



LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION
QUARTERLY STATEMENT

AS OF JUNE 30, 2021

OF THE CONDITION AND AFFAIRS OF THE

United Transportation Union Insurance Association

NAIC Group Code 0000 (Current) 0000 (Prior) NAIC Company Code 58413 Employer's ID Number 23-7131460

Organized under the Laws of _____ State of Domicile or Port of Entry _____ OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [] Fraternal Benefit Societies [X]

Incorporated/Organized 11/16/1970 Commenced Business 03/10/1971

Statutory Home Office 24950 Country Club Blvd Ste 340 North Olmsted, OH, US 44070-5333
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 24950 Country Club Blvd Ste 340 216-228-9400
(Street and Number) (Area Code) (Telephone Number)

North Olmsted, OH, US 44070-5333 216-228-9400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 24950 Country Club Blvd Ste 340 North Olmsted, OH, US 44070-5333
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 24950 Country Club Blvd Ste 340 216-228-9400
(Street and Number) (Area Code) (Telephone Number)

North Olmsted, OH, US 44070-5333 216-228-9400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address utuia.org

Statutory Statement Contact Jeffrey A. Becker 216-228-9400
(Name) (Area Code) (Telephone Number)

jbecker@utuia.org 216-228-0411
(E-mail Address) (FAX Number)

OFFICERS

President Kenneth L. Laugel Treasurer Jeffery A. Becker
Secretary Jeffery A. Becker

OTHER

DIRECTORS OR TRUSTEES

Jeremy R. Ferguson Stephen J. Vamos III Gregory Hynes
Troy Johnson Nicholas J. DiCocco Jr Richard A. Kusnic Sr
Patrick Sullivan Doyle Turner

State of _____ SS: _____
County of _____

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 permitted to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this statement 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.

Jeffery A. Becker Jeffery A. Becker
President Secretary Treasurer

Subscribed and sworn to before me this

2nd day of August, 2021

Eric McNamee

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 []

**My Commission Expires
June 4, 2022**