

ANNUAL STATEMENT
For the Year Ending December 31, 2024

of the condition and affairs of the: _____
organized under the laws of Massachusetts, made to the Commissioner of Insurance of the said Commonwealth pursuant to the laws thereof.

President:	Secretary:	Treasurer:
Address:	Address:	Address:
Date Incorporated:	Under Chapter:	Commenced:
Location:		
(Street)	(City or Town)	(Phone Number)

I. BALANCE

		Dollars
1)	Balance on hand December 31 of previous year, as per last statement =====>	\$
II. INCOME DURING YEAR		Dollars
2)	Admission fees paid by applicants:	
3)	Assessments: Death, Expenses, Disability,	
4)	Dues: Death, Expenses, Disability,	
5)	Medical examiners' fees paid by applicant:	
6)	All other dues or fees paid by members (specify purpose):	
7)	Interest earned from deposits in banks:	
8)	Interest received on bonds owned:	
9)	Dividends received on shares of cooperative banks and federal savings & loan associations. :	
10)	Income from real estate: mortgage loans:	
11)	Profit on sale of bonds: stocks: real estate:	
12)	Income from annual ball or fundraising: Misc. donations:	
13)	Mutual fund realized capital gains/loss: Unrealized capital gains/loss:	
14)	From all other sources (must be itemized), viz.	
15)	Total income earned during the year (lines 2 through 14)	
16)	Total beginning balance plus income during the year (line 1 plus line15)	\$

III. DISBURSEMENTS DURING YEAR

		Dollars
17)	Death / retirement claims paid (from Schedule VIII)	
18)	Disability claims paid (from Schedule VIII)	
19)	Physician and nursing care (from Schedule VIII)	
20)	Salaries of officers: Compensation of employees:	
21)	Medical Examiners' salaries and fees:	
22)	Rent: Taxes: Repairs to real estate:	
23)	Advertising and printing: Postage, telephone:	
24)	Bonding of officers: Expiration date: Insurance:	
25)	Loss on sale: Bonds \$ Stocks \$ Other \$	
26)	All other (must be itemized),	
27)	Total disbursements during the year (lines 17 through 26)	
28)	Balance on hand December 31, 2024 (line 16 minus line 27)	\$

IV. ASSETS

		Dollars
29)	Cash deposited in banks and trust companies (from Schedule XII):	
30)	All other cash in possession of corporation:	
31)	Book value of bonds: stocks: (from Schedule XI)	
32)	Market value of investment in mutual funds:	
33)	Book value of real estate:	
34)	Mortgage loans on real estate:	
35)	Shares of cooperative banks & federal savings & loan associations (from Schedule XII)	
36)	Other assets (must be itemized)	
37)	Total assets (lines 29 through 36)	\$

V. LIABILITIES

		Dollars
38)	Death claims unpaid (from Schedule IX)	
39)	Disability claims unpaid (from Schedule IX)	
40)	Retirement claims unpaid (from Schedule IX)	
41)	Salaries, rents, expenses, taxes, bills, fees, etc., due or accrued	
42)	Borrowed money Interest due or accrued on same	
43)	Advance assessments	
44)	All other liabilities (must be itemized)	
45)	Total liabilities (lines 38 thru 44)	\$
46)	FUND BALANCE December 31, 2024 (line 37 minus line 45)	\$

VI. EXHIBIT OF FUNDS						
	DEATH	RETIREMENT	DISABILITY	EXPENSE	SPECIAL PURPOSE	TOTALS
Balance on hand December 31, as per last statement	\$	\$	\$	\$	\$	\$
Received during the year from assessments,						
interest and dividends,						
dues,						
all other sources,						
Totals,						
Changes by transfers,						xxxxxxxxxx
Balance after transfers,						
Disbursed during the year,						
Balance on hand December 31, 2024	\$	\$	\$	\$	\$	\$

VII. MEMBERSHIP	
Total membership December 31 of previous year as per last statement	
Admitted during the year,	
Total	
Terminated during the year: by death, _____ by lapse, _____ by resignation _____	
Total Membership December 31, 2024	

VIII. SCHEDULE OF ALL DEATH, RETIREMENT, AND DISABILITY CLAIMS "PAID" DURING YEAR AND COST OF PROVIDING PHYSICIANS AND NURSING CARE							
			AMOUNT PAID				NAME OF BENEFICIARY AND RELATION
NAME OF MEMBER	RESIDENCE	OF BENEFI	RETIREMENT	DEATH	DISABILITY	PHYSICIAN AND NURSING CARE	
		Totals	\$	\$	\$	\$	

IX. SCHEDULE OF ALL DEATH, RETIREMENT, AND DISABILITY CLAIMS "UNPAID", DECEMBER 31, 2024					
			AMOUNT OF CLAIM		WHEN PAYABLE OR,IF RESISTED, WHY
NAME OF MEMBER	RESIDENCE	DATE OF DEATH	DEATH / RETIREMENT	DISABILITY	
		Total			

X. MISCELLANEOUS QUESTIONS	
1. What are the qualifications and limitations for membership?	
2. Does the Society or Association require an admission fee? If so, state the amount \$	
3. (a) Is the expense fund provided for by regular dues or by assessments?	
(b) What is the amount of a single payment by the individual member for the expense fund? Dues, \$ Assessments, \$	
4. (a) Is the death fund provided for by regular dues or by assessments?	
(b) What is the amount of a single payment by the individual member for the death fund? Dues, \$ Assessments, \$	
5. In levying death assessments are they graded or are fixed sums charged without regard to age?	
6. What is the amount of the death benefit?	
7. To whom is the death benefit payable?	
8. Does the Society pay a disability benefit?	
9. (a) Is the disability fund provided for by regular dues or by assessments?	
(b) What is the amount of a single payment by the individual member for the disability fund? Dues, \$ Assessments, \$	
10. What is the amount per week of the disability benefit? Maximum, \$ Minimum, \$	
11. How many assessments were called during the year? Death Fund, Emergency Death Fund, Disability Fund, Expense Fund,	
12. Has the Society an emergency death fund? What is the amount thereof?	
13. Does the Society promise to pay to members during life, with regard to physical condition, any sum of money or thing of value? If so, how are these payments or promises provided for?	
14. Is any compensation allowed or paid to any person from admission fees or otherwise for procuring new members?	
15. When are the officers and directors elected? By whom?	
16. Have the by-laws of the Society been amended during the year? If so, state when.	
17. Does the Society issue either a benefit certificate or a membership certificate? If so, state which.	
18. Has the Society furnished the Division with copies of all application forms in use and literature in force at the present time?	
19. Are officers bonded? If so, how much is bond?	

Commonwealth of Massachusetts
County of: _____

President, Secretary, and Treasurer,

each for himself deposes and says that they are the above-described officers of the Society, and that on the thirty-first day of December last all the above described assets were the absolute property of the Society free and clear from any liens or claims thereon, except as above stated; and that the foregoing statement, with the schedules and explanatives herein contained, annexed or referred to, is a full and correct exhibit of all the assets, liabilities, income and disbursement, and of the condition and affairs of the said Society on the said thirty-first day of December last, and for the year ended on that day.

SCHEDULE XI - Part 1
Showing all BONDS owned December 31, 2024

Description	Date Purchased	Rate of Interest	Maturity Date (month and year)	Book Value	Par Value	Actual Cost	Interest Due and Accrued	Interest Rec'd During the Year
Totals				\$	\$	\$	\$	\$

SCHEDULE XI - Part 2
Showing all STOCKS owned December 31, 2024

Description	Number of shares	Actual Cost	Market Value	Dividends Received During the Year
Totals		\$	\$	\$

SCHEDULE XI - Part 3
*Showing all Bonds, stocks, and shares of cooperative or federal savings and loan shares **ACQUIRED** during the year*

Description	Date Acquired	Cost	Par Value	Amount Paid for Accrued Interest
Totals		\$	\$	\$

SCHEDULE XI - Part 4
*Showing all Bonds and Stock **SOLD, REDEEMED, or otherwise DISPOSED OF** during the year*

Description	Date Sold	Consideration	Book Value at Date of Sale	Profit or (Loss) on Disposal
Totals		\$	\$	\$

SCHEDULE XII
Showing all DEPOSITS IN BANKS, TRUST COMPANIES and ALL SHARES OF COOP BANKS as of December 31, 2024

Description	Account Number	Account Balance December 31	Rate of Interest	Interest Received During the Year
Totals		\$	\$	\$