

ANNUAL STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the condition and affairs of the _____,

Located at _____,

Organized under the Laws of Massachusetts, made to the Commissioner of Insurance of the said Commonwealth pursuant to the laws thereof. (The Statute requires all statements to be filed on or before the first day of March in each year with the Division of Insurance, 1000 Washington Street, Suite 810, Boston, MA 02118-6200)

LIST OF PRESENT OFFICERS:

	<u>Name</u>	<u>Address</u>
President		
Secretary		
Treasurer		

Date Incorporated: _____

Are Treasurer and Financial Secretary Bonded? _____ For what amount? _____

TOTAL MEMBERSHIP, DECEMBER 31, 2024: _____

ASSETS

1. Cash deposited in banks

<u>Account Number</u>	<u>Name of Bank</u>	<u>Balance</u>
		\$
	Total	\$

2. Other assets (list items separately)

<u>Type of Asset</u>	<u>Balance</u>
	\$
Total	\$

TOTAL ASSETS _____ \$ _____

LIABILITIES

<u>Type of Liability</u>	<u>Balance</u>
Unpaid death claims	\$
Unpaid disability claims	
All other liabilities (list separately)	
Total	\$

TOTAL LIABILITIES \$

INCOME DURING THE YEAR

Dues	\$
Interest on funds deposited in banks	
Interest on Bonds	
Gain or (Loss) on Stocks Owned	
Gain or (Loss) on Mutual Funds	
Other sources of income (list separately)	
Total	\$

DISBURSEMENTS DURING THE YEAR

Death claims paid (how many?)	\$
Disability claims paid	
Salaries of Officers	
Rent and real estate expenses	
All other expenses (list separately)	
Total	\$

RECONCILIATION

Total Assets, December 31, 2023 as per last statement:	\$
Income during the year	
Total	
(less) Disbursements during the year	-
Total Assets, December 31, 2024	\$

CERTIFICATION

We certify, under the penalties of perjury, that the assets, liabilities, income and disbursements are correct, according to the best of our knowledge and belief. Signatures of Officers as of December 31, 2024, required:

President, _____ Date: _____

Secretary, _____ Date: _____

Treasurer, _____ Date: _____