,591	0	0	0	0	0
9. Totals (Lines 1 to 8.3).....	20,056,529	684,273	0	19,372,256	0	0	0	0	0
10. Death benefits.....	388,343	388,343							
11. Matured endowments (excluding guaranteed annual pure endowments).....	6,492	6,492							
12. Annuity benefits.....	12,656,116	XXX	XXX	12,656,116					XXX
13. Disability benefits and benefits under accident and health contracts.....	0								
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0								
15. Surrender benefits and withdrawals for life contracts.....	105,719	105,719							
16. Group conversions.....	0								
17. Interest and adjustments on contract or deposit-type contract funds.....	17,057	2,431		14,625					
18. Payments on supplementary contracts with life contingencies.....	0								
19. Increase in aggregate reserves for life and accident and health contracts.....	5,785,481	47,003		5,738,478					
20. Totals (Lines 10 to 19).....	18,959,208	549,988	0	18,409,219	0	0	XXX	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	478,107	13,871		464,236					XXX
22. Commissions and expense allowances on reinsurance assumed.....	0								
23. General insurance expenses and fraternal expenses.....	1,008,263	396,933		430,011					181,319
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	38,603	32,477		2,283					3,843
25. Increase in loading on deferred and uncollected premiums.....	0								
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0								
27. Aggregate write-ins for deductions.....	2,443	0	0	2,443	0	0	0	0	0
28. Totals (Lines 20 to 27).....	20,486,625	993,270	0	19,308,193	0	0	185,162	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....	(430,095)	(308,997)	0	64,064	0	0	(185,162)	0	0
30. Dividends to policyholders and refunds to members.....	0								
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).....	(430,095)	(308,997)	0	64,064	0	0	(185,162)	0	0
32. Federal income taxes incurred (excluding tax on capital gains).....	0								
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(430,095)	(308,997)	0	64,064	0	0	(185,162)	0	0
34. Policies/certificates in force end of year.....	7,229	7,229							

DETAILS OF WRITE-INS

08.301. Misc. Income.....	7,257	7,257							
08.302. Annuity W/D Penalty.....	30,591								
08.303.	0								
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	37,849	7,257	0	30,591	0	0	0	0	0
2701. Pension Benefits.....	2,443								
2702.	0								
2703.	0								
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....	2,443	0	0	2,443	0	0	0	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life with Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
1. Premiums for life contracts (a).	174,784		148,502	26,282								
2. Considerations for supplementary contracts with life contingencies.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income.....	501,762		499,269	2,492								
4. Amortization of Interest Maintenance Reserve (IMR).....	469		467	2								
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	0											
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	7,257	0	7,221	36	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3).....	684,273	0	655,460	28,813	0	0	0	0	0	0	0	0
10. Death benefits.....	388,343		388,343									
11. Matured endowments (excluding guaranteed annual pure endowments).....	6,492		6,492									
12. Annuity benefits.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts.....	0											
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	105,719		105,719									
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	2,431		2,431									
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	47,003		46,770	233								
20. Totals (Lines 10 to 19).....	549,988	0	549,755	233	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	13,871		13,802	69								XXX
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	396,933		394,962	1,972								
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	32,477		32,316	161								
25. Increase in loading on deferred and uncollected premiums.....	0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27).....	993,270	0	990,835	2,435	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....	(308,997)	0	(335,375)	26,378	0	0	0	0	0	0	0	0
30. Dividends to policyholders and refunds to members.....	0											
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).....	(308,997)	0	(335,375)	26,378	0	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains).....	0											
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(308,997)	0	(335,375)	26,378	0	0	0	0	0	0	0	0
34. Policies/certificates in force end of year.....	7,229		7,229									

DETAILS OF WRITE-INS

08.301. Misc. Income.....	7,257		7,221	36								
08.302.	0											
08.303.	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	7,257	0	7,221	36	0	0	0	0	0	0	0	0
2701.	0											
2702.	0											
2703.	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Include premium amounts for preneed plans included in Line 1.

(b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(c) Individual and Group Credit Life are combined and included on page. (indicate whether included with Individual or Group).

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP INSURANCE (c)

	1 Total	2 Whole Life	3 Term Life	4 Universal Life	5 Variable Life	6 Variable Universal Life	7 Credit Life (d)	8 Other Group Life (a)	9 YRT Mortality Risk Only
1. Premiums for life contracts (b).	.0								
2. Considerations for supplementary contracts with life contingencies.	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. Net investment income.	.0								
4. Amortization of Interest Maintenance Reserve (IMR).	.0								
5. Separate Accounts net gain from operations excluding unrealized gains or losses.	.0								
6. Commissions and expense allowances on reinsurance ceded.	.0								
7. Reserve adjustments on reinsurance ceded.	.0								
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	.0								
8.2 Charges and fees for deposit-type contracts.	.0								
8.3 Aggregate write-ins for miscellaneous income.	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Totals (Lines 1 to 8.3).	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Death benefits.	.0								
11. Matured endowments (excluding guaranteed annual pure endowments).	.0								
12. Annuity benefits.	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
13. Disability benefits and benefits under accident and health contracts.	.0								
14. Coupons, guaranteed annual pure endowments and similar benefits.	.0								
15. Surrender benefits and withdrawals for life contracts.	.0								
16. Group conversions.	.0								
17. Interest and adjustments on contract or deposit-type contract funds.	.0								
18. Payments on supplementary contracts with life contingencies.	.0								
19. Increase in aggregate reserves for life and accident and health contracts.	.0								
20. Totals (Lines 10 to 19).	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).	.0								XXX.....
22. Commissions and expense allowances on reinsurance assumed.									
23. General insurance expenses.									
24. Insurance taxes, licenses and fees, excluding federal income taxes.	.0								
25. Increase in loading on deferred and uncollected premiums.	.0								
26. Net transfers to or (from) Separate Accounts net of reinsurance.	.0								
27. Aggregate write-ins for deductions.	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Totals (Lines 20 to 27).	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Dividends to policyholders and refunds to members.	.0								
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).	.0	.0	.0	.0	.0	.0	.0	.0	.0
32. Federal income taxes incurred (excluding tax on capital gains).	.0								
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Policies/certificates in force end of year.	.0								

NONE

DETAILS OF WRITE-INS

08.301.	.0								
08.302.	.0								
08.303.	.0								
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.	.0	.0	.0	.0	.0	.0	.0	.0	.0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).	.0	.0	.0	.0	.0	.0	.0	.0	.0
2701.	.0								
2702.	.0								
2703.	.0								
2798. Summary of remaining write-ins for Line 27 from overflow page.	.0	.0	.0	.0	.0	.0	.0	.0	.0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Includes the following amounts for FEGLI/SGLI: Line 1.....0 Line 10.....0 Line 16.....0 Line 23.....0 Line 24.....0.

(b) Include premium amounts for preneed plans included in Line 1.

