

Explanation:

Amendment 1:

The 2020 Annual Statement has been amended to reflect the release of excess individual annuity reserves due to a reversed transaction. This notably impacts the aggregate reserve for life contracts liability and the increase in aggregate reserves from the summary of operations.

Amendment 2:

The 2020 Annual Statement has been amended to reflect accurate Prior Year totals in General Interrogatories Part 2 Line 2.2 and Line 2.5. Prior year data was not accurately pulling into these statement pages.

Schedule S Part 7 has also been updated to reflect accurate values from Liabilities, Surplus, and Other Funds Page (Column 1 Line 38) now reconciles to Schedule S, Part 7, Column 1, Line 23.



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	NAIC Company Code..... 56316	Employer's ID Number..... 31-4144574
(Current Period) (Prior Period)		
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type:	Fraternal Benefit Society	
Incorporated/Organized..... March 12, 1897	Commenced Business..... March 12, 1897	
Statutory Home Office	700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230	800-845-0494
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	700 Taylor Road, Suite 280 .. Gahanna .. OH .. US .. 43230	800-845-0494
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.TheCLC.org	
Statutory Statement Contact	Loni Perkins	800-845-0494
	(Name)	(Area Code) (Telephone Number) (Extension)
	lperkins@theccl.org	614-944-4743
	(E-Mail Address)	(Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

THERESA BRODMAN	LYDIA RALL	VIKI SNIDER	CHARISSE SHICK
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State of..... Ohio

County of..... Franklin

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

(Signature)	(Signature)	(Signature)
FAIRY WAGNER	LONI A. PERKINS	IRENE BORROR
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	CHIEF OPERATING OFFICER	SECRETARY
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [ X ] No [ ]
This day of 2021	b. If no 1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> 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	\$ 14,354,901	\$ 16,131,375	
2.3	Premium Ratio (2.1/2.2)	0.0%	0.0%	
2.4	Reserve Numerator	\$ 0	\$ 0	
2.5	Reserve Denominator	\$ 130,090,626	\$ 124,012,602	
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%	
3.1	Does the reporting entity have Separate Accounts?		Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> X ]
3.2	If yes, has a Separate Accounts statement been filed with this Department		Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> X ]
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?		Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> 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 chartered, 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:  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.	Yes [ ]	No [ ]
13.2	If yes, has the reporting entity completed the <i>Workers' Compensation Carve-Out Supplement</i> 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
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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? <u>Monthly</u>		
16.	How are the subordinate branches represented in the supreme or governing body? <u>By Delegates</u>		
17.	What is the basis of representation in the governing body?		

Catholic Ladies of Columbia  
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