

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE



I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the **CSA Fraternal Life** located at **Oak Brook** in the State of **Illinois** is duly authorized to transact the business of Life Insurance in the State.

I further certify that I have caused the policy obligations of the said Company outstanding on the **31<sup>st</sup>** day of **December, 2009**, on a paid-for-basis, to be valued in accordance with the provisions of the Illinois Insurance Code and Departmental Rules and Regulations, by the Actuary of or for the Company, on the basis of the mortality tables, interest rates and methods set forth in Exhibit 5 of said Company's Annual Statement for the year ended on said date and that based on the Annual Audited Financial Report of said Company and also on information determined at the time of the most current Association Examination Report, I find the net value thereof on said date to be as follows:

**\$105,317,032**

DEPARTMENT OF INSURANCE  
OF THE STATE OF ILLINOIS

Date: May 26, 2010

Michael T. McRaith  
Director