(c) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(d) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group)

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL ANNUITIES (a)

	1	Deferred					6	7
		2	3	4	5	Life Contingent Payout (Immediate and Annuitizations)		
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities without Guarantees	Other Annuities		
1. Premiums for individual annuity contracts.....	14,180,671	14,180,671						
2. Considerations for supplementary contracts with life contingencies.....	0	XXX	XXX	XXX	XXX			XXX
3. Net investment income.....	5,156,171	5,156,171						
4. Amortization of Interest Maintenance Reserve (IMR).....	4,824	4,824						
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0							
6. Commissions and expense allowances on reinsurance ceded.....	0							
7. Reserve adjustments on reinsurance ceded.....	0							
8. Miscellaneous Income:								
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	0							
8.2 Charges and fees for deposit-type contracts.....	0							
8.3 Aggregate write-ins for miscellaneous income.....	30,591	30,591	0	0	0	0		0
9. Totals (Lines 1 to 8.3).....	19,372,255	19,372,255	0	0	0	0	0	0
10. Death benefits.....	0							
11. Matured endowments (excluding guaranteed annual pure endowments).....	0							
12. Annuity benefits.....	12,656,116	12,656,116						
13. Disability benefits and benefits under accident and health contracts.....	0							
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0							
15. Surrender benefits and withdrawals for life contracts.....	0							
16. Group conversions.....	0							
17. Interest and adjustments on contract or deposit-type contract funds.....	14,625	14,625						
18. Payments on supplementary contracts with life contingencies.....	0							
19. Increase in aggregate reserves for life and accident and health contracts.....	5,738,478	5,738,478						
20. Totals (Lines 10 to 19).....	18,409,219	18,409,219	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	464,236	464,236						
22. Commissions and expense allowances on reinsurance assumed.....	0							
23. General insurance expenses.....	430,011	430,011						
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	2,283	2,283						
25. Increase in loading on deferred and uncollected premiums.....	0							
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0							
27. Aggregate write-ins for deductions.....	2,443	2,443	0	0	0	0		0
28. Totals (Lines 20 to 27).....	19,308,193	19,308,193	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....	64,063	64,063	0	0	0	0	0	0
30. Dividends to policyholders and refunds to members.....	0							
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).....	64,063	64,063	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains).....	0							
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	64,063	64,063	0	0	0	0	0	0
34. Policies/certificates in force end of year.....	0							

DETAILS OF WRITE-INS

08.301.	0							
08.302. Annuity W/D Penalty.....	30,591	30,591						
08.303.	0							
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	30,591	30,591	0	0	0	0	0	0
2701. Pension Benefits.....	2,443	2,443						
2702.	0							
2703.	0							
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....	2,443	2,443	0	0	0	0	0	0

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

Analysis of Operations by Lines of Business-Group Annuities
NONE

Analysis of Operations by Lines of Business-A&H
NONE

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6	7			
	1 Life	Accident and Health		4 All Other Lines of Business						
		2 Cost Containment	3 All Other							
1. Rent.....	66,599					11,753	78,352			
2. Salaries and wages.....	217,608				31,087	62,174	310,869			
3.11 Contributions for benefit plans for employees.....	80,538					20,134	100,672			
3.12 Contributions for benefit plans for agents.....							0			
3.21 Payments to employees under non-funded benefit plans.....							0			
3.22 Payments to agents under non-funded benefit plans.....							0			
3.31 Other employee welfare.....							0			
3.32 Other agent welfare.....							0			
4.1 Legal fees and expenses.....	19,195					3,387	22,582			
4.2 Medical examination fees.....	3,003						3,003			
4.3 Inspection report fees.....							0			
4.4 Fees of public accountants and consulting actuaries.....	218,559						218,559			
4.5 Expense of investigation and settlement of policy claims.....							0			
5.1 Traveling expenses.....	2,966						2,966			
5.2 Advertising.....	1,286						1,286			
5.3 Postage, express, telegraph and telephone.....	21,187				3,739	24,926				
5.4 Printing and stationery.....	3,407				601		4,008			
5.5 Cost or depreciation of furniture and equipment.....	2,873						2,873			
5.6 Rental of equipment.....	5,407						5,407			
5.7 Cost or depreciation of EDP equipment and software.....							0			
6.1 Books and periodicals.....							0			
6.2 Bureau and association fees.....	.902					159	1,061			
6.3 Insurance, except on real estate.....	21,328					3,764	25,092			
6.4 Miscellaneous losses.....							0			
6.5 Collection and bank service charges.....	2,835						2,835			
6.6 Sundry general expenses.....	9,076						9,076			
6.7 Group service and administration fees.....							0			
6.8 Reimbursements by uninsured plans.....							0			
7.1 Agency expense allowance.....	19,986						19,986			
7.2 Agents' balances charged off (less \$.....0 recovered).....							0			
7.3 Agency conferences other than local meetings.....					23,373	23,373				
8.1 Official publication (Fraternal Benefit Societies Only).....	XXX.	XXX.	XXX.	XXX.	XXX.	2,563	2,563			
8.2 Expenses of supreme lodge meetings (Fraternal Benefit Soc. Only).....	XXX.	XXX.	XXX.	XXX.	XXX.		0			
9.1 Real estate expenses.....							0			
9.2 Investment expenses not included elsewhere.....					266,829		266,829			
9.3 Aggregate write-ins for expenses.....	130,190	0	0	0	0	49,672	179,862			
10. General expenses Incurred.....	826,945	0	0	0	297,916	(b).....181,319	(a).....1,306,180			
11. General expenses unpaid December 31, prior year.....	14,041						14,041			
12. General expenses unpaid December 31, current year.....	12,149						12,149			
13. Amounts receivable relating to uninsured plans, prior year.....							0			
14. Amounts receivable relating to uninsured plans, current year.....							0			
15. General expenses paid during year (Lines 10+11-12-13+14).....	828,837	0	0	0	297,916	181,319	1,308,072			

DETAILS OF WRITE-INS

09.301. Marketing & Director Expense.....	61,253						61,253
09.302. Computer & Data Processing.....	68,937						68,937
09.303. Fraternal Activities, Donations.....							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0	48,606
09.399. Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	130,190	0	0	0	0	0	1,066
							1,066
							179,862

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

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable \$....48,606; 2. Institutional \$....81,654; 3. Recreational and Health \$....20,134; 4. Educational \$....1,066

5. Religious \$.....0; 6. Membership \$....29,858; 7. Other \$.....0; 8. Total \$....181,318

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....						0
3. State taxes on premiums.....		2,373				2,792
4. Other state taxes, including \$.....0 for employee benefits.....		15,266				15,266
5. U.S. Social Security taxes.....		17,121		2,283	3,424	22,828
6. All other taxes.....						0
7. Taxes, licenses and fees incurred.....		34,760	0	2,283	3,843	40,886
8. Taxes, licenses and fees unpaid December 31, prior year.....		1,104				1,104
9. Taxes, licenses and fees unpaid December 31, current year.....						0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....		35,864	0	2,283	3,843	41,990

EXHIBIT 4 - DIVIDENDS OR REFUNDS

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

DETAILS OF WRITE-INS

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

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No [X]

1.2 If not, state which kind is issued
 PARTICIPATING

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No [X]

2.2 If not, state which kind is issued
 PARTICIPATING

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

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:
 4.1 Amount of insurance: \$.....
 4.2 Amount of reserve: \$.....
 4.3 Basis of reserve:
 4.4 Basis of regular assessments:
 4.5 Basis of special assessments:
 4.6 Assessments collected during year: \$.....
 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....
 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....
 Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:
 7.3 State the amount of reserves established for this business: \$.....
 7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [] No [X]
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$.....
 8.2 State the amount of reserves established for this business: \$.....
 8.3 Identify where the reserves are reported in the blank:

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X]
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$.....
 9.2 State the amount of reserves established for this business: \$.....
 9.3 Identify where the reserves are reported in the blank:

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

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

NONE

Catholic Ladies of Columbia

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	3,321	5,140	1,819
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	7,826	6,399	(1,427)
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	126,232	101,467	(24,765)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	137,379	113,006	(24,374)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	137,379	113,006	(24,374)

DETAILS OF WRITE-INS

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Pension.....	77,210	74,586	(2,624)
2502. Prepaid Expenses & Deposits.....	4,185	4,185	0
2503. Prepaid Insurance.....	44,837	22,696	(22,141)
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	126,232	101,467	(24,765)

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (862,088)	\$ (47,317)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	\$ (862,088)	\$ (47,317)
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,516,145	\$ 4,101,736
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	\$ 3,516,145	\$ 4,101,736

The financial statements of Catholic Ladies of Columbia are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department. The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of insurance companies. The Ohio Insurance Department also recognizes accounting practices that are prescribed or permitted by the state of Ohio for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP), is the primary source of accounting practices that are prescribed or permitted by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Goodwill, which is the value of an entity's intangible assets, such as its customer base, from the purchase of a subsidiary, controlled or affiliated entity is written off directly to surplus in the year it originates by Ohio domiciled companies. In NAIC SAP, goodwill is written off to surplus over a period of years.

