
AMENDED FILING EXPLANATION

On August 24, 2021 CCU Life (NAIC 56324) ID#34-0105780 - 5349 Dolloff Road, Cleveland, Ohio were notified of corrections necessary on the following A/S2020 pages:

5 Year History - page 22 Col.1 Line 31 changed to 355,270 - On the original filing the wrong number was pulled into the A/S from RBC prior to making some additional changes in RBC which changed the number that should have been reported.

Gen. Inter. Part 2 - Page 21 Col 2 Line 2.2 changed to 323,134 - Prior year didn't pull in and went unnoticed.

Gen. Inter. Part 2 - Page 21 Col 2 Line 2.5 changed to 14,765,185 - Prior year didn't pull in and went unnoticed.

Gen. Inter. Part 1 - Page 20.3 Line 28.0597 -Entered 'NO' for this filing, but in the original filing I left it blank because this question is really is N/A to CCU, it only allows a Yes or No answer.

Gen. Inter. Part 1 - Page 20.3 Line 28.0598 - Entered 'NO' for this filing, but in the original filing I left it blank because this question is really is N/A to CCU, it only allows a Yes or No answer.

Listed above are the pages corrected and the line and/or column of what it was changed to. Also includes a brief description of why the error occurred.

Along with the amended filing explanation the pages mentioned above will also be included.

Completed by: Theresa Aveni, President 8/25/2021



ANNUAL STATEMENT
For the Year Ended December 31, 2020
of the Condition and Affairs of the
Czech Catholic Union

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 56324	Employer's ID Number..... 34-0105780
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type: Incorporated/Organized.....	Fraternal Benefit Society	
Statutory Home Office	5349 Dolloff Road .. Cleveland .. OH .. US .. 44127 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	5349 Dolloff Road .. Cleveland .. OH .. US .. 44127 (Street and Number) (City or Town, State, Country and Zip Code)	216-341-0444 (Area Code) (Telephone Number)
Mail Address	5349 Dolloff Road .. Cleveland .. OH .. US .. 44127 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	5349 Dolloff Road .. Cleveland .. OH .. US .. 44127 (Street and Number) (City or Town, State, Country and Zip Code)	216-341-0444 (Area Code) (Telephone Number)
Internet Web Site Address	WWW.CZECHCCU.ORG	
Statutory Statement Contact	Theresa Ann Aveni (Name) theresa@czechccu.org (E-Mail Address)	216-341-0444 (Area Code) (Telephone Number) (Extension) 216-341-0711 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Theresa Aveni	President	2. Jane M. Milczewski	Secretary
3.		4.	
OTHER			
Robert Cermak	Past President	Joseph Kocab	Past President
Karla Mahoney	Director	Cindy Kveton	Director
Maryann Langevin	Director	Richard Prospal	Director
Anita Schafer	Director	Audrey A Schmidt	Vice President

DIRECTORS OR TRUSTEES

State of..... Ohio		
County of..... Cuyahoga		
<p>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 <i>Annual Statement Instructions and Accounting Practices and Procedures</i> 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.</p>		
(Signature) Theresa Aveni	(Signature) Jane M. Milczewski	(Signature)
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name)
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2021	a. Is this an original filing? b. If no	Yes [] No [X] 3 8/25/2021 8
	1. State the amendment number 2. Date filed 3. Number of pages attached	

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	2		
		Current Year	Prior Year		
2.1	Premium Numerator	\$	0	\$	0
2.2	Premium Denominator	\$	537,463	\$	323,134
2.3	Premium Ratio (2.1/2.2)		0.0%		0.0%
2.4	Reserve Numerator	\$	0	\$	0
2.5	Reserve Denominator	\$	15,113,125	\$	14,765,185
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	2		
		P&C Insurance Company	Statement Value on		
		and	Purchase Date of Annuities		
		Location	(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	\$	28,924
7.2	Total incurred claims	\$	557,959
7.3	Number of covered lives		100

*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 [X]
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 [X]
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 [X]
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>delegates - 1 alternated for every 100 members</u>		
17.	What is the basis of representation in the governing body?		

GENERAL INTERROGATORIES

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

Delegates

18.1

How often are regular meetings of the governing body held?
Every 4 years

18.2

When was the last regular meeting of the governing body held?

10/02/2018

18.3

When and where will the next regular or special meeting of the governing body be held?
October 2022 - Cleveland, Ohio

18.4

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

34

18.5

How many of the same were delegates of the subordinate branches?

34

19.

How are the expenses of the governing body defrayed?
General Fund

20.

When and by whom are the officers and directors elected?
Directors are elected at the convention

21.

What are the qualifications for membership?
Good moral character, good health and of Christian faith

22.

What are the limiting ages for admission?
0-90

23.

What is the minimum and maximum insurance that may be issued on any one life?
Min 2,000 Max 35,000 - Greater than 35,000 must be reinsured

24.

Is a medical examination required before issuing a benefit certificate to applicants?

Yes [] No [X]

25.

Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?

Yes [X] No []

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 [X] No []

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 [] No [X]

32.2

If so, was an additional reserve included in Exhibit 5?

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

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 []

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 [] No [X]

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
	\$

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).....	18,269	18,249	18,382	18,526	18,774
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....					
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).....	18,269	18,249	18,382	18,526	18,774
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).....	152	197	96	119	186
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
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).....	152	197	96	119	186
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).....	55,590	62,729			
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....	481,873	260,405			
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.....	537,463	323,134	0	0	0
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	18,808,073	18,423,137	18,429,511	19,548,188	19,022,095
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	15,865,688	15,550,699	15,471,399	16,610,285	16,246,213
23. Aggregate life reserves (Page 3, Line 1).....	15,152,967	14,839,101	14,818,994	15,966,364	15,641,674
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).....	27,794				
26. Asset valuation reserve (Page 3, Line 24.01).....	360,602	371,155	376,643	333,384	312,273
27. Capital (Page 3, Lines 29 & 30).....					
28. Surplus (Page 3, Line 37).....	2,942,385	2,872,488	2,958,112	2,937,903	2,775,882
Cash Flow (Page 5)					
29. Net cash from operations (Line 11).....	474,405	173,191	(1,023,216)	486,647	1,222,715
Risk-Based Capital Analysis					
30. Total adjusted capital.....	2,942,385	3,243,643	2,958,112	3,288,787	3,106,517
31. Authorized control level risk-based capital.....	355,270	332,666	354,712	303,142	275,906
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).....	91.3	95.2	96.1	93.6	92.6
33. Stocks (Lines 2.1 and 2.2).....	6.4	2.8	1.9	2.1	2.1
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....	0.3	0.4	0.2	0.2	0.2
36. Cash, cash equivalents and short-term investments (Line 5).....	1.5	1.2	1.1	3.4	4.3
37. Contract loans (Line 6).....	0.4	0.5	0.6	0.7	0.7
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(continued)

	1 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).....	1,455	552	722		
53. Total admitted assets (Page 2, Line 28, Col. 3).....	18,808,073	18,423,137	18,429,511	19,548,188	19,022,095
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....	873,481	859,486	883,223	881,025	829,890
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....	(133,411)	(37,020)	4,096	(1,824)	(782)
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	35,798	(126,313)	(48,635)	8,356	4,260
57. Total of above Lines 54, 55 and 56.....	775,868	696,153	838,684	887,557	833,368
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).....	599,843	761,138	2,264,090	1,174,808	1,047,626
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).....	(4,725)	(84,255)	(1,792)	(54,094)	3,635
61. Increase in A&H reserves (Line 19, Col. 6).....					
62. Dividends to policyholders and refunds to members (Line 30, Col 1).....	25,000	35,000	34,754	35,055	29,706
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.....	57.4	89.5	48.1	22.4	14.6
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	1.2		0.3	0.6
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).....	151,261	45,443	134,475	94,734	831
74. Ordinary - individual annuities (Page 6, Col. 4).....	164,525	127,720	91,986	185,733	221,719
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).....	(157,876)	(101,162)	(117,732)	(103,867)	(43,929)
84. Total (Page 6, Col. 1).....	157,910		108,729	176,600	178,621

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: