



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

First Catholic Slovak Ladies Association Of The U.S.A.

NAIC Group Code 0000 0000 NAIC Company Code 56332 Employer's ID Number 34-0220540
(Current) (Prior)

Organized under the Laws of Ohio, 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 10/20/1899 Commenced Business 01/01/1892

Statutory Home Office 24950 Chagrin Boulevard, Beachwood, OH, US 44122-5634
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 24950 Chagrin Boulevard
(Street and Number)

Beachwood, OH, US 44122-5634 800-464-4642
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 24950 Chagrin Boulevard, Beachwood, OH, US 44122-5634
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 24950 Chagrin Boulevard
(Street and Number)

Beachwood, OH, US 44122-5634 800-464-4642
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.FCSLA.COM

Statutory Statement Contact Frank L Rando, 216-468-1017
(Name) (Area Code) (Telephone Number)

frando@fcscla.com 216-468-8003
(E-mail Address) (FAX Number)

OFFICERS

President Michael J Agan # Interim National Treasurer Frank L Rando
National Secretary Kimberly A Graham

OTHER

DIRECTORS OR TRUSTEES

<u>Msgr. Peter M Polando</u>	<u>Michael Agan #</u>	<u>Jeanette E Palanca</u>
<u>Kristina L Menke</u>	<u>Kristine L Midcap</u>	<u>Lorraine A Gibas</u>
<u>Joseph T Senko</u>	<u>Barbara A Sekerak</u>	<u>Dennis L Povondra</u>
<u>Mary Beth Andreano</u>	<u>Michael A Beckman #</u>	

State of Ohio SS
County of Cuyahoga

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.

Michael J Agan
CEO

Kimberly A Graham
National Secretary

Frank L Rando
Interim National Treasurer

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [X] No []
- b. If no,
 - 1. State the amendment number.....
 - 2. Date filed02/28/2028
 - 3. Number of pages attached..... 141



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		3	0	362	0	0	0	0	0	0	0
2. Whole						365	0	0	0	0	0	0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	0	0	3	0	362	0	365	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,200					0		39,847				39,847
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	1,200	0	0	0	0	0		39,847	0	0	0	39,847
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0		XXX	XXX	XXX		0
35. Comprehensive group (d) (f)						0		XXX	XXX	XXX		0
36. Medicare supplement (d) (f)						0		XXX	XXX	XXX		0
37. Vision only (d) (f)						0		XXX	XXX	XXX		0
38. Dental only (d) (f)						0		XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)						0		XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)						0		XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)						0		XXX	XXX	XXX		0
42. Credit A&H (d) (f)						0		XXX	XXX	XXX		0
43. Disability income (d) (f)						0		XXX	XXX	XXX		0
44. Long-term care (d) (f)						0		XXX	XXX	XXX		0
45. Other health (d) (f)						0		XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0		XXX	XXX	XXX	0	0
47. Total	1,200 (c)	0	3	0	362	0	365	39,847	0	0	0	39,847

24.AL

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0					0	0	0	0	0		1,822	6	317,645
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	1,822	6	317,645
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	1,822	6	317,645

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 3 Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.AL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			8	0	40	0	0	0	0	0	0	0
2. Whole	1,472						47	0	0	5,009		5,009
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	1,472	0	8	0	40	0	47	0	0	5,009	0	5,009
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	22,700						0	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	22,700	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	24,172 (c)	0	8	0	40	0	47	0	0	5,009	0	5,009

24.AK

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	(95,017)	14	354,728
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	(95,017)	14	354,728

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 8 Group: \$ _____ Total: \$ _____ 8.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.AK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,090		49	0	2,283		2,331	10,620	0	202,217		212,837
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	7,090	0	49	0	2,283	0	2,331	10,620	0	202,217	0	212,837
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	3,500						0	166,662				166,662
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	3,500	0	0	0	0	0	0	166,662	0	0	0	166,662
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	10,590 (c)	0	49	0	2,283	0	2,331	177,282	0	202,217	0	379,499

24.AZ

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	24,188	1	10,620						0	10,620	13,568	0	0	(6)	(4,315)	45	1,379,712
3. Term									1	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total individual life	24,188	1	10,620	0	0	0	0	0	1	10,620	13,568	0	0	(6)	(4,315)	45	1,379,712
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	24,188	1	10,620	0	0	0	0	0	1	10,620	13,568	0	0	(6)	(4,315)	45	1,379,712

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 49 Group: \$ _____ Total: \$ _____ 49.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.AZ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		0	0	114	0	0	0	0	0	0	0
2. Whole						114	0	0	0	26,535		26,535
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	0	0	0	0	114	0	114	0	0	26,535	0	26,535
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	90,000					0		7,406				7,406
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	90,000	0	0	0	0	0	0	7,406	0	0	0	7,406
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)				0		XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)				0		XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)				0		XXX	XXX	XXX		0
37. Vision only	(d)	(f)				0		XXX	XXX	XXX		0
38. Dental only	(d)	(f)				0		XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)				0		XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)				0		XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)				0		XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)				0		XXX	XXX	XXX		0
43. Disability income	(d)	(f)				0		XXX	XXX	XXX		0
44. Long-term care	(d)	(f)				0		XXX	XXX	XXX		0
45. Other health	(d)	(f)				0		XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	90,000 (c)	0	0	0	114	0	114	7,406	0	26,535	0	33,942

24-AR

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	184	10	49,371
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	184	10	49,371
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	184	10	49,371

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.AR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	4	787	0	791	7,586	0	159,019	0	166,605
2. Whole	41,877											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	41,877	0	0	4	787	0	791	7,586	0	159,019	0	166,605
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	450,612							347,636				347,636
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	450,612	0	0	0	0	0	0	347,636	0	0	0	347,636
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	492,488 (c)	0	0	4	787	0	791	355,222	0	159,019	0	514,241

24.CA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial									0	0							
2. Whole	5,982								5	7,586							
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	5,982	5	7,586	0	0	0	0	0	5	7,586	8,428	5	45,000	(4)	(98,653)	178	4,851,383
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	5,982	5	7,586	0	0	0	0	0	5	7,586	8,428	5	45,000	(4)	(98,653)	178	4,851,383

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.CA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	
Individual Life													
1. Industrial			0	26	2,480	0	2,505	0	0	0	1,207,604	0	1,207,604
2. Whole	6,197												
3. Term													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total individual life	6,197	0	0	26	2,480	0	2,505	0	0	0	1,207,604	0	1,207,604
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities													
20. Fixed	314,030							106,117					106,117
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total individual annuities	314,030	0	0	0	0	0	0	106,117	0	0	0	0	106,117
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health													
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX			0
37. Vision only (d) (f)							0	XXX	XXX	XXX			0
38. Dental only (d) (f)							0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX			0
43. Disability income (d) (f)							0	XXX	XXX	XXX			0
44. Long-term care (d) (f)							0	XXX	XXX	XXX			0
45. Other health (d) (f)							0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	320,227 (c)	0	0	26	2,480	0	2,505	106,117	0	0	1,207,604	0	1,313,721

24 CO

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	0	0	0					0	0	4	175,000	(5)	5,958	58	1,671,106	
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	4	175,000	(5)	5,958	58	1,671,106	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	0	0	0	0	0	0	0	0	0	4	175,000	(5)	5,958	58	1,671,106	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____
Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1.CO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits
Individual Life											
1. Industrial											
2. Whole	4,060		2,323	0	6,471	0	8,794	68,736	0	342,443	0
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	4,060	0	2,323	0	6,471	0	8,794	68,736	0	342,443	0
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	8,200							197,734			197,734
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	8,200	0	0	0	0	0	0	197,734	0	0	197,734
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
Accident and Health											
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX	0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX	0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX	0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX	0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX	0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX	0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX	0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX	0
42. Credit A&H	(d)	(f)					0	XXX	XXX	XXX	0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX	0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX	0
45. Other health	(d)	(f)					0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	12,260 (c)	0	2,323	0	6,471	0	8,794	266,470	0	342,443	608,912

24.CT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	1,326		148	0	2,197	2,345	0	0	0	0	0	0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	1,326	0	148	0	2,197	2,345	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0
Individual Annuities												
20. Fixed	1,200					0		265				265
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	1,200	0	0	0	0	0		265	0	0	0	265
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0		XXX	XXX	XXX		0
35. Comprehensive group (d) (f)						0		XXX	XXX	XXX		0
36. Medicare supplement (d) (f)						0		XXX	XXX	XXX		0
37. Vision only (d) (f)						0		XXX	XXX	XXX		0
38. Dental only (d) (f)						0		XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)						0		XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)						0		XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)						0		XXX	XXX	XXX		0
42. Credit A&H (d) (f)						0		XXX	XXX	XXX		0
43. Disability income (d) (f)						0		XXX	XXX	XXX		0
44. Long-term care (d) (f)						0		XXX	XXX	XXX		0
45. Other health (d) (f)						0		XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0		XXX	XXX	XXX	0	0
47. Total	2,526 (c)	0	148	0	2,197	2,345		265	0	0	0	265

24 DE

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial									0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,215	7	761,910
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,215	7	761,910
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,215	7	761,910

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.DE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	1		0	0	0	0	0	0
2. Whole	302						1	0	0	0	0	0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	302	0	0	0	1	0	1	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	302 (c)	0	0	0	1	0	1	0	0	0	0	0

24.DC

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial								0	0								
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	2	62,097
3. Term								0	0								
4. Indexed								0	0								
5. Universal								0	0								
6. Universal with secondary guarantees								0	0								
7. Variable								0	0								
8. Variable universal								0	0								
9. Credit								0	0								
10. Other								0	0								
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	2	62,097
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed								0	0								
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout								0	0								
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed								0	0								
28. Indexed								0	0								
29. Variable with guarantees								0	0								
30. Variable without guarantees								0	0								
31. Life contingent payout								0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	2	62,097

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____
 Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1.DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	22,990		196	0	2,752	2,947	7,716	0	18,321			26,037
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	22,990	0	196	0	2,752	2,947	7,716	0	18,321	0		26,037
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	212,750					0	134,025					134,025
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	212,750	0	0	0	0	0	134,025	0	0	0	0	134,025
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	235,740 (c)	0	196	0	2,752	2,947	141,741	0	18,321	0		160,062

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit										
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount	30 Number of Pols/ Certs	31 Amount					
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount												
Individual Life																					
1. Industrial																					
2. Whole	7,716		2	7,716						0		1	10,000		2	(54,037)		137		4,257,440	
3. Term										0											
4. Indexed										0											
5. Universal										0											
6. Universal with secondary guarantees										0											
7. Variable										0											
8. Variable universal										0											
9. Credit										0											
10. Other										0											
11. Total individual life	7,716		2	7,716		0	0	0	0	2	7,716	0	1	10,000		2	(54,037)		137	4,257,440	
Group Life																					
12. Whole										0											
13. Term										0											
14. Universal										0											
15. Variable										0											
16. Variable universal										0											
17. Credit										0											
18. Other										0											
19. Total group life	0		0	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
Individual Annuities																					
20. Fixed										0											
21. Indexed										0											
22. Variable with guarantees										0											
23. Variable without guarantees										0											
24. Life contingent payout										0											
25. Other										0											
26. Total individual annuities	0		0	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
Group Annuities																					
27. Fixed										0											
28. Indexed										0											
29. Variable with guarantees										0											
30. Variable without guarantees										0											
31. Life contingent payout										0											
32. Other										0											
33. Total group annuities	0		0	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
Accident and Health																					
34. Comprehensive individual (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare supplement (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
37. Vision only (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal employees health benefits plan (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health (d)		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total accident and health	0	XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
47. Total	7,716		2	7,716		0	0	0	0	2	7,716	0	1	10,000		2	(54,037)		137		4,257,440

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 148 Group: \$ _____ Total: \$ _____ 148

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____ ; Comprehensive Group \$ _____ ; Medicare Supplement \$ _____ ; Vision Only \$ _____ ; Dental Only \$ _____ ; Federal Employees Health Benefits Plan \$ _____
 Title XVIII Medicare \$ _____ ; Title XIX Medicaid \$ _____ ; Credit A&H \$ _____ ; Disability Income \$ _____ ; Long-term Care \$ _____ ; Other Health \$ _____

24.1.FL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0	0				0
2. Whole	5,869		21	0	471		492	0	0	437,177		437,177
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	5,869	0	21	0	471	0	492	0	0	437,177	0	437,177
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,200						0	27,570				27,570
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	5,200	0	0	0	0	0	0	27,570	0	0	0	27,570
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	11,069 (c)	0	21	0	471	0	492	27,570	0	437,177	0	464,747

24.GA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	3	55,000	(9)	(45,040)	14	1,362,808
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	3	55,000	(9)	(45,040)	14	1,362,808
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						(a)
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	3	55,000	(9)	(45,040)	14	1,362,808

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 21 Group: \$ _____ Total: \$ _____ 21.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.GA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		0	0	39	0	0	0	0	0	0	0
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	0	0	0	0	39	0	39	0	0	0	0	0
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	45,136						0	5,470				5,470
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	45,136	0	0	0	0	0	0	5,470	0	0	0	5,470
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	45,136 (c)	0	0	0	39	0	39	5,470	0	0	0	5,470

24.HI

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	93	7	20,899
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	93	7	20,899
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	93	7	20,899

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.HI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		0	0	683	0	0	0	0	0	0	0
2. Whole	0		0	0	683	0	0	0	0	0	64,654	0
3. Term	0		0	0	0	0	0	0	0	0	0	0
4. Indexed	0		0	0	0	0	0	0	0	0	0	0
5. Universal	0		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0		0	0	0	0	0	0	0	0	0	0
7. Variable	0		0	0	0	0	0	0	0	0	0	0
8. Variable universal	0		0	0	0	0	0	0	0	0	0	0
9. Credit	0		0	0	0	0	0	0	0	0	0	0
10. Other	0		0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	683	0	683	0	0	0	64,654	0
Group Life												
12. Whole	0		0	0	0	0	0	0	0	0	0	0
13. Term	0		0	0	0	0	0	0	0	0	0	0
14. Universal	0		0	0	0	0	0	0	0	0	0	0
15. Variable	0		0	0	0	0	0	0	0	0	0	0
16. Variable universal	0		0	0	0	0	0	0	0	0	0	0
17. Credit	0		0	0	0	0	0	0	0	0	0	0
18. Other	0		0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	81,244		0	0	0	0	0	197,292	0	0	0	0
21. Indexed	0		0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0		0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0		0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0		0	0	0	0	0	0	0	0	0	0
25. Other	0		0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	81,244	0	0	0	0	0	0	197,292	0	0	0	197,292
Group Annuities												
27. Fixed	0		0	0	0	0	0	0	0	0	0	0
28. Indexed	0		0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0		0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0		0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0		0	0	0	0	0	0	0	0	0	0
32. Other	0		0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e, f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	81,244 (c)	0	0	0	683	0	683	197,292	0	0	64,654	261,946

24.ID

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	1,252	16	369,567
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	1,252	16	369,567
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	1,252	16	369,567

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.ID



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	221,504		14,191	20	104,991	119,202	927,546	2,665	1,160,668			2,090,879
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	221,504	0	14,191	20	104,991	119,202	927,546	2,665	1,160,668	0		2,090,879
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0		0
Individual Annuities												
20. Fixed	1,715,831					0	2,383,491					2,383,491
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	1,715,831	0	0	0	0	0	2,383,491	0	0	0		2,383,491
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0		0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	1,937,334 (c)	0	14,191	20	104,991	119,202	3,311,037	2,665	1,160,668	0		4,474,370

24.1L

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									23 Issued During Year		25 Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount		
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole	981,495	184	930,211					184	930,211	215,362	24	1,057,683	(31)	(1,710,915)	791	87,271,388
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	981,495	184	930,211	0	0	0	0	184	930,211	215,362	24	1,057,683	(31)	(1,710,915)	791	87,271,388
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	981,495	184	930,211	0	0	0	0	184	930,211	215,362	24	1,057,683	(31)	(1,710,915)	791	87,271,388

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 10,096 Group: \$ _____ Total: \$ _____ 10,096.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 56332

Table with 12 columns: Line of Business, Premiums and Annuities Considerations, Other Considerations, Paid in Cash or Left on Deposit, Applied to Pay Renewal Premiums, Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period, Other, Total (Col. 3+4+5+6), Death and Annuity Benefits, Matured Endowments, Surrender Values and Withdrawals for Life Contracts, All Other Benefits, Total (Sum Columns 8 through 11). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	145,441		4,859	714	96,250	101,823	883,921	0	1,205,689			2,089,610
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	145,441	0	4,859	714	96,250	101,823	883,921	0	1,205,689	0		2,089,610
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	177,593					0	2,980,766					2,980,766
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	177,593	0	0	0	0	0	2,980,766	0	0	0	0	2,980,766
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	323,034 (c)	0	4,859	714	96,250	0	101,823	3,864,687	0	1,205,689	0	5,070,376

24.1A



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	88,159		2,629	32	20,939	23,601	155,049	0		145,590		300,639
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	88,159	0	2,629	32	20,939	23,601	155,049	0		145,590	0	300,639
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	155,800					0	242,387					242,387
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	155,800	0	0	0	0	0	242,387	0		0	0	242,387
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	243,959 (c)	0	2,629	32	20,939	23,601	397,436	0		145,590	0	543,026

24.KS

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	203,577	7	155,049							48,528	10	514,102	(14)	(336,531)	87	14,160,288	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	203,577	7	155,049	0	0	0	0	0	7	155,049	48,528	10	514,102	(14)	(336,531)	87	14,160,288
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	203,577	7	155,049	0	0	0	0	0	7	155,049	48,528	10	514,102	(14)	(336,531)	87	14,160,288

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____, 2,545 Group: \$ _____, Total: \$ _____, 2,545.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.KS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 56332

Table with 12 columns: Line of Business, Premiums and Annuities Considerations, Other Considerations, Paid in Cash or Left on Deposit, Applied to Pay Renewal Premiums, Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period, Other, Total (Col. 3+4+5+6), Death and Annuity Benefits, Matured Endowments, Surrender Values and Withdrawals for Life Contracts, All Other Benefits, Total (Sum Columns 8 through 11). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24 KY

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0							0	0				245	7	241,237
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	245	7	241,237
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						(a)
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	245	7	241,237

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 3 Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	982	0	0	0	0	0	0	0
2. Whole	3,495		0	0		982	0	0	0	0	0	0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	3,495	0	0	0	982	0	982	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0					0		0				0
21. Indexed						0		0				0
22. Variable with guarantees						0		0				0
23. Variable without guarantees						0		0				0
24. Life contingent payout						0		0				0
25. Other						0		0				0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed						0		0				0
28. Indexed						0		0				0
29. Variable with guarantees						0		0				0
30. Variable without guarantees						0		0				0
31. Life contingent payout						0		0				0
32. Other						0		0				0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)				0		XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)				0		XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)				0		XXX	XXX	XXX		0
37. Vision only	(d)	(f)				0		XXX	XXX	XXX		0
38. Dental only	(d)	(f)				0		XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)				0		XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)				0		XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)				0		XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)				0		XXX	XXX	XXX		0
43. Disability income	(d)	(f)				0		XXX	XXX	XXX		0
44. Long-term care	(d)	(f)				0		XXX	XXX	XXX		0
45. Other health	(d)	(f)				0		XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	3,495 (c)	0	0	0	982	0	982	0	0	0	0	0

24.LA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	1	5,000	(1)	2,209	0	472,238
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	1	5,000	(1)	2,209	0	472,238
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	5,000	(1)	2,209	0	472,238

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.LA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	3,221		26	0	701	726	0	0	0	0		0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	3,221	0	26	0	701	726	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0						0
Individual Annuities												
20. Fixed	0					0		29,549				29,549
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	0	0	0	0	0	0		29,549	0	0	0	29,549
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)				0		XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)				0		XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)				0		XXX	XXX	XXX		0
37. Vision only	(d)	(f)				0		XXX	XXX	XXX		0
38. Dental only	(d)	(f)				0		XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)				0		XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)				0		XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)				0		XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)				0		XXX	XXX	XXX		0
43. Disability income	(d)	(f)				0		XXX	XXX	XXX		0
44. Long-term care	(d)	(f)				0		XXX	XXX	XXX		0
45. Other health	(d)	(f)				0		XXX	XXX	XXX		0
46. Total accident and health		0	0	0	0	0		XXX	XXX	XXX	0	0
47. Total	3,221 (c)	0	26	0	701	726		29,549	0	0	0	29,549

24 ME

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial									0	0							
2. Whole	4,614	0	0						0	0	87,204	0	0	(1)	2,619	5	666,290
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	4,614	0	0	0	0	0	0	0	0	0	87,204	0	0	(1)	2,619	5	666,290
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	4,614	0	0	0	0	0	0	0	0	0	87,204	0	0	(1)	2,619	5	666,290

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 26 Group: \$ _____ Total: \$ _____ 26.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.ME



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	4,154		80	0	735		814	14,385	0	140,166		154,551
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	4,154	0	80	0	735	0	814	14,385	0	140,166	0	154,551
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	3,700						0	79,208				79,208
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	3,700	0	0	0	0	0	0	79,208	0	0	0	79,208
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	7,854 (c)	0	80	0	735	0	814	93,593	0	140,166	0	233,759

24-MD

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	16,731	8	14,385						0	14,385	7,344	0	0	(2)	(53,295)	66	5,817,827
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	16,731	8	14,385	0	0	0	0	0	8	14,385	7,344	0	0	(2)	(53,295)	66	5,817,827
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	16,731	8	14,385	0	0	0	0	0	8	14,385	7,344	0	0	(2)	(53,295)	66	5,817,827

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 80 Group: \$ _____ Total: \$ _____ 80.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			24	0	1,936		0	42,162	6,384	1,306,359		0
2. Whole	2,583						1,961					1,354,905
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	2,583	0	24	0	1,936	0	1,961	42,162	6,384	1,306,359	0	1,354,905
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,151						0	318,547				318,547
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	5,151	0	0	0	0	0	0	318,547	0	0	0	318,547
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	7,733 (c)	0	24	0	1,936	0	1,961	360,709	6,384	1,306,359	0	1,673,452

24-MA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	30,135																
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	30,135	20	48,546	0	0	0	0	0	20	48,546	2,322	1	10,000	(13)	(53,613)	97	4,930,856
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	30,135	20	48,546	0	0	0	0	0	20	48,546	2,322	1	10,000	(13)	(53,613)	97	4,930,856

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 24 Group: \$ _____ Total: \$ _____ 24.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.MA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	21,957		6,961	0	32,242		39,203	260,656	7,733	76,026		344,416
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	21,957	0	6,961	0	32,242	0	39,203	260,656	7,733	76,026	0	344,416
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	213,278						0	342,055				342,055
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	213,278	0	0	0	0	0	0	342,055	0	0	0	342,055
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	235,236 (c)	0	6,961	0	32,242	0	39,203	602,711	7,733	76,026	0	686,471

24.MI

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	268,673	63	268,389					63	268,389	22,768	3	15,000	(8)	(543,325)	201	28,799,847	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	268,673	63	268,389	0	0	0	0	63	268,389	22,768	3	15,000	(8)	(543,325)	201	28,799,847	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
47. Total	268,673	63	268,389	0	0	0	0	63	268,389	22,768	3	15,000	(8)	(543,325)	201	28,799,847	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____, 3,382 Group: \$ _____, Total: \$ _____, 3,382

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1 MI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	227,914		4,044	1,003	85,731	90,778	90,175	5,574	1,585,348			1,681,096
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	227,914	0	4,044	1,003	85,731	90,778	90,175	5,574	1,585,348	0		1,681,096
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,450,467					0	3,877,976					3,877,976
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	1,450,467	0	0	0	0	0	3,877,976	0	0	0	0	3,877,976
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	1,678,382 (c)	0	4,044	1,003	85,731	90,778	3,968,151	5,574	1,585,348	0		5,559,073

24-MIN

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial									0								
2. Whole	111,960	18	95,749					18	95,749	47,046	14	293,090	(63)	(708,971)	1,154	58,508,497	
3. Term								0	0								
4. Indexed								0	0								
5. Universal								0	0								
6. Universal with secondary guarantees								0	0								
7. Variable								0	0								
8. Variable universal								0	0								
9. Credit								0	0								
10. Other								0	0								
11. Total individual life	111,960	18	95,749	0	0	0	0	18	95,749	47,046	14	293,090	(63)	(708,971)	1,154	58,508,497	
Group Life																	
12. Whole								0	0								
13. Term								0	0								
14. Universal								0	0								
15. Variable								0	0								
16. Variable universal								0	0								
17. Credit								0	0								
18. Other								0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed								0	0								
21. Indexed								0	0								
22. Variable with guarantees								0	0								
23. Variable without guarantees								0	0								
24. Life contingent payout								0	0								
25. Other								0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed								0	0								
28. Indexed								0	0								
29. Variable with guarantees								0	0								
30. Variable without guarantees								0	0								
31. Life contingent payout								0	0								
32. Other								0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
47. Total	111,960	18	95,749	0	0	0	0	18	95,749	47,046	14	293,090	(63)	(708,971)	1,154	58,508,497	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____, 2,750 Group: \$ _____, Total: \$ _____, 2,750.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		0	0	0	0	0	0	0	0	0	0
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

24 MS

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.MS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits
Individual Life											
1. Industrial			15	0	4,833	0	4,848	32,662	0	129,154	0
2. Whole	4,702										161,816
3. Term											0
4. Indexed											0
5. Universal											0
6. Universal with secondary guarantees											0
7. Variable											0
8. Variable universal											0
9. Credit											0
10. Other											0
11. Total individual life	4,702	0	15	0	4,833	0	4,848	32,662	0	129,154	0
Group Life											
12. Whole											0
13. Term											0
14. Universal											0
15. Variable											0
16. Variable universal											0
17. Credit											0
18. Other											0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	4,100							22,543			22,543
21. Indexed											0
22. Variable with guarantees											0
23. Variable without guarantees											0
24. Life contingent payout											0
25. Other											0
26. Total individual annuities	4,100	0	0	0	0	0	0	22,543	0	0	22,543
Group Annuities											
27. Fixed											0
28. Indexed											0
29. Variable with guarantees											0
30. Variable without guarantees											0
31. Life contingent payout											0
32. Other											0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
Accident and Health											
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX	0
37. Vision only (d) (f)							0	XXX	XXX	XXX	0
38. Dental only (d) (f)							0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX	0
43. Disability income (d) (f)							0	XXX	XXX	XXX	0
44. Long-term care (d) (f)							0	XXX	XXX	XXX	0
45. Other health (d) (f)							0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	8,802 (c)	0	15	0	4,833	0	4,848	55,205	0	129,154	184,359

24-MO

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial																	
2. Whole	(8,481)		1	32,662					0	0							
3. Term									1	32,662							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	(8,481)	1	32,662	0	0	0	0	0	1	32,662	0	2	10,000	(2)	(70,837)	22	3,584,691
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	(8,481)	1	32,662	0	0	0	0	0	1	32,662	0	2	10,000	(2)	(70,837)	22	3,584,691

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 15 Group: \$ _____ Total: \$ _____ 15.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.MO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	17,517		352	37	258	646	0	0	0	0	0	0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	17,517	0	352	37	258	646	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0						0
Individual Annuities												
20. Fixed	50,000					0		1,133				1,133
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	50,000	0	0	0	0	0		1,133	0	0	0	1,133
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	67,517 (c)	0	352	37	258	646		1,133	0	0	0	1,133

24-MT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0					0	0	0	0	0		745	4	843,363
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	745	4	843,363
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	745	4	843,363

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 352 Group: \$ _____ Total: \$ _____ 352.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.MT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	2,048,138		10,546	728	158,511	169,785	1,340,558	0	3,129,882	0		4,470,441
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	2,048,138	0	10,546	728	158,511	169,785	1,340,558	0	3,129,882	0		4,470,441
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0		0	0	0		0
Individual Annuities												
20. Fixed	2,239,114					0	4,681,582					4,681,582
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	2,239,114	0	0	0	0	0	4,681,582	0	0	0		4,681,582
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0		0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	4,287,252 (c)	0	10,546	728	158,511	169,785	6,022,140	0	3,129,882	0		9,152,023

24.NE

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	1,029,708	84	1,340,558						84	1,340,558	131,458	58	4,030,692	(116)	(1,374,313)	1,719	100,564,148
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	1,029,708	84	1,340,558	0	0	0	0	0	84	1,340,558	131,458	58	4,030,692	(116)	(1,374,313)	1,719	100,564,148
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	1,029,708	84	1,340,558	0	0	0	0	0	84	1,340,558	131,458	58	4,030,692	(116)	(1,374,313)	1,719	100,564,148

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____, 9,991 Group: \$ _____, Total: \$ _____, 9,991.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.NE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0	0				0
2. Whole	3,106		65	0	56		120	0	0	0	0	0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	3,106	0	65	0	56	0	120	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	25,400						0	111,183				111,183
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	25,400	0	0	0	0	0	0	111,183	0	0	0	111,183
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	28,506 (c)	0	65	0	56	0	120	111,183	0	0	0	111,183

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial									0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	1	206	17	96,106	
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	1	206	17	96,106	
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1	206	17	96,106	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 65 Group: \$ _____ Total: \$ _____ 65.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		0	0	0	0	0	0	0	0	0	0
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

24.NH

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0000 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0					0	0	0	0	0	0	0	0	
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.NH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	40,918		5,915	103	18,506		24,523	179,131	1,745	193,599		374,476
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	40,918	0	5,915	103	18,506	0	24,523	179,131	1,745	193,599	0	374,476
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	135,307						0	1,261,379				1,261,379
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	135,307	0	0	0	0	0	0	1,261,379	0	0	0	1,261,379
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	176,225 (c)	0	5,915	103	18,506	0	24,523	1,440,510	1,745	193,599	0	1,635,855

24.NJ

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	181,876								54	180,876						
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	181,876	54	180,876	0	0	0	0	54	180,876	49,128	2	110,160	(12)	(355,331)	240	20,952,578
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	181,876	54	180,876	0	0	0	0	54	180,876	49,128	2	110,160	(12)	(355,331)	240	20,952,578

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____, 4,294 Group: \$ _____ Total: \$ _____, 4,294

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____
Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1.NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	1,721		53	61	21	135	0	0	0	0	0	0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	1,721	0	53	61	21	135	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0						0
Individual Annuities												
20. Fixed	0					0		542				542
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	0	0	0	0	0	0		542	0	0	0	542
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	1,721 (c)	0	53	61	21	135		542	0	0	0	542

24-NM

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	1	10,000	(1)	75	5	131,003
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	1	10,000	(1)	75	5	131,003
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						(a)
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	10,000	(1)	75	5	131,003

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 27 Group: \$ _____ Total: \$ _____ 27.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.NM



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 56332

Table with 12 columns: Line of Business, Premiums and Annuities Considerations, Other Considerations, Paid in Cash or Left on Deposit, Applied to Pay Renewal Premiums, Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period, Other, Total (Col. 3+4+5+6), Death and Annuity Benefits, Matured Endowments, Surrender Values and Withdrawals for Life Contracts, All Other Benefits, Total (Sum Columns 8 through 11). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24.NY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	7,396		306	0	7,818	8,124	55,881	0	0	0	0	55,881
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	7,396	0	306	0	7,818	8,124	55,881	0	0	0	0	55,881
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	13,350					0	63,543					63,543
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	13,350	0	0	0	0	0	63,543	0	0	0	0	63,543
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0	0	0
47. Total	20,746 (c)	0	306	0	7,818	8,124	119,423	0	0	0	0	119,423

24-NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 56332

Table with 12 columns: Line of Business, 1 (Premiums and Annuities Considerations), 2 (Other Considerations), 3 (Paid in Cash or Left on Deposit), 4 (Applied to Pay Renewal Premiums), 5 (Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period), 6 (Other), 7 (Total (Col. 3+4+5+6)), 8 (Death and Annuity Benefits), 9 (Matured Endowments), 10 (Surrender Values and Withdrawals for Life Contracts), 11 (All Other Benefits), 12 (Total (Sum Columns 8 through 11)). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24.ND

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	63,790	12	67,078							6,933	1	10,000	(13)	(82,856)	112	9,368,479	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	63,790	12	67,078	0	0	0	0	0	12	67,078	6,933	1	10,000	(13)	(82,856)	112	9,368,479
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	63,790	12	67,078	0	0	0	0	0	12	67,078	6,933	1	10,000	(13)	(82,856)	112	9,368,479

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____, 3,595 Group: \$ _____ Total: \$ _____, 3,595

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.ND



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	328,054		58,093	1,043	184,310		243,446	1,580,186	151	5,404,715		6,985,053
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	328,054	0	58,093	1,043	184,310	0	243,446	1,580,186	151	5,404,715	0	6,985,053
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	3,783,710						0	7,415,123				7,415,123
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	3,783,710	0	0	0	0	0	0	7,415,123	0	0	0	7,415,123
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	4,111,763 (c)	0	58,093	1,043	184,310	0	243,446	8,995,309	151	5,404,715	0	14,400,175

24.0H



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,588		2	0	965		966	10,665	0	0		10,665
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	2,588	0	2	0	965	0	966	10,665	0	0	0	10,665
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	2,588 (c)	0	2	0	965	0	966	10,665	0	0	0	10,665

24 OK

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	1,897	10,665							0	10,665	0	1	10,000	(1)	(7,880)	4	426,294
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	1,897	10,665	0	0	0	0	0	0	2	10,665	0	1	10,000	(1)	(7,880)	4	426,294
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	1,897	10,665	0	0	0	0	0	0	2	10,665	0	1	10,000	(1)	(7,880)	4	426,294

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 2 Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	1,853	0	1,853	5,568	0	8,854	0	14,422
2. Whole	2,168		0	0	1,853	0	1,853	5,568	0	8,854	0	14,422
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	2,168	0	0	0	1,853	0	1,853	5,568	0	8,854	0	14,422
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,275							4,458				4,458
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	1,275	0	0	0	0	0	0	4,458	0	0	0	4,458
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	3,443 (c)	0	0	0	1,853	0	1,853	10,026	0	8,854	0	18,879

24 OR

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	972	2	5,568					2	5,568	0	1	15,000	(1)	(31,909)	24	850,921
3. Term								0	0							
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other								0	0							
11. Total individual life	972	2	5,568	0	0	0	0	2	5,568	0	1	15,000	(1)	(31,909)	24	850,921
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							
18. Other								0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed								0	0							
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout								0	0							
25. Other								0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other								0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	972	2	5,568	0	0	0	0	2	5,568	0	1	15,000	(1)	(31,909)	24	850,921

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.0R



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	657,690		57,329	1,276	285,133		343,739	2,293,233	12,505	5,256,466		7,562,204
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	657,690	0	57,329	1,276	285,133	0	343,739	2,293,233	12,505	5,256,466	0	7,562,204
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	2,798,151						0	9,868,525				9,868,525
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	2,798,151	0	0	0	0	0	0	9,868,525	0	0	0	9,868,525
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	3,455,840 (c)	0	57,329	1,276	285,133	0	343,739	12,161,758	12,505	5,256,466	0	17,430,729

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount			
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	2,106,107	466	2,305,739						466	2,305,739	596,219	61	1,113,427	(233)	(4,101,114)	3,248	228,386,495
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total individual life	2,106,107	466	2,305,739	0	0	0	0	0	466	2,305,739	596,219	61	1,113,427	(233)	(4,101,114)	3,248	228,386,495
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	2,106,107	466	2,305,739	0	0	0	0	0	466	2,305,739	596,219	61	1,113,427	(233)	(4,101,114)	3,248	228,386,495

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 36,415 Group: \$ _____ Total: \$ _____ 36,415.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	4,654	0	0	0	0	0	0	0
2. Whole	5,663		0	0	4,654	0	4,654	0	0	62,848	0	62,848
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	5,663	0	0	0	4,654	0	4,654	0	0	62,848	0	62,848
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	309,929						0	743,497				743,497
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	309,929	0	0	0	0	0	0	743,497	0	0	0	743,497
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	315,592 (c)	0	0	0	4,654	0	4,654	743,497	0	62,848	0	806,345

24.RI

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	1	10,000	(5)	10,438	197	2,016,882
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	1	10,000	(5)	10,438	197	2,016,882
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						(a)
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	10,000	(5)	10,438	197	2,016,882

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____
Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1 RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	5,823		29	0	2,246	2,275	0	0	0	0	0	0
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	5,823	0	29	0	2,246	2,275	0	0	0	0	0	0
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0		0	0	0	0	0
Individual Annuities												
20. Fixed	75,950					0		77,149				77,149
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	75,950	0	0	0	0	0		77,149	0	0	0	77,149
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0		0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0		XXX	XXX	XXX		0
35. Comprehensive group (d) (f)						0		XXX	XXX	XXX		0
36. Medicare supplement (d) (f)						0		XXX	XXX	XXX		0
37. Vision only (d) (f)						0		XXX	XXX	XXX		0
38. Dental only (d) (f)						0		XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)						0		XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)						0		XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)						0		XXX	XXX	XXX		0
42. Credit A&H (d) (f)						0		XXX	XXX	XXX		0
43. Disability income (d) (f)						0		XXX	XXX	XXX		0
44. Long-term care (d) (f)						0		XXX	XXX	XXX		0
45. Other health (d) (f)						0		XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0		XXX	XXX	XXX	0	0
47. Total	81,773 (c)	0	29	0	2,246	2,275		77,149	0	0	0	77,149

24-SC

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0							0	0	5	60,000	(3)	6,632	38	1,444,100
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	5	60,000	(3)	6,632	38	1,444,100
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						(a)
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	5	60,000	(3)	6,632	38	1,444,100

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 29 Group: \$ _____ Total: \$ _____ 29.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 56332

Table with 12 columns: Line of Business, Premiums and Annuities Considerations, Other Considerations, Dividends to Policyholders/Refunds to Members (Paid in Cash or Left on Deposit, Applied to Pay Renewal Premiums, Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period, Other), Total (Col. 3+4+5+6), Death and Annuity Benefits, Matured Endowments, Claims and Benefits Paid (Surrender Values and Withdrawals for Life Contracts, All Other Benefits), Total (Sum Columns 8 through 11). Rows include Individual Life, Group Life, Individual Annuities, Group Annuities, and Accident and Health.

24.SD

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit							
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)			
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount	30 Number of Pols/ Certs	31 Amount		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount									
Individual Life																		
1. Industrial																		
2. Whole	12,921	6	19,658						0	19,658	0	6	109,426	2	(94,996)	109	10,821,162	
3. Term									0	0	0							
4. Indexed									0	0	0							
5. Universal									0	0	0							
6. Universal with secondary guarantees									0	0	0							
7. Variable									0	0	0							
8. Variable universal									0	0	0							
9. Credit									0	0	0							
10. Other									0	0	0							
11. Total individual life	12,921	6	19,658	0	0	0	0	0	6	19,658	0	6	109,426	2	(94,996)	109	10,821,162	
Group Life																		
12. Whole									0	0	0							
13. Term									0	0	0							
14. Universal									0	0	0							
15. Variable									0	0	0							
16. Variable universal									0	0	0							
17. Credit									0	0	0							
18. Other									0	0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed									0	0	0							
21. Indexed									0	0	0							
22. Variable with guarantees									0	0	0							
23. Variable without guarantees									0	0	0							
24. Life contingent payout									0	0	0							
25. Other									0	0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed									0	0	0							
28. Indexed									0	0	0							
29. Variable with guarantees									0	0	0							
30. Variable without guarantees									0	0	0							
31. Life contingent payout									0	0	0							
32. Other									0	0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
47. Total	12,921	6	19,658	0	0	0	0	0	6	19,658	0	6	109,426	2	(94,996)	109	10,821,162	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 924 Group: \$ _____ Total: \$ _____ 924

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____
 Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0	0				0
2. Whole	4,290		136	0	317	0	453	0	0	4,612		4,612
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	4,290	0	136	0	317	0	453	0	0	4,612	0	4,612
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	67,318						0	60,429				60,429
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	67,318	0	0	0	0	0	0	60,429	0	0	0	60,429
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d)	(f)					0	XXX	XXX	XXX		0
35. Comprehensive group	(d)	(f)					0	XXX	XXX	XXX		0
36. Medicare supplement	(d)	(f)					0	XXX	XXX	XXX		0
37. Vision only	(d)	(f)					0	XXX	XXX	XXX		0
38. Dental only	(d)	(f)					0	XXX	XXX	XXX		0
39. Federal employees health benefits plan	(d)	(f)					0	XXX	XXX	XXX		0
40. Title XVIII Medicare	(d)	(e, f)					0	XXX	XXX	XXX		0
41. Title XIX Medicaid	(d)	(f)					0	XXX	XXX	XXX		0
42. Credit A&H	(d)	(f)					0	XXX	XXX	XXX		0
43. Disability income	(d)	(f)					0	XXX	XXX	XXX		0
44. Long-term care	(d)	(f)					0	XXX	XXX	XXX		0
45. Other health	(d)	(f)					0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	71,608 (c)	0	136	0	317	0	453	60,429	0	4,612	0	65,041

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0					0	0	1	5,000	(2)	(73,395)	9	576,120	
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	1	5,000	(2)	(73,395)	9	576,120	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
47. Total	0	0	0	0	0	0	0	0	0	1	5,000	(2)	(73,395)	9	576,120	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 5 Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits
Individual Life											
1. Industrial											
2. Whole	14,793		362	0	12,198		12,560	196,747	0	25,957	222,703
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	14,793	0	362	0	12,198	0	12,560	196,747	0	25,957	222,703
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	0							304,850			304,850
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	0	0	0	0	0	0	0	304,850	0	0	304,850
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
Accident and Health											
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX	0
37. Vision only (d) (f)							0	XXX	XXX	XXX	0
38. Dental only (d) (f)							0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX	0
43. Disability income (d) (f)							0	XXX	XXX	XXX	0
44. Long-term care (d) (f)							0	XXX	XXX	XXX	0
45. Other health (d) (f)							0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	14,793 (c)	0	362	0	12,198	0	12,560	501,597	0	25,957	527,553

24.TX

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit									
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount						
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount											
Individual Life																				
1. Industrial																				
2. Whole	189,579								0	0										
3. Term									7	196,747										
4. Indexed																				
5. Universal																				
6. Universal with secondary guarantees																				
7. Variable																				
8. Variable universal																				
9. Credit																				
10. Other																				
11. Total individual life	189,579	7	196,747	0	0	0	0	0	7	196,747	14,492	5	50,000	(14)	(173,885)	126	5,043,632			
Group Life																				
12. Whole																				
13. Term																				
14. Universal																				
15. Variable																				
16. Variable universal																				
17. Credit																				
18. Other																				
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																				
20. Fixed																				
21. Indexed																				
22. Variable with guarantees																				
23. Variable without guarantees																				
24. Life contingent payout																				
25. Other																				
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																				
27. Fixed																				
28. Indexed																				
29. Variable with guarantees																				
30. Variable without guarantees																				
31. Life contingent payout																				
32. Other																				
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																				
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
47. Total	189,579	7	196,747	0	0	0	0	0	7	196,747	14,492	5	50,000	(14)	(173,885)	126	5,043,632			

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 353 Group: \$ _____ Total: \$ _____ 353

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____
 Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____

24.1.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0		0	0	4	0	0	0	0	0	0	0
2. Whole	0		0	0	4	0	0	0	0	2,698	0	2,698
3. Term	0		0	0	0	0	0	0	0	0	0	0
4. Indexed	0		0	0	0	0	0	0	0	0	0	0
5. Universal	0		0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0		0	0	0	0	0	0	0	0	0	0
7. Variable	0		0	0	0	0	0	0	0	0	0	0
8. Variable universal	0		0	0	0	0	0	0	0	0	0	0
9. Credit	0		0	0	0	0	0	0	0	0	0	0
10. Other	0		0	0	0	0	0	0	0	0	0	0
11. Total individual life	0	0	0	0	4	0	4	0	0	2,698	0	2,698
Group Life												
12. Whole	0		0	0	0	0	0	0	0	0	0	0
13. Term	0		0	0	0	0	0	0	0	0	0	0
14. Universal	0		0	0	0	0	0	0	0	0	0	0
15. Variable	0		0	0	0	0	0	0	0	0	0	0
16. Variable universal	0		0	0	0	0	0	0	0	0	0	0
17. Credit	0		0	0	0	0	0	0	0	0	0	0
18. Other	0		0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0		0	0	0	0	0	0	0	0	0	0
21. Indexed	0		0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0		0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0		0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0		0	0	0	0	0	0	0	0	0	0
25. Other	0		0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0		0	0	0	0	0	0	0	0	0	0
28. Indexed	0		0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0		0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0		0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0		0	0	0	0	0	0	0	0	0	0
32. Other	0		0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e, f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d) (f)	0		0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	4	0	4	0	0	2,698	0	2,698

24. UT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit						
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
Individual Life																	
1. Industrial									0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(1)	64	10	30,343	
3. Term									0	0							
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	64	10	30,343	
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(1)	64	10	30,343	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	47	0	0	0	0	0	0	0
2. Whole	1,333		0	0		47	0	0	0	7,470		7,470
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,333	0	0	0	47	0	47	0	0	7,470	0	7,470
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0					0
Individual Annuities												
20. Fixed	0						0	68,452				68,452
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	68,452	0	0	0	68,452
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,333 (c)	0	0	0	47	0	47	68,452	0	7,470	0	75,922

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial																
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	(74,835)	6	38,368
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	0	0	0	0	0	0	0	0	0	0	0	0	0	(74,835)	6	38,368
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	(74,835)	6	38,368

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0	0				0
2. Whole	22,679		30	0	853		884	0	0	103,249		103,249
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total individual life	22,679	0	30	0	853	0	884	0	0	103,249	0	103,249
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	213,400						0	79,421				79,421
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	213,400	0	0	0	0	0	0	79,421	0	0	0	79,421
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	236,079 (c)	0	30	0	853	0	884	79,421	0	103,249	0	182,670

24.VA

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	4	215,000	(6)	6,991	56	2,306,628
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	4	215,000	(6)	6,991	56	2,306,628
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	4	215,000	(6)	6,991	56	2,306,628

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 30 Group: \$ _____ Total: \$ _____ 30.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	15,479		103	0	829	932	10,076	0	73,648			83,724
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	15,479	0	103	0	829	932	10,076	0	73,648	0		83,724
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	125,100					0	83,571					83,571
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	125,100	0	0	0	0	0	83,571	0	0	0	0	83,571
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	140,579 (c)	0	103	0	829	932	93,648	0	73,648	0		167,296

24-WA

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit							
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)			
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/ Certs	26 Amount	28 Number of Pols/ Certs	29 Amount				
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount									
Individual Life																		
1. Industrial									0	0								
2. Whole	10,076								1	10,076								
3. Term									1	0								
4. Indexed									0	0								
5. Universal									0	0								
6. Universal with secondary guarantees									0	0								
7. Variable									0	0								
8. Variable universal									0	0								
9. Credit									0	0								
10. Other									0	0								
11. Total individual life	10,076	1	10,076	0	0	0	0	0	1	10,076	0	0	0	(3)	(8,019)	30	1,814,389	
Group Life																		
12. Whole									0	0								
13. Term									0	0								
14. Universal									0	0								
15. Variable									0	0								
16. Variable universal									0	0								
17. Credit									0	0								
18. Other									0	0								
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																		
20. Fixed									0	0								
21. Indexed									0	0								
22. Variable with guarantees									0	0								
23. Variable without guarantees									0	0								
24. Life contingent payout									0	0								
25. Other									0	0								
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																		
27. Fixed									0	0								
28. Indexed									0	0								
29. Variable with guarantees									0	0								
30. Variable without guarantees									0	0								
31. Life contingent payout									0	0								
32. Other									0	0								
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																		
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	10,076	1	10,076	0	0	0	0	0	1	10,076	0	0	0	(3)	(8,019)	30	1,814,389	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 103 Group: \$ _____ Total: \$ _____ 103.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits
Individual Life											
1. Industrial											
2. Whole	1,825		106	0	3,903	0	4,009	172,654	0	1,677	174,331
3. Term											
4. Indexed											
5. Universal											
6. Universal with secondary guarantees											
7. Variable											
8. Variable universal											
9. Credit											
10. Other											
11. Total individual life	1,825	0	106	0	3,903	0	4,009	172,654	0	1,677	174,331
Group Life											
12. Whole											
13. Term											
14. Universal											
15. Variable											
16. Variable universal											
17. Credit											
18. Other											
19. Total group life	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities											
20. Fixed	0							25,912			25,912
21. Indexed											
22. Variable with guarantees											
23. Variable without guarantees											
24. Life contingent payout											
25. Other											
26. Total individual annuities	0	0	0	0	0	0	0	25,912	0	0	25,912
Group Annuities											
27. Fixed											
28. Indexed											
29. Variable with guarantees											
30. Variable without guarantees											
31. Life contingent payout											
32. Other											
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0
Accident and Health											
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX	0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX	0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX	0
37. Vision only (d) (f)							0	XXX	XXX	XXX	0
38. Dental only (d) (f)							0	XXX	XXX	XXX	0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX	0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX	0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX	0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX	0
43. Disability income (d) (f)							0	XXX	XXX	XXX	0
44. Long-term care (d) (f)							0	XXX	XXX	XXX	0
45. Other health (d) (f)							0	XXX	XXX	XXX	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0
47. Total	1,825 (c)	0	106	0	3,903	0	4,009	198,566	0	1,677	200,243

24.WV

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole	172,774								0	0	2,390						
3. Term									1	172,654				(2)	(157,437)	15	
4. Indexed									0	0							
5. Universal									0	0							
6. Universal with secondary guarantees									0	0							
7. Variable									0	0							
8. Variable universal									0	0							
9. Credit									0	0							
10. Other									0	0							
11. Total individual life	172,774	1	172,654	0	0	0	0	0	1	172,654	2,390	2	40,000	(2)	(157,437)	15	3,659,017
Group Life																	
12. Whole									0	0							
13. Term									0	0							
14. Universal									0	0							
15. Variable									0	0							
16. Variable universal									0	0							
17. Credit									0	0							
18. Other									0	0							
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																	
20. Fixed									0	0							
21. Indexed									0	0							
22. Variable with guarantees									0	0							
23. Variable without guarantees									0	0							
24. Life contingent payout									0	0							
25. Other									0	0							
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0							
28. Indexed									0	0							
29. Variable with guarantees									0	0							
30. Variable without guarantees									0	0							
31. Life contingent payout									0	0							
32. Other									0	0							
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	172,774	1	172,654	0	0	0	0	0	1	172,654	2,390	2	40,000	(2)	(157,437)	15	3,659,017

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ 54 Group: \$ _____ Total: \$ _____ 54.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.WV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial						0						0
2. Whole	165,166		3,372	139	45,191	48,701	889,116	1,202	1,801,344			2,691,662
3. Term						0						0
4. Indexed						0						0
5. Universal						0						0
6. Universal with secondary guarantees						0						0
7. Variable						0						0
8. Variable universal						0						0
9. Credit						0						0
10. Other						0						0
11. Total individual life	165,166	0	3,372	139	45,191	48,701	889,116	1,202	1,801,344	0		2,691,662
Group Life												
12. Whole						0						0
13. Term						0						0
14. Universal						0						0
15. Variable						0						0
16. Variable universal						0						0
17. Credit						0						0
18. Other						0						0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	747,829					0	2,069,713					2,069,713
21. Indexed						0						0
22. Variable with guarantees						0						0
23. Variable without guarantees						0						0
24. Life contingent payout						0						0
25. Other						0						0
26. Total individual annuities	747,829	0	0	0	0	0	2,069,713	0	0	0	0	2,069,713
Group Annuities												
27. Fixed						0						0
28. Indexed						0						0
29. Variable with guarantees						0						0
30. Variable without guarantees						0						0
31. Life contingent payout						0						0
32. Other						0						0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)						0	XXX	XXX	XXX			0
35. Comprehensive group (d) (f)						0	XXX	XXX	XXX			0
36. Medicare supplement (d) (f)						0	XXX	XXX	XXX			0
37. Vision only (d) (f)						0	XXX	XXX	XXX			0
38. Dental only (d) (f)						0	XXX	XXX	XXX			0
39. Federal employees health benefits plan (d) (f)						0	XXX	XXX	XXX			0
40. Title XVIII Medicare (d) (e, f)						0	XXX	XXX	XXX			0
41. Title XIX Medicaid (d) (f)						0	XXX	XXX	XXX			0
42. Credit A&H (d) (f)						0	XXX	XXX	XXX			0
43. Disability income (d) (f)						0	XXX	XXX	XXX			0
44. Long-term care (d) (f)						0	XXX	XXX	XXX			0
45. Other health (d) (f)						0	XXX	XXX	XXX			0
46. Total accident and health	0	0	0	0	0	0	XXX	XXX	XXX	0		0
47. Total	912,995 (c)	0	3,372	139	45,191	48,701	2,958,829	1,202	1,801,344	0		4,761,375

24-W1



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial			0	0	0	0	0	0	0	0	0	0
2. Whole	1,623		0	0	0	0	0	0	0	88,836		88,836
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	1,623	0	0	0	0	0	0	0	0	88,836	0	88,836
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0				0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d) (f)							0	XXX	XXX	XXX		0
35. Comprehensive group (d) (f)							0	XXX	XXX	XXX		0
36. Medicare supplement (d) (f)							0	XXX	XXX	XXX		0
37. Vision only (d) (f)							0	XXX	XXX	XXX		0
38. Dental only (d) (f)							0	XXX	XXX	XXX		0
39. Federal employees health benefits plan (d) (f)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d) (e, f)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d) (f)							0	XXX	XXX	XXX		0
42. Credit A&H (d) (f)							0	XXX	XXX	XXX		0
43. Disability income (d) (f)							0	XXX	XXX	XXX		0
44. Long-term care (d) (f)							0	XXX	XXX	XXX		0
45. Other health (d) (f)							0	XXX	XXX	XXX		0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,623 (c)	0	0	0	0	0	0	0	0	88,836	0	88,836

24.WY

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
Individual Life																
1. Industrial									0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	2	20,000	(3)	0	2	21,000
3. Term									0	0						
4. Indexed									0	0						
5. Universal									0	0						
6. Universal with secondary guarantees									0	0						
7. Variable									0	0						
8. Variable universal									0	0						
9. Credit									0	0						
10. Other									0	0						
11. Total individual life	0	0	0	0	0	0	0	0	0	0	2	20,000	(3)	0	2	21,000
Group Life																
12. Whole									0	0						
13. Term									0	0						
14. Universal									0	0						
15. Variable									0	0						
16. Variable universal									0	0						
17. Credit									0	0						(a)
18. Other									0	0						
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed									0	0						
21. Indexed									0	0						
22. Variable with guarantees									0	0						
23. Variable without guarantees									0	0						
24. Life contingent payout									0	0						
25. Other									0	0						
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed									0	0						
28. Indexed									0	0						
29. Variable with guarantees									0	0						
30. Variable without guarantees									0	0						
31. Life contingent payout									0	0						
32. Other									0	0						
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	2	20,000	(3)	0	2	21,000

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$ _____; Comprehensive Group \$ _____; Medicare Supplement \$ _____; Vision Only \$ _____; Dental Only \$ _____; Federal Employees Health Benefits Plan \$ _____; Title XVIII Medicare \$ _____; Title XIX Medicaid \$ _____; Credit A&H \$ _____; Disability Income \$ _____; Long-term Care \$ _____; Other Health \$ _____.

24.1.WY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	4,369,963	0	192,352	5,672	1,201,109	0	1,399,133	9,856,338	43,165	27,957,588	0	37,857,092
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total individual life	4,369,963	0	192,352	5,672	1,201,109	0	1,399,133	9,856,338	43,165	27,957,588	0	37,857,092
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	18,920,896	0	0	0	0	0	0	40,250,793	0	0	0	40,250,793
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total individual annuities	18,920,896	0	0	0	0	0	0	40,250,793	0	0	0	40,250,793
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare supplement (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal employees health benefits plan (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e, f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0 (f)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total accident and health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	23,290,859 (c)	0	192,352	5,672	1,201,109	0	1,399,133	50,107,131	43,165	27,957,588	0	78,107,885

24.GT

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
LIFE INSURANCE (STATE PAGE) (Continued)^(b)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 56332

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount								
Individual Life																	
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	8,960,394	2,641	9,899,504	0	0	0	0	2,641	9,899,504	2,229,308	313	9,442,926	(904)	(16,077,003)	13,871	923,722,862	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total individual life	8,960,394	2,641	9,899,504	0	0	0	0	2,641	9,899,504	2,229,308	313	9,442,926	(904)	(16,077,003)	13,871	923,722,862	
Group Life																	
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total group life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total individual annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total group annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare supplement (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal employees health benefits plan (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total accident and health	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	8,960,394	2,641	9,899,504	0	0	0	0	2,641	9,899,504	2,229,308	313	9,442,926	(904)	(16,077,003)	13,871	923,722,862	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0.
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0.
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 128,644 Group: \$ 0 Total: \$ 128,644
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.
 (e) For health business written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0.
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$ 0; Comprehensive Group \$ 0; Medicare Supplement \$ 0; Vision Only \$ 0; Dental Only \$ 0; Federal Employees Health Benefits Plan \$ 0; Title XVIII Medicare \$ 0; Title XIX Medicaid \$ 0; Credit A&H \$ 0; Disability Income \$ 0; Long-term Care \$ 0; Other Health \$ 0.

24.1.GT

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	(5,140,775)
2. Current year's realized pre-tax capital gains/(losses) of \$ (25,962) transferred into the reserve net of taxes of \$	(25,962)
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(5,166,737)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(762,064)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(4,404,673)

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2025	(592,549)	(169,515)	0	(762,064)
2. 2026	(474,880)	50,392	0	(424,487)
3. 2027	(391,198)	39,814	0	(351,384)
4. 2028	(324,800)	29,113	0	(295,687)
5. 2029	(266,029)	18,097	0	(247,932)
6. 2030	(247,810)	6,137	0	(241,673)
7. 2031	(250,269)	0	0	(250,269)
8. 2032	(247,432)	0	0	(247,432)
9. 2033	(242,178)	0	0	(242,178)
10. 2034	(244,000)	0	0	(244,000)
11. 2035	(246,191)	0	0	(246,191)
12. 2036	(240,288)	0	0	(240,288)
13. 2037	(234,953)	0	0	(234,953)
14. 2038	(222,095)	0	0	(222,095)
15. 2039	(198,515)	0	0	(198,515)
16. 2040	(165,725)	0	0	(165,725)
17. 2041	(141,868)	0	0	(141,868)
18. 2042	(119,490)	0	0	(119,490)
19. 2043	(92,088)	0	0	(92,088)
20. 2044	(70,953)	0	0	(70,953)
21. 2045	(54,734)	0	0	(54,734)
22. 2046	(39,733)	0	0	(39,733)
23. 2047	(24,699)	0	0	(24,699)
24. 2048	(8,276)	0	0	(8,276)
25. 2049	(21)	0	0	(21)
26. 2050	1	0	0	1
27. 2051	(3)	0	0	(3)
28. 2052	(2)	0	0	(2)
29. 2053	(1)	0	0	(1)
30. 2054	0	0	0	0
31. 2055 and Later		0	0	0
32. Total (Lines 1 to 31)	(5,140,775)	(25,962)	0	(5,166,737)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	11,499,919	0	11,499,920	47,052	448,849	495,902	11,995,821
2. Realized capital gains/(losses) net of taxes - General Account	(885,894)		(885,894)	5,586		5,586	(880,308)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0	0		0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0	22,595		22,595	22,595
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	2,016,834	0	2,016,834	0	4,962	4,962	2,021,796
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	12,630,859	0	12,630,860	75,233	453,811	529,044	13,159,904
9. Maximum reserve	10,378,513	0	10,378,513	57,050	417,414	474,464	10,852,977
10. Reserve objective	5,955,965	0	5,955,965	57,050	400,544	457,594	6,413,559
11. 20% of (Line 10 - Line 8)	(1,334,979)	0	(1,334,979)	(3,637)	(10,653)	(14,290)	(1,349,269)
12. Balance before transfers (Lines 8 + 11)	11,295,880	0	11,295,881	71,597	443,158	514,754	11,810,635
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(917,391)		(917,391)	(14,544)	(25,743)	(40,287)	(957,678)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	10,378,489	0	10,378,490	57,053	417,415	474,467	10,852,957

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt obligations	795,814	XXX	XXX	795,814	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	23,595,505	XXX	XXX	23,595,505	0.0002	4,719	0.0007	16,517	0.0013	30,674
2.2	1	NAIC Designation Category 1.B	5,656,161	XXX	XXX	5,656,161	0.0004	2,262	0.0011	6,222	0.0023	13,009
2.3	1	NAIC Designation Category 1.C	22,428,145	XXX	XXX	22,428,145	0.0006	13,457	0.0018	40,371	0.0035	78,499
2.4	1	NAIC Designation Category 1.D	42,725,012	XXX	XXX	42,725,012	0.0007	29,908	0.0022	93,995	0.0044	187,990
2.5	1	NAIC Designation Category 1.E	51,454,473	XXX	XXX	51,454,473	0.0009	46,309	0.0027	138,927	0.0055	283,000
2.6	1	NAIC Designation Category 1.F	154,595,114	XXX	XXX	154,595,114	0.0011	170,055	0.0034	525,623	0.0068	1,051,247
2.7	1	NAIC Designation Category 1.G	167,588,975	XXX	XXX	167,588,975	0.0014	234,625	0.0042	703,874	0.0085	1,424,506
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	468,043,386	XXX	XXX	468,043,386	XXX	501,334	XXX	1,525,528	XXX	3,068,925
3.1	2	NAIC Designation Category 2.A	180,376,273	XXX	XXX	180,376,273	0.0021	378,790	0.0063	1,136,371	0.0105	1,893,951
3.2	2	NAIC Designation Category 2.B	268,254,896	XXX	XXX	268,254,896	0.0025	670,637	0.0076	2,038,737	0.0127	3,406,837
3.3	2	NAIC Designation Category 2.C	69,794,597	XXX	XXX	69,794,597	0.0036	251,261	0.0108	753,782	0.0180	1,256,303
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	518,425,766	XXX	XXX	518,425,766	XXX	1,300,688	XXX	3,928,889	XXX	6,557,091
4.1	3	NAIC Designation Category 3.A	8,752,393	XXX	XXX	8,752,393	0.0069	60,392	0.0183	160,169	0.0262	229,313
4.2	3	NAIC Designation Category 3.B	3,085,347	XXX	XXX	3,085,347	0.0099	30,545	0.0264	81,453	0.0377	116,318
4.3	3	NAIC Designation Category 3.C	3,230,733	XXX	XXX	3,230,733	0.0131	42,323	0.0350	113,076	0.0500	161,537
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	15,068,472	XXX	XXX	15,068,472	XXX	133,259	XXX	354,698	XXX	507,167
5.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C	969,409	XXX	XXX	969,409	0.0836	81,043	0.1498	145,217	0.2496	241,964
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	969,409	XXX	XXX	969,409	XXX	81,043	XXX	145,217	XXX	241,964
7.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Intentionally left blank	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.		Total long-term bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	1,003,302,846	XXX	XXX	1,003,302,846	XXX	2,016,324	XXX	5,954,333	XXX	10,375,147
PREFERRED STOCKS												
10.	1	Highest quality	1,020,000	XXX	XXX	1,020,000	0.0005	510	0.0016	1,632	0.0033	3,366
11.	2	High quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total preferred stocks (Sum of Lines 10 through 16)	1,020,000	XXX	XXX	1,020,000	XXX	510	XXX	1,632	XXX	3,366

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total short-term bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	1,004,322,846	XXX	XXX	1,004,322,846	XXX	2,016,834	XXX	5,955,965	XXX	10,378,513

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
MORTGAGE LOANS												
In Good Standing:												
35.		Farm mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm mortgages - CM4 - low Medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential mortgages - all other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial mortgages - all other - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial mortgages - all other - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial mortgages - all other - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial mortgages - all other - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial mortgages - all other - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential mortgages - all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial mortgages - all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential mortgages - all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial mortgages - all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - public	361,073	XXX	XXX	361,073	0.0000	0	0.1580 (a)	57,050	0.1580 (a)	57,050
2.		Unaffiliated - private	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank	0	XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed income - exempt obligations	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
6.		Fixed income - highest quality	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
7.		Fixed income - high quality	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
8.		Fixed income - medium quality	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
9.		Fixed income - low quality	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
10.		Fixed income - lower quality	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
11.		Fixed income - in or near default	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX
12.		Unaffiliated common stock - public	0			0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated common stock - private	0			0	0.0000	0	0.1945	0	0.1945	0
14.		Real estate	0			0	(b)	0	(b)	0	(b)	0
15.		Affiliated - certain other (See SVO Purposes and Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - all other	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total common stock (Sum of Lines 1 through 16)	361,073	0	0	361,073	XXX	0	XXX	57,050	XXX	57,050
REAL ESTATE												
18.		Home office property (General Account only)	3,976,378			3,976,378	0.0000	0	0.0912	362,646	0.0912	362,646
19.		Investment properties	241,460			241,460	0.0000	0	0.0912	22,021	0.0912	22,021
20.		Properties acquired in satisfaction of debt	0			0	0.0000	0	0.1337	0	0.1337	0
21.		Total real estate (Sum of Lines 18 through 20)	4,217,838	0	0	4,217,838	XXX	0	XXX	384,667	XXX	384,667
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with bond characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30.	1	Highest quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with preferred stock characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - all other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
Overdue, Not in Process Affiliated:												
46.		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential mortgages - all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial mortgages - insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial mortgages - all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure Affiliated:												
51.		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential mortgages - all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial mortgages - insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial mortgages - all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - in good standing with covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - in good standing defeased with government securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - in good standing primarily senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - in good standing all other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - overdue, not in process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - in process of foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with mortgage loan characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated certain other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated other - all other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with common stock characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home office property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment properties				0	0.0000	0	0.0912	0	0.0912	0
73.		Properties acquired in satisfaction of debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with real estate characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
INVESTMENTS IN TAX CREDIT STRUCTURES												
75.		Yield guaranteed state tax credit investments	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Qualifying federal tax credit investments	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Qualifying state tax credit investments	0			0	0.0063	0	0.0120	0	0.0190	0
78.		Other tax credit investments	0			0	0.0273	0	0.0600	0	0.0975	0
79.		Total tax credit investments (Sum of Lines 75 through 78)	0	0	0	0	XXX	0	XXX	0	XXX	0
RESIDUAL TRanches OR INTERESTS												
80.		Bonds - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
81.		Bonds - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Common stock - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common stock - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Preferred stock - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred stock - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Real estate - unaffiliated	0			0	0.0000	0	0.1580	0	0.1580	0
87.		Real estate - affiliated	0			0	0.0000	0	0.1580	0	0.1580	0
88.		Mortgage loans - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage loans - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Other - unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Total residual tranches or interests (Sum of Lines 80 through 91)	0	0	0	0	XXX	0	XXX	0	XXX	0
SURPLUS NOTES AND CAPITAL NOTES												
93.	1	Highest quality	9,923,523	XXX	XXX	9,923,523	0.0005	4,962	0.0016	15,878	0.0033	32,748
94.	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
95.	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
96.	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
97.	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
98.	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
99.		Total surplus notes and capital notes (Sum of Lines 93 through 98)	9,923,523	XXX	XXX	9,923,523	XXX	4,962	XXX	15,878	XXX	32,748
ALL OTHER INVESTMENTS												
100.		NAIC 1 working capital finance investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
101.		NAIC 2 working capital finance investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
102.		Other invested assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
103.		Other short-term invested assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
104.		Total all other (Sum of Lines 100 through 103)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
105.		Total other invested assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 79, 92, 99 and 104)	9,923,523	0	0	9,923,523	XXX	4,962	XXX	15,878	XXX	32,748

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
 (b) Determined using the same factors and breakdowns used for directly owned real estate.
 (c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999			Total General Account - authorized U.S. affiliates				0	0	0	0	0	0	0	0
0699999			Total General Account - authorized non-U.S. affiliates				0	0	0	0	0	0	0	0
0799999			Total General Account - authorized affiliates				0	0	0	0	0	0	0	0
93572	43-1235868	03/01/1992	R G A - REINSURANCE GROUP OF AMERICA	MO	CO/I		1,294,385	12,044	10,821	3,175				
93572	43-1235868	03/01/1992	R G A - REINSURANCE GROUP OF AMERICA	MO	YRTFII/I		42,782	398	541	13,871				
88099	75-1608507	10/01/2001	OPTIMUM REINSURANCE	TX	CO/I		5,504,519	46,426	76,240	68,707				
88099	75-1608507	10/01/2001	OPTIMUM REINSURANCE	TX	YRT/I		24,046,543	202,813	169,115	300,147				
82627	06-0839705	12/01/1994	SWISS RE LIFE CONFIDENTIAL	MO	CO/I		701,135	1,492	2,604	4,723				
0899999			General Account - authorized U.S. non-affiliates				31,589,364	263,173	259,321	390,623	0	0	0	0
1099999			Total General Account - authorized non-affiliates				31,589,364	263,173	259,321	390,623	0	0	0	0
1199999			Total General Account authorized				31,589,364	263,173	259,321	390,623	0	0	0	0
1499999			Total General Account - unauthorized U.S. affiliates				0	0	0	0	0	0	0	0
1799999			Total General Account - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0	0
1899999			Total General Account - unauthorized affiliates				0	0	0	0	0	0	0	0
2199999			Total General Account - unauthorized non-affiliates				0	0	0	0	0	0	0	0
2299999			Total General Account unauthorized				0	0	0	0	0	0	0	0
2599999			Total General Account - certified U.S. affiliates				0	0	0	0	0	0	0	0
2899999			Total General Account - certified non-U.S. affiliates				0	0	0	0	0	0	0	0
2999999			Total General Account - certified affiliates				0	0	0	0	0	0	0	0
3299999			Total General Account - certified non-affiliates				0	0	0	0	0	0	0	0
3399999			Total General Account certified				0	0	0	0	0	0	0	0
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0	0
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0	0
4099999			Total General Account - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0	0
4399999			Total General Account - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0	0
4499999			Total General Account reciprocal jurisdiction				0	0	0	0	0	0	0	0
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				31,589,364	263,173	259,321	390,623	0	0	0	0
4899999			Total Separate Accounts - authorized U.S. affiliates				0	0	0	0	0	0	0	0
5199999			Total Separate Accounts - authorized non-U.S. affiliates				0	0	0	0	0	0	0	0
5299999			Total Separate Accounts - authorized affiliates				0	0	0	0	0	0	0	0
5599999			Total Separate Accounts - authorized non-affiliates				0	0	0	0	0	0	0	0
5699999			Total Separate Accounts authorized				0	0	0	0	0	0	0	0
5999999			Total Separate Accounts - unauthorized U.S. affiliates				0	0	0	0	0	0	0	0
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0	0
6399999			Total Separate Accounts - unauthorized affiliates				0	0	0	0	0	0	0	0
6699999			Total Separate Accounts - unauthorized non-affiliates				0	0	0	0	0	0	0	0
6799999			Total Separate Accounts unauthorized				0	0	0	0	0	0	0	0
7099999			Total Separate Accounts - certified U.S. affiliates				0	0	0	0	0	0	0	0
7399999			Total Separate Accounts - certified non-U.S. affiliates				0	0	0	0	0	0	0	0
7499999			Total Separate Accounts - certified affiliates				0	0	0	0	0	0	0	0
7799999			Total Separate Accounts - certified non-affiliates				0	0	0	0	0	0	0	0
7899999			Total Separate Accounts certified				0	0	0	0	0	0	0	0
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0	0
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0	0
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0	0
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0	0
8999999			Total Separate Accounts reciprocal jurisdiction				0	0	0	0	0	0	0	0
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified				0	0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				31,589,364	263,173	259,321	390,623	0	0	0	0
9299999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0	0
9999999			- Totals				31,589,364	263,173	259,321	390,623	0	0	0	0

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	391	375	337	423	383
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	255	259	191	2	62
4. Surrender benefits and withdrawals for life contracts					0
5. Dividends to policyholders and refunds to members					0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					0
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	263	259	265	274	265
10. Liability for deposit-type contracts					0
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	0	0	0	0	0
13. Experience rating refunds due or unpaid					0
14. Policyholders' dividends and refunds to members (not included in Line 10)					0
15. Commissions and reinsurance expense allowances due					0
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with certified reinsurers				0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust				0	0
23. Funds deposited by and withheld from (F)				0	0
24. Letters of credit (L)				0	0
25. Trust agreements (T)				0	0
26. Other (O)				0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,039,702,531		1,039,702,531
2. Reinsurance (Line 16)	53,900	(53,900)	0
3. Premiums and considerations (Line 15)	5,408	0	5,408
4. Net credit for ceded reinsurance	XXX	309,367	309,367
5. All other admitted assets (balance)	17,803,092		17,803,092
6. Total assets excluding Separate Accounts (Line 26)	1,057,564,931	255,467	1,057,820,398
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	1,057,564,931	255,467	1,057,820,398
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	905,718,573	255,467	905,974,040
10. Liability for deposit-type contracts (Line 3)	23,331,408		23,331,408
11. Claim reserves (Line 4)	2,172,470	0	2,172,470
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	1,400,000		1,400,000
13. Premium & annuity considerations received in advance (Line 8)	381,919		381,919
14. Other contract liabilities (Line 9)	0		0
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	14,185,537		14,185,537
20. Total liabilities excluding Separate Accounts (Line 26)	947,189,907	255,467	947,445,374
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	947,189,907	255,467	947,445,374
23. Capital & surplus (Line 38)	110,375,024	XXX	110,375,024
24. Total liabilities, capital & surplus (Line 39)	1,057,564,931	255,467	1,057,820,398
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	255,467		
26. Claim reserves	0		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	53,900		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	309,367		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with certified reinsurers	0		
38. Funds held under reinsurance treaties with certified reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	309,367		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
LONG-TERM BONDS												
1. Exempt obligations					0	0					0	0
2.1 NAIC Designation Category 1.A					0	0					0	0
2.2 NAIC Designation Category 1.B					0	0					0	0
2.3 NAIC Designation Category 1.C					0	0					0	0
2.4 NAIC Designation Category 1.D					0	0					0	0
2.5 NAIC Designation Category 1.E					0	0					0	0
2.6 NAIC Designation Category 1.F					0	0					0	0
2.7 NAIC Designation Category 1.G					0	0					0	0
2.8 Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	0	0	0	0	0	0	0	0	0	0	0	0
3.1 NAIC Designation Category 2.A					0	0					0	0
3.2 NAIC Designation Category 2.B					0	0					0	0
3.3 NAIC Designation Category 2.C					0	0					0	0
3.4 Subtotal NAIC 2 (3.1+3.2+3.3)	0	0	0	0	0	0	0	0	0	0	0	0
4.1 NAIC Designation Category 3.A					0	0					0	0
4.2 NAIC Designation Category 3.B					0	0					0	0
4.3 NAIC Designation Category 3.C					0	0					0	0
4.4 Subtotal NAIC 3 (4.1+4.2+4.3)	0	0	0	0	0	0	0	0	0	0	0	0
5.1 NAIC Designation Category 4.A					0	0					0	0
5.2 NAIC Designation Category 4.B					0	0					0	0
5.3 NAIC Designation Category 4.C					0	0					0	0
5.4 Subtotal NAIC 4 (5.1+5.2+5.3)	0	0	0	0	0	0	0	0	0	0	0	0
6.1 NAIC Designation Category 5.A					0	0					0	0
6.2 NAIC Designation Category 5.B					0	0					0	0
6.3 NAIC Designation Category 5.C					0	0					0	0
6.4 Subtotal NAIC 5 (6.1+6.2+6.3)	0	0	0	0	0	0	0	0	0	0	0	0
7. NAIC 6					0	0					0	0
8. Total long-term bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7)	0	0	0	0	0	0	0	0	0	0	0	0
PREFERRED STOCKS												
9. Highest quality					0	0					0	0
10. High quality					0	0					0	0
11. Medium quality					0	0					0	0
12. Low quality					0	0					0	0
13. Lower quality					0	0					0	0
14. In or near default					0	0					0	0
15. Affiliated life with AVR					0	0					0	0
16. Total preferred stocks (Sum of Lines 9 through 15)	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
SHORT-TERM BONDS												
17. Exempt obligations					0	0					0	0
18.1 NAIC Designation Category 1.A					0	0					0	0
18.2 NAIC Designation Category 1.B					0	0					0	0
18.3 NAIC Designation Category 1.C					0	0					0	0
18.4 NAIC Designation Category 1.D					0	0					0	0
18.5 NAIC Designation Category 1.E					0	0					0	0
18.6 NAIC Designation Category 1.F					0	0					0	0
18.7 NAIC Designation Category 1.G					0	0					0	0
18.8 Subtotal NAIC 1 (18.1+18.2+18.3+18.4+18.5+18.6+18.7)	0	0	0	0	0	0	0	0	0	0	0	0
19.1 NAIC Designation Category 2.A					0	0					0	0
19.2 NAIC Designation Category 2.B					0	0					0	0
19.3 NAIC Designation Category 2.C					0	0					0	0
19.4 Subtotal NAIC 2 (19.1+19.2+19.3)	0	0	0	0	0	0	0	0	0	0	0	0
20.1 NAIC Designation Category 3.A					0	0					0	0
20.2 NAIC Designation Category 3.B					0	0					0	0
20.3 NAIC Designation Category 3.C					0	0					0	0
20.4 Subtotal NAIC 3 (20.1+20.2+20.3)	0	0	0	0	0	0	0	0	0	0	0	0
21.1 NAIC Designation Category 4.A					0	0					0	0
21.2 NAIC Designation Category 4.B					0	0					0	0
21.3 NAIC Designation Category 4.C					0	0					0	0
21.4 Subtotal NAIC 4 (21.1+21.2+21.3)	0	0	0	0	0	0	0	0	0	0	0	0
22.1 NAIC Designation Category 5.A					0	0					0	0
22.2 NAIC Designation Category 5.B					0	0					0	0
22.3 NAIC Designation Category 5.C					0	0					0	0
22.4 Subtotal NAIC 5 (22.1+22.2+22.3)	0	0	0	0	0	0	0	0	0	0	0	0
23. NAIC 6					0	0					0	0
24. Total short-term bonds (17+18.8+19.4+20.4+21.4+22.4+23)	0	0	0	0	0	0	0	0	0	0	0	0
DERIVATIVE INSTRUMENTS												
25. Exchange traded					0	0					0	0
26. Highest quality					0	0					0	0
27. High quality					0	0					0	0
28. Medium quality					0	0					0	0
29. Low quality					0	0					0	0
30. Lower quality					0	0					0	0
31. In or near default					0	0					0	0
32. Total derivative instruments	0	0	0	0	0	0	0	0	0	0	0	0
33. Total (Lines 8+16+24+32)	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
MORTGAGE LOANS												
In Good Standing:												
34.					0	0					0	0
35.					0	0					0	0
36.					0	0					0	0
37.					0	0					0	0
38.					0	0					0	0
39.					0	0					0	0
40.					0	0					0	0
41.					0	0					0	0
42.					0	0					0	0
43.					0	0					0	0
44.					0	0					0	0
45.					0	0					0	0
46.					0	0					0	0
Overdue, Not in Process:												
47.					0	0					0	0
48.					0	0					0	0
49.					0	0					0	0
50.					0	0					0	0
51.					0	0					0	0
In Process of Foreclosure:												
52.					0	0					0	0
53.					0	0					0	0
54.					0	0					0	0
55.					0	0					0	0
56.					0	0					0	0
57.	0	0	0	0	0	0	0	0	0	0	0	0
COMMON STOCK												
58.					0	0					0	0
59.					0	0					0	0
60.					0	0					0	0
61.					0	0					0	0
Affiliated Investment Subsidiary:												
62.					0	0					0	0
63.					0	0					0	0
64.					0	0					0	0
65.					0	0					0	0
66.					0	0					0	0
67.					0	0					0	0
68.					0	0					0	0
69.					0	0					0	0
70.					0	0					0	0
71.					0	0					0	0
72.					0	0					0	0
73.					0	0					0	0
74.	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
REAL ESTATE												
75. Home office property (General Account only)					0	0					0	0
76. Investment properties					0	0					0	0
77. Properties acquired in satisfaction of debt.....					0	0					0	0
78. Total real estate (Sum of Lines 75 through 77)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
79. Exempt obligations					0	0					0	0
80. Highest quality					0	0					0	0
81. High quality					0	0					0	0
82. Medium quality					0	0					0	0
83. Low quality					0	0					0	0
84. Lower quality					0	0					0	0
85. In or near default					0	0					0	0
86. Total with bond characteristics (Sum of Lines 79 through 85)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
87. Highest quality					0	0					0	0
88. High quality.....					0	0					0	0
89. Medium quality					0	0					0	0
90. Low quality					0	0					0	0
91. Lower quality					0	0					0	0
92. In or near default					0	0					0	0
93. Affiliated life with AVR					0	0					0	0
94. Total with preferred stock characteristics (Sum of Lines 87 through 93)	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
95.					0	0					0	0
96.					0	0					0	0
97.					0	0					0	0
98.					0	0					0	0
99.					0	0					0	0
100.					0	0					0	0
101.					0	0					0	0
102.					0	0					0	0
Overdue, Not in Process Affiliated:												
103.					0	0					0	0
104.					0	0					0	0
105.					0	0					0	0
106.					0	0					0	0
107.					0	0					0	0
In Process of Foreclosure Affiliated:												
108.					0	0					0	0
109.					0	0					0	0
110.					0	0					0	0
111.					0	0					0	0
112.					0	0					0	0
113.	0	0	0	0	0	0	0	0	0	0	0	0
114.					0	0					0	0
115.					0	0					0	0
116.					0	0					0	0
117.					0	0					0	0
118.					0	0					0	0
119.					0	0					0	0
120.	0	0	0	0	0	0	0	0	0	0	0	0
121.	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
122.					0	0					0	0
123.					0	0					0	0
124.					0	0					0	0
125.					0	0					0	0
126.					0	0					0	0
127.	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