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

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

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably, over the term of the related insurance policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The amount of dividends to be paid to policyholders is determined annually by the Society's Board of Directors. The aggregate amount of policyholders' dividends is related to actual interest, mortality, morbidity, and expense experience for the year and judgment as to the appropriate level of statutory surplus to be retained by the Society.

- (1) Basis for Short-Term Investments
Stated at Amortized Cost.
- (2) Basis for Bonds and Amortization Schedule
Bonds: Not backed by other loans at amortized cost using the interest method: Loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (3) Basis for Common Stocks
At market value except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.
- (4) Basis for Preferred Stocks
Cost or Amortized Value in accordance with NAIC procedure.
- (5) Basis for Mortgage Loans
Mortgage Loan on Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
Bonds: Not backed by other loans at amortized cost using the interest method: Loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
The Society has no subsidiary.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
The Society has no ownership interests in joint ventures.
- (9) Accounting Policies for Derivatives
The Society has no derivatives.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
The Society has no Accident and Health Contracts.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management

NOTES TO FINANCIAL STATEMENTS

H.	Repurchase Agreements Transactions Accounted for as a Sale	NONE
I.	Reverse Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction – Cash Provider – Overview of Sale Transactions	NONE NONE
J.	Real Estate	NONE
.	Low-Income Housing Tax Credits (LIHTC)	NONE
.	Restricted Assets Within the Reporting Entity's Financial Statements	NONE
M.	Working Capital Finance Investments	NONE
N.	Offsetting and Netting of Assets and Liabilities	NONE
O.	5GI Securities	NONE
P.	Short Sales	NONE
Q.	Prepayment Penalty and Acceleration Fees	

	General Account	Separate Accounts
(1) Number of CUSIPs	42	
(2) Aggregate Amount of Investment Income	\$ 375,759	\$

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership

The Society has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

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

The Society did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

Note 7 – Investment Income

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

Due and accrued income was excluded from investment income on the following basis: Mortgage Loans - On loans in foreclosure or delinquent for more than 90 days. Bonds - Where collection of interest is uncertain and/or the bond is in default. Real Estate - Where rent is in arrears for more than three months.

B. The total amount excluded:

\$

Note 8 – Derivative InstrumentsA. Derivatives Under SSAP No. 86 – *Derivatives*

(1) Market Risk, Credit Risk and Cash Requirements

N/A - The Society owned no derivative instruments at current year end.

(2) Objectives for Derivative Use

N/A

(3) Accounting Policies for Recognition and Measurement

N/A

(4) Identification of Whether Derivative Contracts with Financing Premiums

N/A

(5) Net Gain or Loss Recognized

N/A

NOTES TO FINANCIAL STATEMENTS

(6) Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting

N/A

(7) Derivatives Accounted for as Cash Flow Hedges

(a)

N/A

(b)

N/A

(8) Total Premium Costs for Contracts

a. Scheduled Amortization Fiscal Year	Derivative Premium Payments Due
1. 2020	\$
2. 2021	
3. 2022	
4. 2023	
5. Thereafter	
6. Total Future Settled Premiums	\$

b.	Undiscounted Future Premium Commitments	Derivative Fair Value with Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
1. Prior Year	\$	\$	\$
2. Current Year	\$	\$	\$

B. Derivatives under SSAP No. 108 – *Derivatives Hedging Variable Annuity Guarantees***Note 9 – Income Taxes**

A. Deferred Tax Assets/(Liabilities)

N/A - The Society, as a Fraternal Benefit Society, is not subject to income taxes.

6 Reduction for Sequestration	
7 Nonadmitted by Reporting Entity	
8 Reporting Entity Ending Balance (8=5-6-7)	\$

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

A. Nature of the Relationship Involved

The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.

B. Transactions

The Society does not have an affiliate or subsidiary, therefore no transactions have taken place.

C. Transactions with Related Parties who are not Reported on Schedule Y

0

D. Amounts Due From or To Related Parties

The Society has not made any agreements for the benefit of its subsidiaries which result in a material contingent exposure of the Society's assets.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

N/A

F. Guarantees or Undertakings

The Society has no management or cost-sharing arrangements, other than cost allocation arrangements based upon generally

G. Nature of the Control Relationship

N/A

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

N/A

I. Investments in SCA that Exceed 10% of Admitted Assets

N/A

J. Investments in Impaired SCAs

NOTES TO FINANCIAL STATEMENTS

N/A

K. Investment in Foreign Insurance Subsidiary

N/A

L. Investment in Downstream Noninsurance Holding Company

N/A

M. All SCA Investments

N/A

N/A

N. Investment in Insurance SCAs

N/A

(1) Accounting Practice that Differs from NAIC Statutory Accounting Practices and Procedures

N/A

(3) RBC Regulatory Event Because of Prescribed or Permitted Practice

N/A

O. SCA or SSAP 48 Entity Loss Tracking

SCA Entity	Reporting Entity's Share of Net Income (Loss)	Accumulated Share of Net Income (Losses)	Reporting Entity's Share of Equity, Including Negative Equity	Guaranteed Obligation / Commitment for Financial Support (Yes/No)	Reported Value
	\$	\$	\$		\$

Note 11 – Debt

A. Debt Including Capital Notes

N/A - The Society has no debt or borrowed money as of current year end.

B. FHLB (Federal Home Loan Bank) Agreements

N/A

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

A. Defined Benefit Plan

(1) Change in Benefit Obligation

The society sponsors non-contributory defined benefit pension plans covering U.S. employees. As of December 31, 2020, the society accrued in accordance with actuarially determined amounts with an offset to the pension cost accrual for the incremental asset amortization. A summary of assets, obligations and assumptions of the Pension and Other Postretirement Benefit Plans are as follows at December 31, 2020 and 2019:

	Overfunded		Underfunded	
	2020	2019	2020	2019
a. Pension Benefits				
1. Benefit obligation at beginning of year	\$ 17,026	\$ 52,187	\$	\$
2. Service cost				
3. Interest cost	518	1,534		
4. Contribution by plan participants				
5. Actuarial gain (loss)	(15,184)	(26,639)		
6. Foreign currency exchange rate changes				
7. Benefits paid	2,360	10,056		
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year	\$	\$ 17,026	\$	\$
	Overfunded		Underfunded	
b. Postretirement Benefits	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

	Overfunded		Underfunded	
	2020	2019	2020	2019
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year	\$	\$	\$	\$
	Overfunded		Underfunded	
c. Special or Contractual Benefits per SSAP No. 11	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$	\$	\$	\$
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year	\$	\$	\$	\$

(2) Change in Plan Assets

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	2020	2019	2020	2019	2020	2019
a. Fair value of plan assets at beginning of year	\$ 151,943	\$ 155,142	\$	\$	\$	\$
b. Actual return on plan assets		6,857				
c. Foreign currency exchange rate changes						
d. Reporting entity contribution						
e. Plan participants' contributions						
f. Benefits paid	2,360	10,056				
g. Business combinations, divestitures and settlements						
h. Fair value of plan assets at end of year	\$ 149,583	\$ 151,943	\$	\$	\$	\$

(3) Funded Status

	Pension Benefits		Postretirement Benefits	
	2020	2019	2020	2019
a. Components				
1. Prepaid benefit costs	\$ 77,210	\$ 72,825	\$	\$
2. Overfunded plans assets	\$ 72,372	\$ 62,092	\$	\$
3. Accrued benefit costs	\$	\$	\$	\$
4. Liability for pension benefits	\$	\$	\$	\$
b. Assets and liabilities recognized				
1. Assets (nonadmitted)	\$ 149,582	\$ 134,917	\$	\$
2. Liabilities recognized	\$	\$	\$	\$
c. Unrecognized liabilities	\$	\$	\$	\$

(4) Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	2020	2019	2020	2019	2020	2019
a. Service cost	\$	\$	\$	\$	\$	\$
b. Interest cost	518	1,534				
c. Expected return on plan assets	(4,902)	(4,880)				
d. Transition asset or						

NOTES TO FINANCIAL STATEMENTS

	Pension Benefits		Postretirement Benefits		Special or Benefits per SSAP No. 11	Contractual SSAP No. 11
	2020	2019	2020	2019	2020	2019
obligation						
e. Gains and losses						
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment		(1,996)				
h. Total net periodic benefit cost	\$ (5,342)	\$ (4,384)	\$	\$	\$	\$

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

	Pension Benefits		Postretirement Benefits	
	2020	2019	2020	2019
a. Items not yet recognized as a component of net periodic cost – prior year	\$ 62,092	\$ 35,472	\$	\$
b. Net transition asset or obligation recognized				
c. Net prior service cost or credit arising during the period				
d. Net prior service cost or credit recognized				
e. Net gain and loss arising during the period	10,280	31,616		
f. Net gain and loss recognized		(1,996)		
g. Items not yet recognized as a component of net periodic cost – current period	\$ 72,372	\$ 65,092	\$	\$

(6) Amounts in Unassigned Funds (Surplus) That Have Not Yet Been Recognized as Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits	
	2020	2019	2020	2019
a. Net transition asset or obligation	\$	\$	\$	\$
b. Net prior service cost or credit	\$	\$	\$	\$
c. Net recognized gains and losses	\$ 72,372	\$ (4,690)	\$	\$

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

	2020	2019
a. Weighted-average discount rate	3.3%	3.3%
b. Expected long-term rate of return on plan assets	3.3%	3.3%
c. Rate of compensation increase	%	%
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%
Weighted-average assumptions used to determine projected benefit obligations as of December 31		
e. Weighted-average discount rate	3.3%	3.3%
f. Rate of compensation increase	%	%
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%

(8) Accumulated Benefit Obligation for Defined Benefit Pension Plans

The amount of the accumulated benefit obligation for defined benefit pension plans was \$17,026 for the current year and \$52,187 for the prior year.

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

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

Year(s)	Amount
a. 2021	\$
b. 2022	\$
c. 2023	\$
d. 2024	\$
e. 2025	\$
f. 2026 through 20	\$

(11) Estimate of Contributions Expected to be Paid to the Plan

NOTES TO FINANCIAL STATEMENTS

For 2020, the Company currently intends to make contributions to the defined benefit pension plan in an amount between \$0 to \$0

(12) Amounts and Types of Securities Included in Plan Assets
2020 - \$149,583 2019 - \$151,943

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

(14) Substantive Comment Used to Account for Benefit Obligation

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

(16) Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations or Plan Assets Not Otherwise Apparent

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

(18) Full Transition Surplus Impact of SSAP 102

B. Investment Policies and Strategies

C. Fair Value of Plan Assets

Fair Value at Reporting Date - \$151,943

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

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
Group Annuity	\$	\$ 149,583	\$	\$ 149,583
Total Plan Assets	\$	\$ 149,583	\$	\$ 149,583

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

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

E. Defined Contribution Plans
N/A

F. Multiemployer Plans
N/A

G. Consolidated/Holding Company Plans
N/A

H. Postemployment Benefits and Compensated Absences
N/A

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

(1) Recognition of the Existence of the Act
N/A

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

(3) Disclosure of Gross Benefit Payments
N/A

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

A. Number of Share and Par or State Value of Each Class
The Society is a Fraternal Benefit Society and issues no stock.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
N/A

C. Dividend Restrictions
N/A

NOTES TO FINANCIAL STATEMENTS

- D. N/A
Dates and Amounts of Dividends Paid
- E. N/A
Profits that may be Paid as Ordinary Dividends to Stockholders
- F. N/A
Restrictions Placed on Unassigned Funds (Surplus)
- G. N/A
Amount of Advances to Surplus not Repaid
- H. N/A
Amount of Stock Held for Special Purposes
- I. N/A
Reasons for Changes in Balance of Special Surplus Funds from Prior Period
- J. N/A
The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$47,355.
- K. The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
- L. N/A
The impact of any restatement due to prior quasi-reorganizations is as follows

Description (Year)	Change in Surplus	Change in Gross Paid in and Contributed Surplus
	\$	\$

M. N/A Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

N/A

Note 14 – Liabilities, Contingencies and Assessments

A.	Contingent Commitments	NONE
B.	Assessments	NONE
C.	Gain Contingencies	NONE
D.	Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits	NONE
E.	Joint and Several Liabilities	NONE
F.	All Other Contingencies	NONE

Note 15 – Leases

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

1. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:
N/A The Society does not have any material lease obligations at this time.

	2020	2019	2020	2019

NOTES TO FINANCIAL STATEMENTS

2. Nature and Terms of Off-Balance Sheet Risk

N/A

3. Amount of Loss if any Party to the Financial Instrument Failed

N/A

4. Collateral or Other Security Required to Support Financial Instrument

N/A

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

A. Transfers of Receivables Reported as Sales

(1) Proceeds to the Transferor

NONE

(2) Gain or Loss Record on Sale

B. Transfer and Servicing of Financial Assets N/A

C. Wash Sales N/A

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

A. ASO Plans

NONE.

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

B. ASC Plans NONE

C. Medicare or Similarly Structured Cost Based Reimbursement Contract NONE

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

NONE. The Society has no direct premium written/produced by managing general agents / third party administrators.

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
Total	XXX	XXX	XXX	XXX	\$

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

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

Description	Beginning Balance at 1/1/2020	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2020
a. Assets										

NOTES TO FINANCIAL STATEMENTS

Description	Beginning Balance at 1/1/2020	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2020
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Policies when Transfers Between Levels are Recognized
NONE.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
NONE.

(5) Fair Value Disclosures
NONE.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Corporate Bonds	\$ 149,338,506	\$ 130,811,900	\$	\$ 149,338,506	\$	\$	\$
CMO	\$ 302,097	\$ 296,611	\$	\$ 302,097	\$	\$	\$
MBS	\$ 101,680	\$ 98,091	\$	\$ 101,680	\$	\$	\$
Perpetual Preferred Stock	\$ 504,596	\$ 502,925	\$	\$ 504,596	\$	\$	\$
Cash and Cash Equivalents	\$ 48,165	\$ 48,165	\$	\$ 48,165	\$	\$	\$
TOTAL	\$ 150,295,045	\$ 131,757,693	\$	\$ 150,295,045	\$	\$	\$

D. Not Practicable to Estimate Fair Value

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

E. NAV Practical Expedient Investments**Note 21 – Other Items**

A. Unusual or Infrequent Items
Extraordinary Items - As a result of the realized and unrealized losses that impacted on the Society's assets, caused by the National economic crisis, the Society's Board took the following action: In accordance with the provisions of the Ohio Department of Insurance Regulation Provisions in the policies issued by Catholic Ladies of Columbia, the lien is based on 3% of the reserve as of 12/31/2008. Notice has been mailed to the membership. The total lien amount is \$1,173,198 as of 12/31/2020.

B. Troubled Debt Restructuring Debtors
NONE

C. Other Disclosures
NONE

D. Business Interruption Insurance Recoveries
The Company does not believe it has any assets which may become uncollectible which have not already been disclosed and non-admitted in this statement.

E. State Transferable and Non-Transferable Tax Credits
(1) Carrying Value of Transferable and Non-Transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-Transferable State Tax Credits by State and in Total
NONE

Description of State Transferable and Non-Transferable Tax Credits	State	Carrying Value	Unused Amount
		\$	\$
Total		\$	\$

NONE

(2) Method of Estimating Utilization of Remaining Transferable and Non-Transferable State Tax Credits
NONE

NOTES TO FINANCIAL STATEMENTS

(3) Impairment Loss
NONE

(4) State Tax Credits Admitted and Nonadmitted
NONE

	Total Admitted	Total Nonadmitted
a. Transferable	\$	\$
b. Non-Transferable	\$	\$

NONE

F. Subprime Mortgage Related Risk Exposure

(1) Description of the Subprime-Mortgage-Related Risk Exposure and Related Risk Management Practices
NONE

(2) Direct Exposure Through Investments in Subprime Mortgage Loans
NONE

	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure	\$	\$	\$	\$	%
b. Mortgages in good standing					%
c. Mortgages with restructured terms					%
d. Total	\$	\$	\$	\$	XXX

NONE

(3) Direct Exposure Through Other Investments
NONE

	Actual Cost	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	\$	\$	\$	\$
b. Commercial mortgage-backed securities				
c. Collateralized debt obligations				
d. Structured securities				
e. Equity investments in SCAs*				
f. Other assets				
g. Total	\$	\$	\$	\$

* These investments comprise % of the company's invested assets.

NONE

(4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage
NONE

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at end of Current Period	IBNR Reserves at End of Current Period
a. Mortgage guaranty coverage	\$	\$	\$	\$
b. Financial guaranty coverage				
c. Other lines (specify):				
d. Total	\$	\$	\$	\$

NONE

G. Retained Assets

(1) Description of How Accounts are Structured and Reporting
The Society has completed careful analysis of the Disclosure Requirement regarding Sub-prime Mortgages. It has determined that it has no reportable or direct exposure transactions. The Society has contacted its brokerage firms relative to sub-prime exposure among the issues of Mortgage Backed Securities in its portfolio. The brokerage firms report that the Society has no sub-prime exposure among the Mortgage Backed Securities owned by the Society.

(2) Retained Assets In Force

	In Force		In Force	
	As of End of Current Year		As of End of Prior Year	
	Number	Balance	Number	Balance
a. Up to and including 12 months		\$		\$
b. 13 to 24 months				
c. 25 to 36 months				

NOTES TO FINANCIAL STATEMENTS

	In Force		In Force	
	As of End of Current Year		As of End of Prior Year	
	Number	Balance	Number	Balance
d. 37 to 48 months				
e. 49 to 60 months				
f. Over 60 months				
g. Total		\$		\$

(3) Segregation Between Individual and Group Contracts

	Individual		Group	
	Number	Balance/Amount	Number	Balance/Amount
a. Number/balance of retained asset account at the beginning of the year		\$		\$
b. Number/amount of retained asset accounts issued/added during the year				
c. Investment earnings credited to retained asset accounts during the year	N/A		N/A	
d. Fees and other charges assessed to retained asset accounts during the year	N/A		N/A	
e. Number/amount of retained asset accounts transferred to state unclaimed property funds during the year				
f. Number/amount of retained asset accounts closed/withdrawn during the year				
g. Number balance of retained asset accounts at the end of the year g=a+b+c-d-e-f		\$		\$

H. Insurance-Linked Securities (ILS) Contracts

N/A

	Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
Management of Risk Related to:		
(1) Directly-Written Insurance Risks		
a. ILS Contracts as Issuer		\$
b. ILS Contracts as Ceding Insurer		
c. ILS Contracts as Counterparty		
(2) Assumed Insurance Risks		
a. ILS Contracts as Issuer		\$
b. ILS Contracts as Ceding Insurer		
c. ILS Contracts as Counterparty		

I. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy

	Amount	Percent
(1) Amount of Admitted Balance that Could Be Realized from an Investment Vehicle	\$	
(2) Percentage Bonds		%
(3) Percentage Stocks		%
(4) Percentage Mortgage Loans		%
(5) Percentage Real Estate		%
(6) Percentage Cash and Short-Term Investments		%
(7) Percentage Derivatives		%
(8) Percentage Other Invested Assets		%

Note 22 – Events Subsequent

NONE.

Subsequent events have been considered through December 31, 2020 for these statutory financial statements which are to be issued on January 1, 2021.

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

Yes [] No [X]

	2020	2019
ACA fee assessment payable for the upcoming year	\$	\$
ACA fee assessment paid		

NOTES TO FINANCIAL STATEMENTS

D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 30)	\$ 4,042,184	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 30 minus 22B above)	\$ 4,042,184	
G.	Authorized control level (Five-Year Historical Line 31)	\$ 1,121,421	

H. Would reporting the ACA assessment as of December 31, 2020 have triggered an RBC action level (YES/NO)?

Yes [] No [X]

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

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

Section 2 – Ceded Reinsurance Report – Part A

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

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

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$**

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

B. Uncollectible Reinsurance

NONE.

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

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

NONE. The Society has no uncollectible reinsurance.

C. Commutation of Ceded Reinsurance Reflected in Income and Expenses

NONE.

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

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

NONE.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

E. Reinsurance of variable annuity contracts/certificates with an affiliated captive reinsurer

NOTES TO FINANCIAL STATEMENTS

F. NONE
Reinsurance Agreement with Affiliated Captive Reinsurer

G. NONE
Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework
NONE.

H. Reinsurance Credits NONE

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used by the Reporting Entity to Estimate Accrued Retrospective Premium Adjustments
N/A - The Society has no retrospectively rated contracts or contracts subject to redetermination.

B. Disclose Whether Accrued Retrospective Premiums are Recorded Through Written Premium or as an Adjustment to Earned Premium
C. Disclose the Amount of Net Premiums Written Subject to Retrospective Rating Features
D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act N/A
N/A

E. Risk Sharing Provisions of the Affordable Care Act
A. - J. NONE

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses
None- The Society has no change in incurred losses or loss adjustment expenses.

B. Information about Significant Changes in Methodologies and Assumptions
N/A

Note 26 – Intercompany Pooling Arrangements

		NAIC Company Code	Pooling Percentage %
A.	Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool Lead Entity and all Affiliated Entities NONE - The Society has no Intercompany pooling arrangements.		
B.	Description of Lines and Types of Business Subject to the Pooling Agreement N/A		
C.	Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement N/A		
D.	Identification of all Pool Members that are Parties to Reinsurance Agreements with Non-Affiliated Reinsurers N/A		
E.	Explanation of Discrepancies Between Entries of Pooled Business N/A		
F.	Description of Intercompany Sharing N/A		
G.	Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool N/A		

Note 27 – Structured Settlements

NONE - The Society has no Structured Settlements.

A. Reserves No Longer Carried N/A

Loss Reserves Eliminated by Annuities	Unrecorded Loss Contingencies
\$	\$

NOTES TO FINANCIAL STATEMENTS

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

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

Note 28 – Health Care Receivables N/A

Note 29 – Participating Policies

100% of life insurance is participating.

The portfolio average method is applied, recognizing plan of insurance, amount of insurance, year of issue and age at issue.

The Society paid dividends in the amount shown on Exhibit 4 to policyholders.

The Society did not allocate any additional income to its policyholders.

Note 30 – Premium Deficiency Reserves

N/A

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

2. Date of most recent evaluation of this liability:

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

N/A

Note 31 – Reserves for Life Contracts and Annuity Contracts

(1) Reserve Practices

The society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computed reserves.

(2) Valuation of Substandard Policies

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

(3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums

As of December 31, 2020 the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard

(4) Method Used to Determine Tabular Interest, Reserves Released, and Cost

The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 by formula. The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7.

(5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies

For the determination of Tabular Interest on funds not involving life contingencies under Page 7, Annuity, Line 4, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation. The total amount of all such products is entered under Page 7, Line 4.

(6) Details for Other Changes

NONE.

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

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

NOTES TO FINANCIAL STATEMENTS

A. INDIVIDUAL ANNUITIES:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
1. Subject to Discretionary Withdrawal:					
(a) With market value adjustment	\$ 37,358,463	\$	\$	\$ 37,358,463	31.9%
(b) At book value less current surrender charge of 5% or more					%
(c) At fair value					%
(d) Total with market value adjustment or at fair value (total of a through c)	\$ 37,358,463	\$	\$	\$ 37,358,463	31.9%
(e) At book value without adjustment (minimal or no charge or adjustment)		79,518,065		79,518,065	67.9%
2. Not subject to discretionary withdrawal		178,324		178,324	0.2%
3. Total (gross: direct + assumed)		117,054,852		117,054,852	100.0%
4. Reinsurance ceded					
5. Total (net)* (3) - (4)	\$ 117,054,852	\$	\$	\$ 117,054,852	
6. Amount included in A(1)b above that will move to A(1)e for the first time within the year after the statement date	\$ 20,249,113	\$	\$	\$ 20,249,113	

B. GROUP ANNUITIES:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
1. Subject to Discretionary Withdrawal:					
(a) With market value adjustment	\$	\$	\$	\$	%
(b) At book value less current surrender charge of 5% or more					%
(c) At fair value					%
(d) Total with market value adjustment or at fair value (total of a through c)	\$	\$	\$	\$	%
(e) At book value without adjustment (minimal or no charge or adjustment)					%
2. Not subject to discretionary withdrawal					%
3. Total (gross: direct + assumed)					%
4. Reinsurance ceded					
5. Total (net) (3) - (4)	\$	\$	\$	\$	
6. Amount included in B(1)b above that will move to B(1)e for the first time within the year after the statement date	\$	\$	\$	\$	

C. DEPOSIT-TYPE CONTRACTS (no life contingencies)	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
1. Subject to Discretionary Withdrawal:					
(a) With market value adjustment	\$	\$	\$	\$	%
(b) At book value less current surrender charge of 5% or more					%
(c) At fair value					%
(d) Total with market value adjustment or at fair value (total of a through c)	\$	\$	\$	\$	%
(e) At book value without adjustment (minimal or no charge or adjustment)		95,979		95,979	100.0%
2. Not subject to discretionary withdrawal					%
3. Total (gross: direct + assumed)	95,979			95,979	100.0%

NOTES TO FINANCIAL STATEMENTS

C.	DEPOSIT-TYPE CONTRACTS (no life contingencies)	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
4.	Reinsurance ceded					
5.	Total (net) (3) - (4)	\$ 95,979	\$	\$	\$ 95,979	
6.	Amount included in C(1)b above that will move to C(1)e for the first time within the year after the statement date	\$	\$	\$	\$	

D. Life and Accident & Health Annual Statement:

(1) Exhibit 5, Annuities section, Total (net)	\$ 117,054,852
(2) Exhibit 5, Supplementary contracts with life contingencies section, Total (net)	
(3) Exhibit 7, Deposit-type contracts, Line 14, Column 1	95,981
(4) Subtotal	\$ 117,150,833
Separate Accounts Statement:	
(5) Exhibit 3, Line 0299999, Column 2	\$
(6) Exhibit 3, Line 0399999, Column 2	
(7) Policyholder dividend and coupon accumulations	
(8) Policyholder premiums	
(9) Guaranteed interest contracts	
(10) Other contract deposit funds	
(11) Subtotal	\$
(12) Combined Total	\$ 117,150,833

Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics

A. General Account

1. Subject to discretionary withdrawal, surrender values, or policy loans:

	Account Value	Cash Value	Reserve
a. Term Policies with Cash Value	\$	\$ 5,690	\$ 9,270
b. Universal Life			
c. Universal Life with Secondary Guarantees			
d. Indexed Universal Life			
e. Indexed Universal Life with Secondary Guarantees			
f. Indexed Life			
g. Other Permanent Cash Value Life Insurance		8,235,832	11,354,250
h. Variable Life			
i. Variable Universal Life			
j. Miscellaneous Reserves			

2. Not subject to discretionary withdrawal or no cash values:

a. Term Policies without Cash Value	XXX	XXX	\$ 47,310
b. Accidental Death Benefits	XXX	XXX	1,273
c. Disability – Active Lives	XXX	XXX	
d. Disability – Disabled Lives	XXX	XXX	
e. Miscellaneous Reserves	XXX	XXX	

3. Total (gross: direct + assumed)	\$	\$ 8,241,522	\$ 11,412,103
4. Reinsurance Ceded			20,934
5. Total (net) (c) (D)	\$	\$ 8,241,522	\$ 11,391,169

B. Separate Account with Guarantees

1. Subject to discretionary withdrawal, surrender values, or policy loans:

	Account Value	Cash Value	Reserve
a. Term Policies with Cash Value	\$	\$	\$
b. Universal Life			
c. Universal Life with Secondary Guarantees			
d. Indexed Universal Life			
e. Indexed Universal Life with Secondary Guarantees			
f. Indexed Life			
g. Other Permanent Cash Value			

NOTES TO FINANCIAL STATEMENTS

Life Insurance			
h. Variable Life			
i. Variable Universal Life			
j. Miscellaneous Reserves			

2. Not subject to discretionary withdrawal or no cash values:

a. Term Policies without Cash Value	XXX	XXX	\$
b. Accidental Death Benefits	XXX	XXX	
c. Disability – Active Lives	XXX	XXX	
d. Disability – Disabled Lives	XXX	XXX	
e. Miscellaneous Reserves	XXX	XXX	

3. Total (gross: direct + assumed) \$ \$ \$

4. Reinsurance Ceded

5. Total (net) (c) (D) \$ \$ \$

C. Separate Account Nonguaranteed

1. Subject to discretionary withdrawal, surrender values, or policy loans:

	Account Value	Cash Value	Reserve
a. Term Policies with Cash Value	\$	\$	\$
b. Universal Life			
c. Universal Life with Secondary Guarantees			
d. Indexed Universal Life			
e. Indexed Universal Life with Secondary Guarantees			
f. Indexed Life			
g. Other Permanent Cash Value Life Insurance			
h. Variable Life			
i. Variable Universal Life			
j. Miscellaneous Reserves			

2. Not subject to discretionary withdrawal or no cash values:

a. Term Policies without Cash Value	XXX	XXX	\$
b. Accidental Death Benefits	XXX	XXX	
c. Disability – Active Lives	XXX	XXX	
d. Disability – Disabled Lives	XXX	XXX	
e. Miscellaneous Reserves	XXX	XXX	

3. Total (gross: direct + assumed) \$ \$ \$

4. Reinsurance Ceded

5. Total (net) (c) (D) \$ \$ \$

D. Amount

Life & Accident & Health Annual Statement:		
(1) Exhibit 5, Life Insurance Section, Total (net)		\$ 11,389,896
(2) Exhibit 5, Accidental Death Benefits Section, Total (net)		1,273
(3) Exhibit 5, Disability – Active Lives Section, Total (net)		
(4) Exhibit 5, Disability – Disabled Lives Section, Total (net)		
(5) Exhibit 5, Miscellaneous Reserves Section, Total (net)		
(6) Subtotal		\$ 11,391,169
Separate Accounts Annual Statement		
(7) Exhibit 3, Line 0199999, Column 2		\$
(8) Exhibit 3, Line 0499999, Column 2		
(9) Exhibit 3, Line 0599999, Column 2		
(10) Subtotal (Lines (7) through (9))		\$
(11) Combined Total ((6) and (10))		\$ 11,391,169

Note 34 – Premium and Annuity Considerations Deferred and Uncollected

A. Deferred and uncollected life insurance premiums and annuity considerations as of end of December 31, 2020 were:

	Gross	Net of Loading
(1) Industrial	\$	\$
(2) Ordinary new business		
(3) Ordinary renewal	2,828	2,828
(4) Credit life		
(5) Group life		

NOTES TO FINANCIAL STATEMENTS

	Gross	Net of Loading
(6) Group annuity		
(7) Totals	\$ 2,828	\$ 2,828

Note 35 – Separate Accounts

A. Separate Account Activity

(1) General nature of Separate Account Business
NONE. The Society does not have any separate accounts.

