

## **AMENDED FILING EXPLANATION**

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This filing has been amended to reflect accurate prior year data, as the Annual Statement was 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.



# QUARTERLY STATEMENT

As of March 31, 2021  
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

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) FAIRY WAGNER 1. (Printed Name) PRESIDENT (Title)	(Signature) LONI A. PERKINS 2. (Printed Name) CHIEF OPERATING OFFICER (Title)	(Signature) IRENE BORROR 3. (Printed Name) SECRETARY (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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 [ ]

\_\_\_\_\_  
\_\_\_\_\_

Statement as of March 31, 2021 of the **Catholic Ladies of Columbia**  
**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	131,885,348		131,885,348	131,206,602
2. Stocks:				
2.1 Preferred stocks.....	449,450		449,450	502,925
2.2 Common stocks.....	4,500		4,500	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
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 (\$....679,623), cash equivalents (\$....399,169) and short-term investments (\$.....0).....	1,078,792		1,078,792	914,641
6. Contract loans (including \$.....0 premium notes).....	1,216,984		1,216,984	1,217,500
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	134,635,075	0	134,635,075	133,841,668
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,597,110		1,597,110	1,594,931
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	6,270	3,408	.2,862	3,951
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.....	8,486		.8,486	8,489
21. Furniture and equipment, including health care delivery assets (\$.....0).....	7,826	7,826	0	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.....	114,741	114,741	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	136,369,508	125,976	136,243,532	135,449,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	136,369,508	125,976	136,243,532	135,449,041

**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 thru 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.....	.33,346	.33,346	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	114,741	114,741	0	0

Statement as of March 31, 2021 of the **Catholic Ladies of Columbia**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....0 less \$.00 included in Line 6.3 (including \$.00 Modco Reserve).....	128,582,550	127,816,977
2. Aggregate reserve for accident and health contracts (including \$.00 Modco Reserve).....		
3. Liability for deposit-type contracts (including \$.00 Modco Reserve).....	94,151	95,981
4. Contract claims:		
4.1 Life.....	2,266,774	2,273,649
4.2 Accident and health.....		
5. Policyholders' dividends/refunds to members \$.00 and coupons \$.00 due and unpaid.....		
6. Provision for policyholders' dividends/refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholder's dividends/refunds to members apportioned for payment (including \$.00 Modco).....		
6.2 Policyholder's dividends/refunds to members not yet apportioned (including \$.00 Modco).....	4,000	4,000
6.3 Coupons and similar benefits (including \$.00 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 \$.00 discount; including \$.00 accident and health premiums.....	20,206	8,476
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.00 accident and health experience rating refunds of which \$.00 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.00 assumed and \$.00 ceded.....		
9.4 Interest Maintenance Reserve.....	124,079	128,761
10. Commissions to agents due or accrued - life and annuity contracts \$.00, accident and health \$.00 and deposit-type contract funds \$.00.....		
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued.....	17,965	12,149
13. Transfers to Separate Accounts due or accrued (net) (including \$.00 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	3,051	
15.1 Current federal and foreign income taxes, including \$.00 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.....	432,395	439,818
18. Amounts held for agents' account, including \$.00 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 \$.00 and interest thereon \$.00.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	556,477	524,039
24.02 Reinsurance in unauthorized and certified (\$.00) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.00) 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 \$.00 and interest thereon \$.00.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	132,101,649	131,303,850
27. From Separate Accounts statement.....		
28. Total liabilities (Lines 26 and 27).....	132,101,649	131,303,850
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.....		
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	4,141,884	4,145,191
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.00).....		
36.2 .....0.000 shares preferred (value included in Line 30 \$.00).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.00 in Separate Accounts Statement).....	4,141,884	4,145,191
38. Totals of Lines 29, 30 and 37.....	4,141,884	4,145,191
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	136,243,533	135,449,041

**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 thru 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 thru 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 thru 3403 plus 3498) (Line 34 above).....	0	0

**SUMMARY OF OPERATIONS**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	2,453,557	4,248,163	14,354,901
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	1,290,732	1,417,031	5,658,486
4. Amortization of Interest Maintenance Reserve (IMR).....	4,217	2,471	5,293
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
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.....	10,676	12,164	37,849
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 to 8.3).....	3,759,181	5,679,828	20,056,529
10. Death benefits.....	107,877	56,174	388,343
11. Matured endowments (excluding guaranteed annual pure endowments).....			6,492
12. Annuity benefits.....	2,574,376	2,324,455	12,656,116
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.....	413	33,334	105,719
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....	1,168	4,252	17,057
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	765,573	2,866,929	5,156,435
20. Totals (Lines 10 to 19).....	3,449,408	5,285,143	18,330,162
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	72,163	138,244	478,107
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses and fraternal expenses.....	210,618	309,010	1,008,263
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	9,264	10,898	38,603
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.....	0	644	2,443
28. Totals (Lines 20 to 27).....	3,741,453	5,743,939	19,857,579
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	17,727	(64,110)	198,951
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).....	17,727	(64,110)	198,951
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).....	17,727	(64,110)	198,951
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).....		(102,884)	(431,993)
35. Net income (Line 33 plus Line 34).....	17,727	(166,994)	(233,042)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
36. Capital and surplus, December 31, prior year.....	4,145,191	4,101,736	4,101,736
37. Net income (Line 35).....	17,727	(166,994)	(233,042)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		(311)	47,355
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....			
41. Change in nonadmitted assets.....	11,403	(13,470)	(24,374)
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.....	(32,438)	68,837	253,515
45. Change in treasury stock.....			
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.....			
53. Aggregate write-ins for gains and losses in surplus.....	0	0	0
54. Net change in capital and surplus (Lines 37 through 53).....	(3,307)	(111,938)	43,455
55. Capital and surplus as of statement date (Lines 36 + 54).....	4,141,884	3,989,799	4,145,191

**DETAILS OF WRITE-INS**

08.301. Misc. Income.....	318	1,070	7,257
08.302. Annuity W/D Penalty.....	10,357	11,094	30,591
08.303. .....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	10,676	12,164	37,849
2701. Pension Benefits.....		644	2,443
2702. .....			
2703. .....			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	644	2,443
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	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

Statement as of March 31, 2021 of the **Catholic Ladies of Columbia**  
**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	2,466,288	4,256,075	14,359,486
2. Net investment income.....	1,448,231	1,518,524	6,201,652
3. Miscellaneous income.....	10,676	12,164	37,849
4. Total (Lines 1 through 3).....	3,925,194	5,786,764	20,598,988
5. Benefit and loss related payments.....	2,690,709	2,861,000	12,252,139
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	283,179	453,512	1,530,413
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).....	2,973,888	3,314,512	13,782,552
11. Net cash from operations (Line 4 minus Line 10).....	951,306	2,472,252	6,816,436
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,259,679	3,732,547	13,227,289
12.2 Stocks.....	53,475	109,450	534,071
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).....	1,313,154	3,841,997	13,761,360
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,098,565	5,139,857	21,012,817
13.2 Stocks.....	4,500		
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).....	2,103,065	5,139,857	21,012,817
14. Net increase or (decrease) in contract loans and premium notes.....	(516)	(20,049)	(25,338)
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(789,396)	(1,277,811)	(7,226,119)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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.....	(1,828)	(8,476)	(48,970)
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	4,068	(8,319)	6,292
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	2,240	(16,795)	(42,678)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	164,151	1,177,646	(452,360)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	914,641	1,367,002	1,367,002
19.2 End of period (Line 18 plus Line 19.1).....	1,078,792	2,544,647	914,641

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

20.0001 .....	.....	.....	.....
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Statement as of March 31, 2021 of the **Catholic Ladies of Columbia**  
**EXHIBIT 1**

**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	58,197	49,172	198,956
3. Ordinary individual annuities.....	2,401,462	4,198,991	14,180,166
4. Credit life (group and individual).....			
5. Group life insurance.....			
6. Group annuities.....			
7. A&H - group.....			
8. A&H - credit (group and individual).....			
9. A&H - other.....			
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal (Lines 1 through 10).....	2,459,659	4,248,163	14,379,122
12. Fraternal ( Fraternal Benefit Societies Only).....			
13. Subtotal (Lines 11 through 12).....	2,459,659	4,248,163	14,379,122
14. Deposit-type contracts.....			
15. Total (Lines 13 and 14).....	2,459,659	4,248,163	14,379,122

**DETAILS OF WRITE-INS**

1001.....			
1002.....			
1003.....			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

## **NOTES TO FINANCIAL STATEMENTS**

## **Note 1 – Summary of Significant Accounting Policies and Going Concern**

## A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2020
<b>NET INCOME</b>					
(1) Catholic Ladies of Columbia Company state basis (Page 4, Line 35, Columns 1 & 3)	XXX	XXX	XXX	\$ 17,727	\$ (233,042)
(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	\$ 17,727	\$ (233,042)
<b>SURPLUS</b>					
(5) Catholic Ladies of Columbia Company state basis (Page 3, line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 4,141,884	\$ 4,145,191
(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	\$ 4,141,884	\$ 4,145,191

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 only accounting practices prescribed or permitted by the National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. For example, the cost 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 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

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

No significant changes

### C. Accounting Policy

- (1) Basis for Short-Term Investments  
No significant changes
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method  
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  
No significant changes
- (4) Basis for Preferred Stocks  
No significant changes
- (5) Basis for Mortgage Loans  
No significant changes
- (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  
No significant changes
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities  
No significant changes
- (9) Accounting Policies for Derivatives  
No significant changes
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation  
No significant changes
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses  
No significant changes
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period  
No significant changes
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables  
No significant changes

#### D. Going Concern

N/A

## **Note 2 – Accounting Changes and Corrections of Errors**

No significant changes

### Note 3 – Business Combinations and Goodwill

### No significant changes

## Note 4 – Discontinued Operations

No significant changes

## Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

**NOTES TO FINANCIAL STATEMENTS**

No significant changes

B. Debt Restructuring

No significant changes

C. Reverse Mortgages

No significant changes

D. Loan-Backed Securities

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$	
	2. 12 Months or Longer	\$	1
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	
	2. 12 Months or Longer	\$	82

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

No significant changes

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

No significant changes

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

No significant changes

H. Repurchase Agreements Transactions Accounted for as a Sale

No significant changes

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

No significant changes

J. Real Estate

No significant changes

K. Low-Income Housing Tax Credits (LIHTC)

No significant changes

L. Restricted Assets

No significant changes

M. Working Capital Finance Investments

No significant changes

N. Offsetting and Netting of Assets and Liabilities

No significant changes

O. 5GI Securities

No significant changes

P. Short Sales

No significant changes

Q. Prepayment Penalty and Acceleration Fees

**General Account**

1) Number of Cusips	7
2) Aggregate Amount of Investment Income	\$0

R. Reporting Entity's Share of Cash Pool by Asset Type

No significant changes

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant changes

**NOTES TO FINANCIAL STATEMENTS****Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

No significant changes

**Note 9 – Income Taxes**

No significant changes

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

No significant changes

**Note 11 – Debt**

## A. Debt Including Capital Notes

No significant changes

## B. FHLB (Federal Home Loan Bank) Agreements

No significant changes

**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

No significant changes

## (2) Change in Plan Assets

No significant changes

## (3) Funded Status

No significant changes

## (4) Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	Current Year to Date	2020	Current Year to Date	2020	Current Year to Date	2020
a. Service cost	\$	\$	\$	\$	\$	\$
b. Interest cost		518				
c. Expected return on plan assets		(4,902)				
d. Transition asset or obligation						
e. Gains and losses						
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment						
h. Total net periodic benefit cost	\$	\$ (4,384)	\$	\$	\$	\$

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

No significant changes

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

No significant changes

## (7) Weighted Average Assumptions Used to Determine Net Periodic Benefit Cost as of Current Period

No significant changes

## (8) Accumulated Benefit Obligation for Defined Benefit Pension Plans

No significant changes

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

No significant changes

## (10) Estimated Future Payments, Which Reflect Unexpected Future Service

No significant changes

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

No significant changes

## (12) Amounts and Types of Securities Included in Plan Assets

No significant changes

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

No significant changes

## (14) Substantive Comment Used to Account for Benefit Obligations

No significant changes

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

No significant changes

**NOTES TO FINANCIAL STATEMENTS**

(16) Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations Assets Not Otherwise Apparent  
No significant changes

(17) Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans  
No significant changes

(18) Full Transition Surplus Impact of SSAP 102  
No significant changes

B. Investment Policies and Strategies  
No significant changes

C. Fair Value of Plan Assets  
No significant changes

D. Basis Used to Determine Expected Long-Term Rate-of-Return  
No significant changes

E. Defined Contribution Plans  
No significant changes

F. Multiemployer Plans  
No significant changes

G. Consolidated/Holding Company Plans  
No significant changes

H. Postemployment Benefits and Compensated Absences  
No significant changes

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)  
No significant changes

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

No significant changes

**Note 14 – Liabilities, Contingencies and Assessments**

No significant changes

**Note 15 – Leases**

No significant changes

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

No significant changes

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

A. Transfers of Receivables Reported as Sales N/A

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 Portion of Partially Insured Plans**

No significant changes

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

No significant changes

**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
<b>Assets at Fair Value</b>					
BONDS - IND. AND MISC.	\$	\$ 399,169	\$	\$	\$ 399,169
Total	\$	\$ 399,169	\$	\$	\$ 399,169
<b>Liabilities at Fair Value</b>					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

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

Description	Beginning Balance	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	Settlem-ents	Ending Balance as of Current Period

**NOTES TO FINANCIAL STATEMENTS**

a. Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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 for Derivative Assets and Liabilities  
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)
BOND	\$ 141,494,500	\$ 131,490,745	\$	\$ 141,494,500	\$	\$	\$ 131,490,745
CMO	\$ 300,381	\$ 296,475	\$	\$ 300,381	\$	\$	\$ 296,475
MBS	\$ 99,310	\$ 98,128	\$	\$ 99,310	\$	\$	\$ 98,128
PERPETUAL PREFERRED STOCK	\$ 446,972	\$ 449,450	\$	\$ 446,972	\$	\$	\$ 449,450
COMMON STOCK	\$ 4,500	\$ 4,500	\$	\$ 4,500	\$	\$	\$ 4,500
CASH AND CASH EQUIV.	\$ 399,169	\$ 399,169	\$	\$ 399,169	\$	\$	\$ 399,169

## 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**

No significant changes

**Note 22 – Events Subsequent**

Subsequent events have been considered through [redacted] for these statutory financial statements which are to be issued on [redacted]. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

**Note 23 – Reinsurance**

No significant changes

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

A. Method Used by the Reporting Entity to Estimate Accrued Retrospective Premium Adjustments  
Not applicable

B. Disclose Whether Accrued Retrospective Premiums are Recorded Through Written Premium or as an Adjustment to Earned Premium  
Not applicable

C. Disclose the Amount of Net Premiums Written Subject to Retrospective Rating Features  
Not applicable

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act  
Not applicable

E. Risk Sharing Provisions of the Affordable Care Act N/A

**NOTES TO FINANCIAL STATEMENTS**

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?  
 Yes [ ] No [X]

**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

**Note 26 – Intercompany Pooling Arrangements**

No significant changes

**Note 27 – Structured Settlements**

No significant changes

**Note 28 – Health Care Receivables**

No significant changes

**Note 29 – Participating Policies**

No significant changes

**Note 30 – Premium Deficiency Reserves**

No significant changes

**Note 31 – Reserves for Life Contracts and Deposit-Type Contracts**

No significant changes

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

No significant changes

**Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics**

TYPE	GROSS	NET OF LOADING
Ordinary Renewal	6,369.97	6,369.97

**Note 34 – Premium and Annuity Considerations Deferred and Uncollected**

No significant changes

**Note 35 – Separate Accounts**

No significant changes

**Note 36 – Loss/Claim Adjustment Expenses**

No significant changes

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

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 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 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

4.2 If yes, provide 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		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] N/A [ ]  
If yes, attach an explanation.

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

6.2 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

6.3 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

6.4 By what department or departments?

6.5 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 [ ]

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

7.1 Has this 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]

7.2 If yes, give full information:

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 location (city and state of the main office) of any affiliates regulated by a federal 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

9.1 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 [X] No [ ]  
(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.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

14.21 Bonds  
 14.22 Preferred Stock  
 14.23 Common Stock  
 14.24 Short-Term Investments  
 14.25 Mortgage Loans on Real Estate  
 14.26 All Other  
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)  
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

17. 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 *Financial Condition Examiners Handbook*? Yes [X] No [ ]17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Raymond James Bank, N.A.	710 Carilion Parkway, St. Petersburg, FL 33716

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 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

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
112629	Parkway Advisors LP	NA	SEC	NO

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

18.2 If no, list exceptions:

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

## **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

- 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 ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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 a 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 ]

21. 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 security was 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.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reporting 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 ]

# Catholic Ladies of Columbia

## GENERAL INTERROGATORIES (continued)

### PART 2 - LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES

#### Life and Accident and Health Companies/Fraternal Benefit Societies

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1	Long-term mortgages in good standing	Amount
1.11	Farm mortgages.....	\$.....
1.12	Residential mortgages.....	\$.....
1.13	Commercial mortgages.....	\$.....
1.14	Total mortgages in good standing.....	\$.....0
1.2	Long-term mortgages in good standing with restructured terms	\$.....
1.21	Total mortgages in good standing with restructured terms.....	\$.....
1.3	Long-term mortgage loans upon which interest is overdue more than three months	\$.....
1.31	Farm mortgages.....	\$.....
1.32	Residential mortgages.....	\$.....
1.33	Commercial mortgages.....	\$.....
1.34	Total mortgages with interest overdue more than three months.....	\$.....0
1.4	Long-term mortgage loans in process of foreclosure	\$.....
1.41	Farm mortgages.....	\$.....
1.42	Residential mortgages.....	\$.....
1.43	Commercial mortgages.....	\$.....
1.44	Total mortgages in process of foreclosure.....	\$.....0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$.....0
1.6	Long-term mortgages foreclosed, properties transferred to real estate in current quarter	\$.....
1.61	Farm mortgages.....	\$.....
1.62	Residential mortgages.....	\$.....
1.63	Commercial mortgages.....	\$.....
1.64	Total mortgages foreclosed and transferred to real estate.....	\$.....0
2.	Operating Percentages:	
2.1	A&H loss percent.....	
2.2	A&H cost containment percent.....	
2.3	A&H expense percent excluding cost containment expenses.....	
3.1	Do you act as a custodian for health savings accounts?.....	Yes [ ]      No [ X ]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
3.3	Do you act as an administrator for health savings accounts?.....	Yes [ ]      No [ X ]
3.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....
4.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ X ]      No [ ]
4.1	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 [ ]

#### Fraternal Benefit Societies Only:

5.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurance for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done?

Yes [ X ]      No [ ]      N/A [ ]

5.2 If no, explain:

---

6.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?

Yes [ X ]      No [ ]

6.2 If yes, what is the date(s) 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

Statement as of March 31, 2021 of the **Catholic Ladies of Columbia**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status (a)	1		Direct Business Only				7	
		Life Contracts		4	5	6			
		2	3						
		Life Insurance Premiums	Annuity Considerations	A&H Insurance Premiums, Including Policy Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts		
1. Alabama.....	AL	N.					0		
2. Alaska.....	AK	N.					0		
3. Arizona.....	AZ	N.					0		
4. Arkansas.....	AR	N.					0		
5. California.....	CA	N.					0		
6. Colorado.....	CO	N.					0		
7. Connecticut.....	CT	N.					0		
8. Delaware.....	DE	N.					0		
9. District of Columbia.....	DC	N.					0		
10. Florida.....	FL	N.					0		
11. Georgia.....	GA	N.					0		
12. Hawaii.....	HI	N.					0		
13. Idaho.....	ID	N.					0		
14. Illinois.....	IL	N.					0		
15. Indiana.....	IN	L.					0		
16. Iowa.....	IA	N.					0		
17. Kansas.....	KS	N.					0		
18. Kentucky.....	KY	L.	540				540		
19. Louisiana.....	LA	N.					0		
20. Maine.....	ME	N.					0		
21. Maryland.....	MD	N.					0		
22. Massachusetts.....	MA	N.					0		
23. Michigan.....	MI	L.	15,288	599,922			615,210		
24. Minnesota.....	MN	N.					0		
25. Mississippi.....	MS	N.					0		
26. Missouri.....	MO	N.					0		
27. Montana.....	MT	N.					0		
28. Nebraska.....	NE	N.					0		
29. Nevada.....	NV	N.					0		
30. New Hampshire.....	NH	N.					0		
31. New Jersey.....	NJ	N.					0		
32. New Mexico.....	NM	N.					0		
33. New York.....	NY	N.					0		
34. North Carolina.....	NC	N.					0		
35. North Dakota.....	ND	N.					0		
36. Ohio.....	OH	L.	42,909	1,797,949			1,840,858		
37. Oklahoma.....	OK	N.					0		
38. Oregon.....	OR	N.					0		
39. Pennsylvania.....	PA	N.					0		
40. Rhode Island.....	RI	N.					0		
41. South Carolina.....	SC	N.					0		
42. South Dakota.....	SD	N.					0		
43. Tennessee.....	TN	N.					0		
44. Texas.....	TX	N.					0		
45. Utah.....	UT	N.					0		
46. Vermont.....	VT	N.					0		
47. Virginia.....	VA	N.					0		
48. Washington.....	WA	N.					0		
49. West Virginia.....	WV	N.					0		
50. Wisconsin.....	WI	N.					0		
51. Wyoming.....	WY	N.					0		
52. American Samoa.....	AS	N.					0		
53. Guam.....	GU	N.					0		
54. Puerto Rico.....	PR	N.					0		
55. US Virgin Islands.....	VI	N.					0		
56. Northern Mariana Islands.....	MP	N.					0		
57. Canada.....	CAN	N.					0		
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	
59. Subtotal.....		XXX	58,197	2,398,410	0	0	2,456,608	0	
90. Reporting entity contributions for employee benefit plans.....		XXX					0		
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX					0		
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX					0		
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX					0		
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0	0	
95. Totals (Direct Business).....		XXX	58,197	2,398,410	0	0	2,456,608	0	
96. Plus Reinsurance Assumed.....		XXX					0		
97. Totals (All Business).....		XXX	58,197	2,398,410	0	0	2,456,608	0	
98. Less Reinsurance Ceded.....		XXX	3,051				3,051		
99. Totals (All Business) less Reinsurance Ceded.....		XXX	55,146	2,398,410	0	0	2,453,557	0	

DETAILS OF WRITE-INS

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

4

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

0

R - Registered - Non-domiciled RRGs.....

0

Q - Qualified - Qualified or accredited reinsurer.....

0

N - None of the above - Not allowed to write business in the state.....

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Statement as of March 31, 2021 of the **Catholic Ladies of Columbia**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
8. Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarterly Only). The response for 1st and 3rd quarters should be N/A. A NO response resulting with a barcode is only appropriate in the 2nd quarter.	N/A

**Explanations:**

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.
8. Not Applicable for 1st and 3rd Quarters

**Bar Code:**