SCHEDULE S - PART 8

REINSURANCE AGREEMENTS WITH FUNDS WITHHELD AND MODIFIED COINSURANCE AS OF DECEMBER 31, CURRENT YEAR

	Ceded General Account Assets		Ceded Guaranteed Separate Account Assets		Total Ceded Assets		Assumed General Account Assets		Assumed Guaranteed Separate Account Assets		Total Assumed Assets	
	1	2	3	4	5	6	7	8	9	10	11	12
	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 1+3	Modco B/ACV Col 2+4	FWH B/ACV	Modco B/ACV	FWH B/ACV	Modco B/ACV	FWH B/ACV Col 7+9	Modco B/ACV Col 8+10
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
128. Home office property (General Account only).....					0	0					0	0
129. Investment properties					0	0					0	0
130. Properties acquired in satisfaction of debt					0	0					0	0
131. Total with real estate characteristics (Sum of Lines 128 through 130)	0	0	0	0	0	0	0	0	0	0	0	0
INVESTMENTS IN TAX CREDIT STRUCTURES												
132. Yield guaranteed state tax credit investments					0	0					0	0
133. Qualifying federal tax credit investments					0	0					0	0
134. Qualifying state tax credit investments					0	0					0	0
135. Other tax credit investments					0	0					0	0
136. Total tax credit investments (Sum of Lines 132 through 135)	0	0	0	0	0	0	0	0	0	0	0	0
RESIDUAL TRanches OR INTERESTS												
137. Bonds - unaffiliated					0	0					0	0
138. Bonds - affiliated					0	0					0	0
139. Common stock - unaffiliated					0	0					0	0
140. Common stock - affiliated					0	0					0	0
141. Preferred stock - unaffiliated					0	0					0	0
142. Preferred stock - affiliated					0	0					0	0
143. Real estate - unaffiliated					0	0					0	0
144. Real estate - affiliated					0	0					0	0
145. Mortgage loans - unaffiliated.....					0	0					0	0
146. Mortgage loans - affiliated					0	0					0	0
147. Other - unaffiliated					0	0					0	0
148. Other - affiliated					0	0					0	0
149. Total residual tranches or interests (Sum of Lines 137 through 148)	0	0	0	0	0	0	0	0	0	0	0	0
SURPLUS NOTES AND CAPITAL NOTES												
150. Highest quality					0	0					0	0
151. High quality					0	0					0	0
152. Medium quality.....					0	0					0	0
153. Low quality					0	0					0	0
154. Lower quality					0	0					0	0
155. In or near default					0	0					0	0
156. Total with bond characteristics (Sum of Lines 150 through 155)	0	0	0	0	0	0	0	0	0	0	0	0
ALL OTHER INVESTMENTS												
157. NAIC 1 working capital finance investments.....					0	0					0	0
158. NAIC 2 working capital finance investments					0	0					0	0
159. Other invested assets - Schedule BA.....					0	0					0	0
160. Other short-term invested assets - Schedule DA					0	0					0	0
161. Cash and Cash Equivalents					0	0					0	0
162. Total all other (Sum of Lines 157 through 161)	0	0	0	0	0	0	0	0	0	0	0	0
163. Total assets excluding non-guaranteed Separate Account assets (Sum of Lines 33, 57, 74, 78, 86, 94, 121, 127, 131, 136, 149, 156 and 162)	0	0	0	0	0	0	0	0	0	0	0	0
164. Total non-guaranteed Separate Account assets	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX		
165. Total assets including non-guaranteed Separate Account assets (Sum of 163 and 164)	XXX	XXX	XXX	XXX	0	0	XXX	XXX	XXX	XXX	0	0

**SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

			Direct Business Only				6 Totals
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	
States, Etc.							
1. Alabama	AL	0	1,200			3	1,203
2. Alaska	AK	1,472	22,700			8	24,179
3. Arizona	AZ	7,090	3,500			49	10,639
4. Arkansas	AR	0	90,000			0	90,000
5. California	CA	41,877	450,612			0	492,488
6. Colorado	CO	6,197	314,030			0	320,227
7. Connecticut	CT	4,060	8,200			1,120	13,381
8. Delaware	DE	1,326	1,200			0	2,526
9. District of Columbia	DC	302	0			0	302
10. Florida	FL	22,990	212,750			148	235,888
11. Georgia	GA	5,869	5,200			21	11,090
12. Hawaii	HI	0	45,136			0	45,136
13. Idaho	ID	0	81,244			0	81,244
14. Illinois	IL	221,504	1,715,831			10,096	1,947,431
15. Indiana	IN	45,601	70,373			8,586	124,560
16. Iowa	IA	145,441	177,593			4,603	327,637
17. Kansas	KS	88,159	155,800			2,545	246,503
18. Kentucky	KY	643	3,000			3	3,646
19. Louisiana	LA	3,495	0			0	3,495
20. Maine	ME	3,221	0			26	3,247
21. Maryland	MD	4,154	3,700			80	7,934
22. Massachusetts	MA	2,583	5,151			24	7,758
23. Michigan	MI	21,957	213,278			3,382	238,618
24. Minnesota	MN	227,914	1,450,467			2,750	1,681,132
25. Mississippi	MS	0	0			0	0
26. Missouri	MO	4,702	4,100			15	8,817
27. Montana	MT	17,517	50,000			352	67,869
28. Nebraska	NE	2,048,138	2,239,114			9,991	4,297,243
29. Nevada	NV	3,106	25,400			65	28,570
30. New Hampshire	NH	0	0			0	0
31. New Jersey	NJ	40,918	135,307			4,294	180,520
32. New Mexico	NM	1,721	0			27	1,748
33. New York	NY	76,178	3,068,114			1,193	3,145,485
34. North Carolina	NC	7,396	13,350			28	20,774
35. North Dakota	ND	36,002	24,526			3,595	64,123
36. Ohio	OH	328,054	3,783,710			35,309	4,147,072
37. Oklahoma	OK	2,588	0			2	2,589
38. Oregon	OR	2,168	1,275			0	3,443
39. Pennsylvania	PA	657,690	2,798,151			36,415	3,492,255
40. Rhode Island	RI	5,663	309,929			0	315,592
41. South Carolina	SC	5,823	75,950			29	81,802
42. South Dakota	SD	49,257	207,359			924	257,539
43. Tennessee	TN	4,290	67,318			5	71,613
44. Texas	TX	14,793	0			353	15,146
45. Utah	UT	0	0			0	0
46. Vermont	VT	1,333	0			0	1,333
47. Virginia	VA	22,679	213,400			30	236,109
48. Washington	WA	15,479	125,100			103	140,682
49. West Virginia	WV	1,825	0			54	1,879
50. Wisconsin	WI	165,166	747,829			2,418	915,413
51. Wyoming	WY	1,623	0			0	1,623
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	0	0			0	0
55. U.S. Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate other alien	OT	0	0			0	0
59. Total		4,369,963	18,920,896	0	0	128,644	23,419,504

Schedule Y - Part 1A - Detail of Insurance Holding Company System

N O N E

Schedule Y - Part 1A - Explanations

N O N E

Schedule Y - Part 2

N O N E

Schedule Y - Part 3

N O N E

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an Actuarial Opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	WAIVED
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
8. Will an Audited Financial Report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING

10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..	NO
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. Will the Actuarial Opinion on Participating and Non-participating Policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14. Will the Actuarial Opinion on Non-guaranteed Elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15. Will the Actuarial Opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Actuarial Opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. 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 by March 1?	NO
20. 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 by March 1?	NO
21. 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 by March 1?	NO
22. 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 by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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|---|--------|
| 26. Will the Actuarial Opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) | NO |
| 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? | NO |
| 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 35. Will the Health Supplement be filed with the state of domicile and the NAIC by March 1? | WAIVED |
| 36. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? | WAIVED |

APRIL FILING

- | | |
|---|--------|
| 37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? | YES |
| 38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .. | NO |
| 40. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |
| 41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? | NO |
| 42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? | NO |
| 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? | WAIVED |
| 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? | WAIVED |
| 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? | WAIVED |











AUGUST FILING

- | | |
|--|-----|
| 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |
|--|-----|

























Explanations:

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Bar Codes:

- | | |
|--|--|
| 6. Life, Health & Annuity Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290] |  |
| 10. SIS Stockholder Information Supplement [Document Identifier 420] |  |
| 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |  |
| 12. Trusteed Surplus Statement [Document Identifier 490] |  |
| 15. Actuarial Opinion on X-Factors [Document Identifier 442] |  |
| 16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443] |  |
| 17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444] |  |
| 18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445] |  |
| 19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446] |  |
| 20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447] |  |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 5 6 3 3 2 2 0 2 5 4 4 8 0 0 0 0 0
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 5 6 3 3 2 2 0 2 5 4 4 9 0 0 0 0 0
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 5 6 3 3 2 2 0 2 5 4 5 1 0 0 0 0 0
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 5 6 3 3 2 2 0 2 5 4 5 2 0 0 0 0 0
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 5 6 3 3 2 2 0 2 5 4 5 3 0 0 0 0 0
27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 5 6 3 3 2 2 0 2 5 4 5 4 0 0 0 0 0
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 5 6 3 3 2 2 0 2 5 4 9 5 0 0 0 0 0
29. Supplemental Schedule O [Document Identifier 465]	 5 6 3 3 2 2 0 2 5 4 6 5 0 0 0 0 0
30. Medicare Part D Coverage Supplement [Document Identifier 365]	 5 6 3 3 2 2 0 2 5 3 6 5 0 0 0 0 0
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 5 6 3 3 2 2 0 2 5 2 2 4 0 0 0 0 0
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 5 6 3 3 2 2 0 2 5 2 2 5 0 0 0 0 0
33. Relief from the Requirements for Audit Committees [Document Identifier 226]	 5 6 3 3 2 2 0 2 5 2 2 6 0 0 0 0 0
35. Health Supplement [Document Identifier 475]	 5 6 3 3 2 2 0 2 5 4 7 5 0 0 0 0 0
36. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]	 5 6 3 3 2 2 0 2 5 6 0 0 0 0 0 0 0
38. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 5 6 3 3 2 2 0 2 5 3 0 6 0 0 0 0 0
39. Credit Insurance Experience Exhibit [Document Identifier 230]	 5 6 3 3 2 2 0 2 5 2 3 0 0 0 0 0 0
40. Accident and Health Policy Experience Exhibit [Document Identifier 210]	 5 6 3 3 2 2 0 2 5 2 1 0 0 0 0 0 0
41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 5 6 3 3 2 2 0 2 5 2 1 6 0 0 0 0 0
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 5 6 3 3 2 2 0 2 5 4 3 5 0 0 0 0 0
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 5 6 3 3 2 2 0 2 5 3 4 5 0 0 0 0 0
44. Variable Annuities Supplement [Document Identifier 286]	 5 6 3 3 2 2 0 2 5 2 8 6 0 0 0 0 0
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 5 6 3 3 2 2 0 2 5 4 5 7 0 0 0 0 0
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]	 5 6 3 3 2 2 0 2 5 4 5 8 0 0 0 0 0
47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 5 6 3 3 2 2 0 2 5 4 5 9 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. MONIES HELD FOR CHARITY		0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance			4 All Other Lines of Business	5 Investment	6 Fraternal	7 Total
	1	Accident and Health					
	Life	2 Cost Containment	3 All Other				
09.304. Convention						174,996	174,996
09.305. Donation, Gifts & Flowers						144,016	144,016
09.306. Member Awards						71,850	71,850
09.307. Branch Membership						629,419	629,419
09.308. Scholarships						247,400	247,400
09.309. Post mortem benefit						1,764,129	1,764,129
09.310. Matching funds						120,377	120,377
09.311. Fraternal Activities						145,183	145,183
09.312.							0
09.313.							0
09.314.							0
09.315.							0
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	3,297,370	3,297,370

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504.		0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit of Life Insurance Line 19

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10
	1	2	3	4	5	6	Number of		9	Total Amount of Insurance (a)
	Number of Policies	Amount of Insurance (a)	Number of Policies	Amount of Insurance (a)	Number of Individual Policies and Group Certificates	Amount of Insurance (a)	7 Policies	8 Certificates	Amount of Insurance (a)	
1904. PUA Adjustment (DC Reversal)			0	5						5
1905. DOB-PUA Reduced-App'l'd to Prem			0	23						23
1906. Acct Change - PMB			0	148,117						148,117
1997. Summary of remaining write-ins for Line 19 from overflow page	0	0	0	148,145	0	0	0	0	0	148,145



SUPPLEMENT FOR THE YEAR 2025 OF THE First Catholic Slovak Ladies Association Of The U.S.A.

VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2025
(To Be Filed by March 1)

NAIC Group Code 0000

NAIC Company Code 56332

Table with 4 columns: Description, Prior Year (1), Current Year (2), and Current Year (3) Due and Deferred Premium Asset. Rows include Post-Reinsurance-Ceded Reserve, Pre-Reinsurance-Ceded Reserve, and Details of Write-Ins.

456-1

VM-20 Reserves Supplement - Part 1B

N O N E

VM-20 Reserves Supplement - Part 2

N O N E

VM-20 Reserves Supplement - Part 3

N O N E