B. General Nature and Characteristics of Separate Accounts Business

NONE.
C. Reconciliation of Net Transfers to or (from) Separate Accounts

NONE.

Note 36 – Loss/Claim Adjustment Expenses

NOT REQUIRED.

Catholic Ladies of Columbia

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

1.3 State regulating?

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 05/19/2017

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/19/2017

3.4 By what department or departments? Ohio Department of Insurance

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

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

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

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

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

6.2 If yes, give full information:

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

7.2 If yes,

7.21 State the percentage of foreign control _____ %

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

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

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

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

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

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

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

Catholic Ladies of Columbia

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]								
10.6	If the response to 10.5 is no or n/a, please explain:									
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?									
	<u>L. Allen Bailey, FSA, MAAA, Allen Bailey & Associates, Inc. 6907 Capital of Texas Hwy N. Suite 210, Austin, TX 78731</u>									
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
	12.11 Name of real estate holding company	\$ 0								
	12.12 Number of parcels involved	\$ 0								
	12.13 Total book/adjusted carrying value	\$ 0								
12.2	If yes, provide explanation									
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:									
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?									
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]								
14.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]								
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;									
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;									
	(c) Compliance with applicable governmental laws, rules and regulations;									
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and									
	(e) Accountability for adherence to the code.									
14.11	If the response to 14.1 is no, please explain:									
14.2	Has the code of ethics for senior managers been amended?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
14.21	If the response to 14.2 is yes, provide information related to amendment(s).									
14.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
14.31	If the response to 14.3 is yes, provide the nature of any waiver(s).									
15.1	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
15.2	If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">1 American Bankers Association (ABA) Routing Number</th> <th style="width: 25%;">2 Issuing or Confirming Bank Name</th> <th style="width: 25%;">3 Circumstances That Can Trigger the Letter of Credit</th> <th style="width: 25%;">4 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ 0</td> </tr> </tbody> </table>	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount				\$ 0	
1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount							
			\$ 0							
	BOARD OF DIRECTORS									
16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]								
17.	Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]								
18.	Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]								
	FINANCIAL									
19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):									
	20.11 To directors or other officers	\$ 0								
	20.12 To stockholders not officers	\$ 0								
	20.13 Trustees, supreme or grand (Fraternal only)	\$ 0								
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):									
	20.21 To directors or other officers	\$ 0								
	20.22 To stockholders not officers	\$ 0								
	20.23 Trustees, supreme or grand (Fraternal only)	\$ 0								
21.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
21.2	If yes, state the amount thereof at December 31 of the current year:									
	21.21 Rented from others	\$ 0								
	21.22 Borrowed from others	\$ 0								
	21.23 Leased from others	\$ 0								
	21.24 Other	\$ 0								
22.1	Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
22.2	If answer is yes:									
	22.21 Amount paid as losses or risk adjustment	\$ 0								
	22.22 Amount paid as expenses	\$ 0								
	22.23 Other amounts paid	\$ 0								
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]								
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ 0								

Catholic Ladies of Columbia

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]						
24.02	If no, give full and complete information, relating thereto:							
24.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).							
24.04	For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$ <input style="width: 100px;" type="text"/> 0						
24.05	For the reporting entity's securities lending program, report amount of collateral for other programs.	\$ <input style="width: 100px;" type="text"/> 0						
24.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
24.07	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
24.08	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
24.09	For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:							
24.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <input style="width: 100px;" type="text"/> 0						
24.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <input style="width: 100px;" type="text"/> 0						
	24.093 Total payable for securities lending reported on the liability page:	\$ <input style="width: 100px;" type="text"/> 0						
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
25.2	If yes, state the amount thereof at December 31 of the current year:							
25.21	Subject to repurchase agreements	\$ <input style="width: 100px;" type="text"/> 0						
25.22	Subject to reverse repurchase agreements	\$ <input style="width: 100px;" type="text"/> 0						
25.23	Subject to dollar repurchase agreements	\$ <input style="width: 100px;" type="text"/> 0						
25.24	Subject to reverse dollar repurchase agreements	\$ <input style="width: 100px;" type="text"/> 0						
25.25	Placed under option agreements	\$ <input style="width: 100px;" type="text"/> 0						
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ <input style="width: 100px;" type="text"/> 0						
25.27	FHLB Capital Stock	\$ <input style="width: 100px;" type="text"/> 0						
25.28	On deposit with states	\$ <input style="width: 100px;" type="text"/> 0						
25.29	On deposit with other regulatory bodies	\$ <input style="width: 100px;" type="text"/> 0						
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ <input style="width: 100px;" type="text"/> 0						
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ <input style="width: 100px;" type="text"/> 0						
25.32	Other	\$ <input style="width: 100px;" type="text"/> 0						
25.3	For category (25.26) provide the following:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">1 Nature of Restriction</th> <th style="width: 33%;">2 Description</th> <th style="width: 33%;">3 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;">\$ <input style="width: 100px;" type="text"/></td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount			\$ <input style="width: 100px;" type="text"/>	
1 Nature of Restriction	2 Description	3 Amount						
		\$ <input style="width: 100px;" type="text"/>						
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
Lines 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:								
26.3	Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
26.4	If the response to 26.3 is yes, does the reporting entity utilize:							
26.41	Special accounting provision of SSAP No. 108	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
26.42	Permitted accounting practice	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
26.43	Other accounting guidance	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
26.5	By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	<ul style="list-style-type: none"> • The reporting entity has obtained explicit approval from the domiciliary state. • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount. • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts. 							
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ <input style="width: 100px;" type="text"/> 0						
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]						
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">1 Name of Custodian(s)</th> <th style="width: 33%;">2 Custodian's Address</th> <th style="width: 33%;"></th> </tr> </thead> <tbody> <tr> <td>Raymond James Bank, N.A.</td> <td>710 Carillon Parkway, St. Petersburg, FL 33716</td> <td></td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address		Raymond James Bank, N.A.	710 Carillon Parkway, St. Petersburg, FL 33716		
1 Name of Custodian(s)	2 Custodian's Address							
Raymond James Bank, N.A.	710 Carillon Parkway, St. Petersburg, FL 33716							
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">1 Name(s)</th> <th style="width: 33%;">2 Location(s)</th> <th style="width: 33%;">3 Complete Explanation(s)</th> </tr> </thead> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)				
1 Name(s)	2 Location(s)	3 Complete Explanation(s)						

Catholic Ladies of Columbia

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Parkway Advisors LP 6550 Directors Parkway Abilene, TX 79606	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		\$	

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 131,206,602	\$ 149,643,283	\$ 18,436,681
30.2	Preferred Stocks	\$ 502,925	\$ 504,596	\$ 1,671
30.3	Totals	\$ 131,709,527	\$ 150,147,879	\$ 18,438,352

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

Brokers, Custodians, Broker Statements

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

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

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

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

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

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

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

Catholic Ladies of Columbia

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E, Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a-36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

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

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

38.1 Amount of payments for legal expenses, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

Catholic Ladies of Columbia

GENERAL INTERROGATORIES

PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Accident and Health Companies/Fraternal Benefit Societies:

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
1.3	Reason for excluding:	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ 0
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ 0
1.62	Total incurred claims	\$ 0
1.63	Number of covered lives	\$ 0
	All years prior to most current three years:	
1.64	Total premium earned	\$ 0
1.65	Total incurred claims	\$ 0
1.66	Number of covered lives	\$ 0
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ 0
1.72	Total incurred claims	\$ 0
1.73	Number of covered lives	\$ 0
	All years prior to most current three years:	
1.74	Total premium earned	\$ 0
1.75	Total incurred claims	\$ 0
1.76	Number of covered lives	\$ 0

2. Health Test:

	1 Current Year	2 Prior Year	
2.1	Premium Numerator \$ 0	\$ 0	
2.2	Premium Denominator \$ 14,355,455	\$ 11,975,152	
2.3	Premium Ratio (2.1/2.2) 0.0%	0.0%	
2.4	Reserve Numerator \$ 0	\$ 0	
2.5	Reserve Denominator \$ 130,719,672	\$ 118,323,376	
2.6	Reserve Ratio (2.4/2.5) 0.0%	0.0%	
3.1	Does the reporting entity have Separate Accounts?		Yes [] No [X]
3.2	If yes, has a Separate Accounts statement been filed with this Department		Yes [] No [] N/A [X]
3.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?		\$ 0
3.4	State the authority under which Separate Accounts are maintained:		
3.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?		Yes [] No [X]
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?		Yes [] No [X]
3.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?		\$ 0
4.	For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:		
4.1	Amount of loss reserves established by these annuities during the current year:		\$ 0
4.2	List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.		

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

5.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
5.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$ 0
5.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]
5.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$ 0
6.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?	Yes [] No [] N/A [X]

GENERAL INTERROGATORIES**PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES**

6.2 If the answer to 6.1 is yes, please provide the following:

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

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

7.1 Direct premiums written	\$	198,956
7.2 Total incurred claims	\$	388,343
7.3 Number of covered lives		7,229

*Ordinary Life Insurance Includes	
Term (whether full underwriting, limited underwriting, jet issue, "short form app")	
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")	
Variable Life (with or without secondary guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

8. Is the reporting entity licensed or charted, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []

8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

Life, Accident and Health Companies Only:

9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?

Yes [] No []

9.2 Net reimbursement of such expenses between reporting entities:

9.21 Paid	\$	0
9.22 Received	\$	0

10.1 Does the reporting entity write any guaranteed interest contracts?

Yes [] No []

10.2 If yes, what amount pertaining to these items is included in:

10.21 Page 3, Line 1	\$	0
10.22 Page 4, Line 1	\$	0

11. For stock reporting entities only:

11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity:	\$	0
--	----	---

12. Total dividends paid stockholders since organization of the reporting entity:

12.11 Cash	\$	0
12.12 Stock	\$	0

13.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:

Yes [] No []

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

13.2 If yes, has the reporting entity completed the *Workers' Compensation Carve-Out Supplement* to the Annual Statement?

Yes [] No []

13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
13.31 Earned premium	\$ 0	\$ 0	\$ 0
13.32 Paid claims	\$ 0	\$ 0	\$ 0
13.33 Claim liability and reserve (beginning of year)	\$ 0	\$ 0	\$ 0
13.34 Claim liability and reserve (end of year)	\$ 0	\$ 0	\$ 0
13.35 Incurred claims	\$ 0	\$ 0	\$ 0

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
13.41 <\$25,000		\$ 0	\$ 0
13.42 \$25,000 — 99,999		\$ 0	\$ 0
13.43 \$100,000 — 249,999		\$ 0	\$ 0
13.44 \$250,000 — 999,999		\$ 0	\$ 0
13.45 \$1,000,000 or more		\$ 0	\$ 0

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools?

\$ 0

Fraternal Benefit Societies Only:

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?

Yes [X] No []

15. How often are meetings of the subordinate branches required to be held?

Monthly

16. How are the subordinate branches represented in the supreme or governing body?

By Delegates

17. What is the basis of representation in the governing body?

GENERAL INTERROGATORIES**PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES****One Delegate per Fifty Members**

18.1 How often are regular meetings of the governing body held?
Every Four Years

18.2 When was the last regular meeting of the governing body held? _____ 08/01/2017

18.3 When and where will the next regular or special meeting of the governing body be held?
August 2021

18.4 How many members of the governing body attended the last regular meeting? _____ 116

18.5 How many of the same were delegates of the subordinate branches? _____ 83

19. How are the expenses of the governing body defrayed?
General Funds

20. When and by whom are the officers and directors elected?
By Delegates at Convention

21. What are the qualifications for membership?
Roman Catholics, Their Family & Friends, Plus Good Health & Moral Character

22. What are the limiting ages for admission?
0-75

23. What is the minimum and maximum insurance that may be issued on any one life?
None

24. Is a medical examination required before issuing a benefit certificate to applicants? Yes [X] No []

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No [X]

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

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

27. What proportion of first and subsequent year's payments may be used for management expenses?
27.11 First Year _____ %
27.12 Subsequent Years _____ %

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

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

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

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

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

30.2 If yes, when? _____

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

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

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

32.3 If yes, explain _____

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

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

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

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

35.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
12/01/2008	\$ 1,173,198

Catholic Ladies of Columbia

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 2020	2 2019	3 2018	4 2017	5 2016
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	42,827	42,440	42,318	41,762	40,402
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....	17,609	17,810	16,420	14,675	14,211
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).....	60,436	60,250	58,738	56,437	54,613
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....					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
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....		1,736	2,135	2,950	1,790
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).....		1,736	3,131	3,965	3,359
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).....	174,784	164,404	196,344	223,717	293,620
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....	14,180,671	15,966,971	11,778,808	28,694,241	16,477,467
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.....	14,355,455	16,131,375	11,975,152	28,917,958	16,771,087
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	135,449,041	129,495,147	124,096,674	119,623,601	97,736,909
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	131,932,896	125,393,411	119,905,540	115,310,016	93,783,271
23. Aggregate life reserves (Page 3, Line 1).....	128,446,023	122,660,541	118,162,663	112,990,706	92,028,011
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1.....					XXX.....
24. Aggregate A&H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3).....	95,981	144,951	226,906	221,435	332,401
26. Asset valuation reserve (Page 3, Line 24.01).....	524,039	777,555	765,522	733,630	702,561
27. Capital (Page 3, Lines 29 & 30).....					
28. Surplus (Page 3, Line 37).....	3,516,145	4,101,736	4,191,134	4,313,585	3,953,636
Cash Flow (Page 5)					
29. Net cash from operations (Line 11).....	6,816,436	6,208,192	4,886,054	22,229,425	12,333,677
Risk-Based Capital Analysis					
30. Total adjusted capital.....	4,042,184	4,881,291	4,958,656	5,049,215	4,658,197
31. Authorized control level risk-based capital.....	1,121,421	1,468,879	1,345,559	1,252,775	1,001,875
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).....	98.0	97.2	97.3	97.0	96.0
33. Stocks (Lines 2.1 and 2.2).....	0.4	0.8	1.2	1.3	2.0
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).....	0.7	1.1	0.5	0.6	0.7
37. Contract loans (Line 6).....	0.9	1.0	1.0	1.1	1.4
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

Annual Statement for the year 2020 of the **Catholic Ladies of Columbia**
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2020	2 2019	3 2018	4 2017	5 2016
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).....	137,379	113,006	130,314	106,246	87,396
53. Total admitted assets (Page 2, Line 28, Col. 3).....	135,449,041	129,495,147	124,096,674	119,623,601	97,736,909
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....	5,657,932	5,667,253	5,241,431	4,841,529	4,371,875
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....	(431,993)	(93,671)	(49,386)	(22,772)	55,120
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	47,355	(47,355)			39
57. Total of above Lines 54, 55 and 56.....	5,273,294	5,526,227	5,192,045	4,818,756	4,427,033
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).....	13,156,670	15,636,248	10,648,135	10,234,608	6,476,020
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).....	47,003	89,383	300,541	176,390	344,289
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).....	10.4	10.1	11.7	6.9	7.9
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.....	0.4	0.2	0.2	0.3	2.8
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
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).....	(308,997)	(301,315)	(343,185)	(281,090)	240,492
74. Ordinary - individual annuities (Page 6, Col. 4).....	64,064	544,494	594,870	1,001,753	561,867
75. Ordinary - supplementary contracts.....	XXX	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).....	(185,162)	(196,826)	(268,789)	(182,905)	(144,765)
84. Total (Page 6, Col. 1).....	(430,095)		(17,104)	537,757	657,594

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: