



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

North American Swiss Alliance

NAIC Group Code.....0000, 0000

(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized..... September 6, 1889

Statutory Home Office

NAIC Company Code..... 56375

Employer's ID Number..... 34-0719168

State of Domicile or Port of Entry OH

Country of Domicile US

Commenced Business..... September 6, 1889

Main Administrative Office

26777 Lorain Road, Suite 321..... North Olmsted OH 44070

(Street and Number) (City or Town, State and Zip Code)

Mail Address

26777 Lorain Road, Suite 321..... North Olmsted OH 44070

(Street and Number) (City or Town, State and Zip Code)

Primary Location of Books and Records

26777 Lorain Road, Suite 321..... North Olmsted OH 44070

(Street and Number) (City or Town, State and Zip Code)

Internet Web Site Address

26777 Lorain Road, Suite 321..... North Olmsted OH 44070

(Street and Number) (City or Town, State and Zip Code)

Statutory Statement Contact

Lynn Kosin

(Name)

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(E-Mail Address)

(Area Code) (Telephone Number)

(Area Code) (Telephone Number) (Extension)

(Fax Number)

Name

1. Alois W. Amstutz

3. William G. Preslock

Title

President

Treasurer

Name

2. William G. Preslock

4.

Title

Secretary

Richard Hubler

Vice President

OFFICERS

OTHER

DIRECTORS OR TRUSTEES

Alois Wendelin Amstutz
Donald Phillips Robison
Suzanne Lynn Sarasin

Richard Alan Rowland
Richard Herman Hardt

William George Preslock
Marilyn Almo Kozma

Richard Charles Hubler
Carl Hans Kunzler

State of..... Ohio
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.

(Signature)
Alois W. Amstutz
1. (Printed Name)
President
(Title)

(Signature)
William G. Preslock
2. (Printed Name)
Secretary
(Title)

(Signature)
William G. Preslock
3. (Printed Name)
Treasurer
(Title)

Subscribed and sworn to before me

This _____ day of _____ 2012

a. Is this an original filing?

Yes [X] No []

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 3,229,516 | | 3,229,516 | 3,159,254 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks..... | | | 0 | |
| 2.2 Common stocks..... | | | 0 | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | 0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$....134,744, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....0, Sch. DA)..... | 134,744 | | 134,744 | 236,802 |
| 6. Contract loans (including \$.....0 premium notes)..... | 8,703 | | 8,703 | 5,453 |
| 7. Derivatives (Schedule DB)..... | | | 0 | |
| 8. Other invested assets (Schedule BA)..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 3,372,963 | 0 | 3,372,963 | 3,401,509 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 33,058 | | 33,058 | 35,797 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in course of collection..... | | | 0 | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | 0 | |
| 15.3 Accrued retrospective premiums..... | | | 0 | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 | |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 | |
| 18.2 Net deferred tax asset..... | | | 0 | |
| 19. Guaranty funds receivable or on deposit..... | | | 0 | |
| 20. Electronic data processing equipment and software..... | | | 0 | |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 | |
| 24. Health care (\$.....0) and other amounts receivable..... | | | 0 | |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 3,406,021 | 0 | 3,406,021 | 3,437,306 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. TOTALS (Lines 26 and 27)..... | 3,406,021 | 0 | 3,406,021 | 3,437,306 |

DETAILS OF WRITE-INS

| | | | | |
|--|---|---|---|---|
| 1101. | | | 0 | |
| 1102. | | | 0 | |
| 1103. | | | 0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 | 0 |
| 2501. | | | 0 | |
| 2502. | | | 0 | |
| 2503. | | | 0 | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 | 0 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve)..... | 2,504,000 | 2,406,000 |
| 2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve)..... | | |
| 3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve)..... | | |
| 4. Contract claims: | | |
| 4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11)..... | 5,000 | 5,000 |
| 4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11)..... | | |
| 5. Refunds due and unpaid (Exhibit 4, Line 10)..... | | |
| 6. Provision for refunds payable in following calendar year-estimated amounts: | | |
| 6.1 Apportioned for payment..... | 10,000 | 35,000 |
| 6.2 Not yet apportioned..... | | |
| 7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)..... | | |
| 8. Contract liabilities not included elsewhere: | | |
| 8.1 Surrender values on canceled contracts..... | | |
| 8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded..... | | |
| 8.3 Interest Maintenance Reserve (IMR, Line 6)..... | 178,929 | 153,482 |
| 9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0..... | | |
| 10. Commissions and expense allowances payable on reinsurance assumed..... | | |
| 11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7)..... | 16,500 | 9,000 |
| 12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves)..... | | |
| 13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6)..... | 114 | 114 |
| 14. Unearned investment income..... | | |
| 15. Amounts withheld or retained by Society as agent or trustee..... | 1,049 | 586 |
| 16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances..... | | |
| 17. Remittances and items not allocated..... | | |
| 18. Net adjustment in assets and liabilities due to foreign exchange rates..... | | |
| 19. Liability for benefits for employees and fieldworkers if not included above..... | | |
| 20. Borrowed money \$.....0 and interest thereon \$.....0..... | | |
| 21. Miscellaneous liabilities: | | |
| 21.1 Asset valuation reserve (AVR, Line 16, Col. 7)..... | 5,640 | 4,649 |
| 21.2 Reinsurance in unauthorized companies..... | | |
| 21.3 Funds held under reinsurance treaties with unauthorized reinsurers..... | | |
| 21.4 Payable to subsidiaries and affiliates..... | | |
| 21.5 Drafts outstanding..... | 500 | 500 |
| 21.6 Funds held under coinsurance..... | | |
| 21.7 Derivatives..... | | |
| 21.8 Payable for securities..... | | |
| 21.9 Payable for securities lending..... | | |
| 22. Aggregate write-ins for liabilities..... | 0 | 0 |
| 23. Total liabilities excluding Separate Accounts business (Lines 1 to 22)..... | 2,721,732 | 2,614,331 |
| 24. From Separate Accounts statement..... | | |
| 25. Total liabilities (Lines 23 and 24)..... | 2,721,732 | 2,614,331 |
| 26. Aggregate write-ins for other than liabilities and surplus funds..... | 0 | 0 |
| 27. Surplus notes..... | | |
| 28. Aggregate write-ins for surplus funds..... | 33,673 | 33,673 |
| 29. Unassigned funds..... | 650,616 | 789,302 |
| 30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement)..... | 684,289 | 822,975 |
| 31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3)..... | 3,406,021 | 3,437,306 |

DETAILS OF WRITE-INS

| | | |
|--|--------|--------|
| 2201..... | | |
| 2202..... | | |
| 2203..... | | |
| 2298. Summary of remaining write-ins for Line 22 from overflow page..... | 0 | 0 |
| 2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)..... | 0 | 0 |
| 2601..... | | |
| 2602..... | | |
| 2603..... | | |
| 2698. Summary of remaining write-ins for Line 26 from overflow page..... | 0 | 0 |
| 2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above)..... | 0 | 0 |
| 2801. Relief and Benevolent Funds..... | 33,673 | 33,673 |
| 2802..... | | |
| 2803..... | | |
| 2898. Summary of remaining write-ins for Line 28 from overflow page..... | 0 | 0 |
| 2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)..... | 33,673 | 33,673 |

SUMMARY OF OPERATIONS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1)..... | 23,645 | 47,464 |
| 2. Considerations for supplementary contracts with life contingencies..... | ..... | ..... |
| 3. Net investment income (Exhibit of Net Investment Income, Line 17)..... | 93,787 | 110,342 |
| 4. Amortization of Interest Maintenance Reserve (IMR, Line 5)..... | 32,364 | 36,799 |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses..... | ..... | ..... |
| 6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)..... | ..... | ..... |
| 7. Reserve adjustments on reinsurance ceded..... | ..... | ..... |
| 8. Miscellaneous Income: | | |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts..... | ..... | ..... |
| 8.2 Charges and fees for deposit-type contracts..... | ..... | ..... |
| 8.3 Aggregate write-ins for miscellaneous income..... | 116 | 0 |
| 9. Totals (Lines 1 to 8.3)..... | 149,912 | 194,605 |
| 10. Death benefits..... | 43,102 | 25,055 |
| 11. Matured endowments (excluding guaranteed annual pure endowments)..... | 5,987 | 2,216 |
| 12. Annuity benefits..... | ..... | ..... |
| 13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0 | ..... | ..... |
| 14. Surrender benefits and withdrawals for life contracts..... | 19,203 | 19,287 |
| 15. Interest and adjustments on contract or deposit-type contracts funds..... | ..... | ..... |
| 16. Payments on supplementary contracts with life contingencies..... | ..... | ..... |
| 17. Increase in aggregate reserve for life and accident and health contracts..... | (2,000) | 59,000 |
| 18. Totals (Lines 10 to 17)..... | 66,292 | 105,558 |
| 19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5)..... | 1,749 | 3,241 |
| 20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5)..... | ..... | ..... |
| 21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)..... | 131,606 | 109,795 |
| 22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5)..... | 4,754 | 3,984 |
| 23. Increase in loading on deferred and uncollected premiums..... | ..... | ..... |
| 24. Net transfers to or (from) Separate Accounts net of reinsurance..... | ..... | ..... |
| 25. Aggregate write-ins for deductions..... | 0 | 0 |
| 26. Totals (Lines 18 to 25)..... | 204,401 | 222,578 |
| 27. Net gain from operations before refunds to members (Line 9 minus Line 26)..... | (54,489) | (27,973) |
| 28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2)..... | (16,796) | 32,736 |
| 29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28)..... | (37,693) | (60,709) |
| 30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....57,810 transferred to the IMR)..... | ..... | ..... |
| 31. Net income (Lines 29 + 30)..... | (37,693) | (60,709) |
| SURPLUS ACCOUNT | | |
| 32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2)..... | 822,977 | 984,363 |
| 33. Net income from operations (Line 31)..... | (37,693) | (60,709) |
| 34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | ..... | ..... |
| 35. Change in net unrealized foreign exchange capital gain (loss)..... | ..... | ..... |
| 36. Change in nonadmitted assets..... | ..... | ..... |
| 37. Change in liability for reinsurance in unauthorized companies..... | ..... | ..... |
| 38. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4)..... | (100,000) | (100,000) |
| 39. Change in asset valuation reserve..... | (991) | (677) |
| 40. Surplus (contributed to) withdrawn from Separate Accounts during period..... | ..... | ..... |
| 41. Other changes in surplus in Separate Accounts statement..... | ..... | ..... |
| 42. Change in surplus notes..... | ..... | ..... |
| 43. Cumulative effect of changes in accounting principles..... | ..... | ..... |
| 44. Change in surplus as a result of reinsurance..... | ..... | ..... |
| 45. Aggregate write-ins for gains and losses in surplus..... | 0 | 0 |
| 46. Net change in surplus for the year (Lines 33 through 45)..... | (138,684) | (161,386) |
| 47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30)..... | 684,293 | 822,977 |

DETAILS OF WRITE-INS

| | | |
|---|-------|-------|
| 08.301. Miscellaneous Income..... | 116 | ..... |
| 08.302. ..... | ..... | ..... |
| 08.303. ..... | ..... | ..... |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page..... | 0 | 0 |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)..... | 116 | 0 |
| 2501. ..... | ..... | ..... |
| 2502. ..... | ..... | ..... |
| 2503. ..... | ..... | ..... |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 |
| 4501. Balance Adjustment..... | ..... | ..... |
| 4502. ..... | ..... | ..... |
| 4503. ..... | ..... | ..... |
| 4598. Summary of remaining write-ins for Line 45 from overflow page..... | 0 | 0 |
| 4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)..... | 0 | 0 |

North American Swiss Alliance

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CASH FROM OPERATIONS | | |
| 1. Premiums collected net of reinsurance..... | 23,645 | 47,464 |
| 2. Net investment income..... | 110,860 | 124,115 |
| 3. Miscellaneous income..... | 116 | ..... |
| 4. Total (Lines 1 through 3)..... | 134,621 | 171,579 |
| 5. Benefit and loss related payments..... | 68,292 | 46,558 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | ..... | ..... |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 130,609 | 124,820 |
| 8. Dividends paid to policyholders..... | 8,204 | 32,736 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | ..... | ..... |
| 10. Total (Lines 5 through 9)..... | 207,105 | 204,114 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (72,484) | (32,535) |
| CASH FROM INVESTMENTS | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | 1,583,488 | 1,194,227 |
| 12.2 Stocks..... | ..... | ..... |
| 12.3 Mortgage loans..... | ..... | ..... |
| 12.4 Real estate..... | ..... | ..... |
| 12.5 Other invested assets..... | ..... | ..... |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | ..... | ..... |
| 12.7 Miscellaneous proceeds..... | ..... | ..... |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 1,583,488 | 1,194,227 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds..... | 1,610,275 | 1,212,298 |
| 13.2 Stocks..... | ..... | ..... |
| 13.3 Mortgage loans..... | ..... | ..... |
| 13.4 Real estate..... | ..... | ..... |
| 13.5 Other invested assets..... | ..... | ..... |
| 13.6 Miscellaneous applications..... | ..... | ..... |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 1,610,275 | 1,212,298 |
| 14. Net increase (decrease) in contract loans and premium notes..... | 3,250 | (3,945) |
| 15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)..... | (30,037) | (14,127) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | ..... | ..... |
| 16.2 Capital and paid in surplus, less treasury stock..... | ..... | ..... |
| 16.3 Borrowed funds..... | ..... | ..... |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | ..... | ..... |
| 16.5 Dividends to stockholders..... | ..... | ..... |
| 16.6 Other cash provided (applied)..... | 462 | (21) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | 462 | (21) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | (102,059) | (46,683) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 236,802 | 283,485 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 134,744 | 236,802 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | |
|---------------|-------|
| 20.0001 | |
|---------------|-------|

| | 1 | Insurance | | | | | | 8 | 9 |
|--|----------|----------------|----------------------|-------------------------|---------------------|--|-----------------------------|-----------|---------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | | |
| | Total | Life Insurance | Individual Annuities | Supplementary Contracts | Accident and Health | Aggregate of All Other Lines of Business | Total (Columns 2 through 6) | Fraternal | Expense |
| 1. Premiums and annuity considerations for life and accident and health contracts..... | 23,645 | 23,645 | | | | | 23,645 | | |
| 2. Considerations for supplementary contracts with life contingencies..... | 0 | | | | | | 0 | | |
| 3. Net investment income..... | 93,787 | 93,787 | | | | | 93,787 | | |
| 4. Amortization of interest maintenance reserve (IMR)..... | 32,364 | 32,364 | | | | | 32,364 | | |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses..... | 0 | | | | | | 0 | | |
| 6. Commissions and expense allowances on reinsurance ceded..... | 0 | | | | | | 0 | | |
| 7. Reserve adjustments on reinsurance ceded..... | 0 | | | | | | 0 | | |
| 8. Miscellaneous Income: | | | | | | | | | |
| 8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts..... | 0 | | | | | | 0 | | |
| 8.2 Charges and fees for deposit-type contracts..... | 0 | | | | | | 0 | | |
| 8.3 Aggregate write-ins for miscellaneous income..... | 116 | 116 | 0 | 0 | 0 | 0 | 116 | 0 | 0 |
| 9. Totals (Lines 1 to 8.3)..... | 149,912 | 149,912 | 0 | 0 | 0 | 0 | 149,912 | 0 | 0 |
| 10. Death benefits..... | 43,102 | 43,102 | | | | | 43,102 | | |
| 11. Matured endowments (excluding guaranteed annual pure endowments)..... | 5,987 | 5,987 | | | | | 5,987 | | |
| 12. Annuity benefits..... | 0 | | | | | | 0 | | |
| 13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0..... | 0 | | | | | | 0 | | |
| 14. Surrender benefits and withdrawals for life contracts..... | 19,203 | 19,203 | | | | | 19,203 | | |
| 15. Interest and adjustments on contract or deposit-type contract funds..... | 0 | | | | | | 0 | | |
| 16. Payments on supplementary contracts with life contingencies..... | 0 | | | | | | 0 | | |
| 17. Increase in aggregate reserve for life and accident and health certificates and contracts..... | (2,000) | (2,000) | | | | | (2,000) | | |
| 18. Totals (Lines 10 to 17)..... | 66,292 | 66,292 | 0 | 0 | 0 | 0 | 66,292 | 0 | 0 |
| 19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only)..... | 1,749 | 1,749 | | | | | 1,749 | | |
| 20. Commissions and expense allowances on reinsurance assumed..... | 0 | | | | | | 0 | | |
| 21. General insurance expenses and fraternal expenses..... | 131,606 | 119,767 | | | | | 119,767 | 11,839 | |
| 22. Insurance taxes, licenses and fees..... | 4,754 | 4,754 | | | | | 4,754 | | |
| 23. Increase in loading on deferred and uncollected premiums..... | 0 | | | | | | 0 | | |
| 24. Net transfers to or (from) Separate Accounts net of reinsurance..... | 0 | | | | | | 0 | | |
| 25. Aggregate write-ins for deductions..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 18 to 25)..... | 204,401 | 192,562 | 0 | 0 | 0 | 0 | 192,562 | 11,839 | 0 |
| 27. Net gain from operations before refunds to members (Line 9 minus Line 26)..... | (54,489) | (42,650) | 0 | 0 | 0 | 0 | (42,650) | (11,839) | 0 |
| 28. Refunds to members..... | (16,796) | (16,796) | | | | | (16,796) | | |
| 29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28)..... | (37,693) | (25,854) | 0 | 0 | 0 | 0 | (25,854) | (11,839) | 0 |

DETAILS OF WRITE-INS

| DETAILS OF WRITE-INS | | | | | | | | | |
|---|-------|-----|-------|-------|-------|-------|-------|-------|-------|
| 08.301. Miscellaneous Income..... | ..... | 116 | ..... | 116 | ..... | ..... | ..... | ..... | 116 |
| 08.302. .... | ..... | 0 | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 08.303. .... | ..... | 0 | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 08.398. Summary of remaining write-ins for Item 8.3 from overflow page..... | ..... | 0 | ..... | 0 | ..... | 0 | ..... | 0 | ..... |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above)..... | ..... | 116 | ..... | 116 | ..... | 0 | ..... | 0 | 116 |
| 2501. .... | ..... | 0 | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 2502. .... | ..... | 0 | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 2503. .... | ..... | 0 | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 2598. Summary of remaining write-ins for Item 25 from overflow page..... | ..... | 0 | ..... | 0 | ..... | 0 | ..... | 0 | ..... |
| 2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above)..... | ..... | 0 | ..... | 0 | ..... | 0 | ..... | 0 | 0 |

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

| | 1 Total | 2 Life Insurance | 3 Annuities | 4 Supplementary Contracts |
|---|------------|------------------------|----------------|---------------------------------|
| Involving Life or Disability Contingencies (Reserves) | | | | |
| (Net of Reinsurance Ceded) | | | | |
| 1. Reserve December 31, prior year..... | 2,406,000 | 2,406,000 | | |
| 2. Tabular net premiums or considerations..... | 23,011 | 23,011 | | |
| 3. Present value of disability claims incurred..... | 0 | 0 | | XXX |
| 4. Tabular interest..... | 73,272 | 73,272 | | |
| 5. Tabular less actual reserve released..... | 0 | 0 | | |
| 6. Increase in reserve on account of change in valuation basis..... | 100,000 | 100,000 | | |
| 7. Other increases (net)..... | 0 | 0 | | |
| 8. Totals (Lines 1 to 7)..... | 2,602,283 | 2,602,283 | 0 | 0 |
| 9. Tabular cost..... | 52,620 | 52,620 | | XXX |
| 10. Reserves released by death..... | 20,473 | 20,473 | XXX | XXX |
| 11. Reserves released by other terminations (net)..... | 25,190 | 25,190 | | |
| 12. Annuity, supplementary contract and disability payments involving life contingencies..... | 0 | 0 | | |
| 13. Net transfers to or (from) separate accounts..... | 0 | 0 | | |
| 14. Total deductions (Lines 9 to 13)..... | 98,283 | 98,283 | 0 | 0 |
| 15. Reserve December 31, current year..... | 2,504,000 | 2,504,000 | 0 | 0 |

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. government bonds..... | (a).....41,797 |42,655 |
| 1.1 Bonds exempt from U.S. tax..... | (a)..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | (a).....73,910 |70,313 |
| 1.3 Bonds of affiliates..... | (a)..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | (b)..... | ..... |
| 2.11 Preferred stocks of affiliates..... | (b)..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | (b)..... | ..... |
| 2.21 Common stocks of affiliates..... | (b)..... | ..... |
| 3. Mortgage loans..... | (c)..... | ..... |
| 4. Real estate..... | (d)..... | ..... |
| 5. Contract loans..... |1,632 |1,632 |
| 6. Cash, cash equivalents and short-term investments..... | (e).....359 |359 |
| 7. Derivative instruments..... | (f)..... | ..... |
| 8. Other invested assets..... | ..... | ..... |
| 9. Aggregate write-ins for investment income..... |0 |0 |
| 10. Total gross investment income..... |117,698 |114,959 |
| 11. Investment expenses..... | (g).....21,172 | ..... |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | (g)..... | ..... |
| 13. Interest expense..... | (h)..... | ..... |
| 14. Depreciation on real estate and other invested assets..... | (i).....0 |0 |
| 15. Aggregate write-ins for deductions from investment income..... | ..... | ..... |
| 16. Total deductions (Lines 11 through 15)..... | ..... | .....21,172 |
| 17. Net investment income (Line 10 minus Line 16)..... | ..... | .....93,787 |

DETAILS OF WRITE-INS

| | | |
|--|--------|--------|
| 0901..... | | |
| 0902..... | | |
| 0903..... | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... |0 |0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)..... |0 |0 |
| 1501..... | | |
| 1502..... | | |
| 1503..... | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... |0 |0 |
| 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)..... |0 |0 |

(a) Includes \$....4,167 accrual of discount less \$....18,501 amortization of premium and less \$....12,010 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) on Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|---|---|---------------------------------------|---|---|---|
| 1. U.S. government bonds..... |3,178 | ..... | .....3,178 | ..... | ..... |
| 1.1 Bonds exempt from U.S. tax..... | ..... | ..... | .....0 | ..... | ..... |
| 1.2 Other bonds (unaffiliated)..... |54,632 | ..... | .....54,632 | ..... | ..... |
| 1.3 Bonds of affiliates..... | ..... | ..... | .....0 | ..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | ..... | ..... | .....0 | ..... | ..... |
| 2.11 Preferred stocks of affiliates..... | ..... | ..... | .....0 | ..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | ..... | ..... | .....0 | ..... | ..... |
| 2.21 Common stocks of affiliates..... | ..... | ..... | .....0 | ..... | ..... |
| 3. Mortgage loans..... | ..... | ..... | .....0 | ..... | ..... |
| 4. Real estate..... | ..... | ..... | .....0 | ..... | ..... |
| 5. Contract loans..... | ..... | ..... | .....0 | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | ..... | ..... | .....0 | ..... | ..... |
| 7. Derivative instruments..... | ..... | ..... | .....0 | ..... | ..... |
| 8. Other invested assets..... | ..... | ..... | .....0 | ..... | ..... |
| 9. Aggregate write-ins for capital gains (losses)..... |0 |0 |0 |0 |0 |
| 10. Total capital gains (losses)..... |57,810 |0 |57,810 |0 |0 |

DETAILS OF WRITE-INS

| | | | | | |
|---|--------|--------|--------|--------|--------|
| 0901..... | | |0 | | |
| 0902..... | | |0 | | |
| 0903..... | | |0 | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... |0 |0 |0 |0 |0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)..... |0 |0 |0 |0 |0 |

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

| | 1 Total | Insurance | | | | | 7 Fraternal | 8 Expense |
|--|------------|------------------------|------------------------------|-----------------------------|--|-------------------------------------|----------------|--------------|
| | | 2 Life Insurance | 3 Individual Annuities | 4 Accident and Health | 5 Aggregate of All Other Lines of Business | 6 Total (Columns 2 through 5) | | |
| FIRST YEAR (other than single) | | | | | | | | |
| 1. Uncollected..... | 0 | | | | | 0 | | |
| 2. Deferred and accrued..... | 0 | | | | | 0 | | |
| 3. Deferred, accrued & uncollected: | | | | | | | | |
| 3.1 Direct..... | 0 | | | | | 0 | | |
| 3.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 3.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 3.4 Net (Line 1 + Line 2)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Advance..... | 0 | | | | | 0 | | |
| 5. Line 3.4 - Line 4..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Collected during year: | | | | | | | | |
| 6.1 Direct..... | 0 | | | | | 0 | | |
| 6.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 6.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 6.4 Net..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Line 5 + Line 6.4..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Prior year (uncollected + deferred and accrued - advance)..... | 0 | | | | | 0 | | |
| 9. First year premiums and considerations: | | | | | | | | |
| 9.1 Direct..... | 0 | | | | | 0 | | |
| 9.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 9.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 9.4 Net (Line 7 - Line 8)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SINGLE | | | | | | | | |
| 10. Single premiums and considerations: | | | | | | | | |
| 10.1 Direct..... | 14,510 | 14,510 | | | | 14,510 | | |
| 10.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 10.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 10.4 Net..... | 14,510 | 14,510 | 0 | 0 | 0 | 14,510 | 0 | 0 |
| RENEWAL | | | | | | | | |
| 11. Uncollected..... | 0 | | | | | 0 | | |
| 12. Deferred and accrued..... | 0 | | | | | 0 | | |
| 13. Deferred, accrued & uncollected: | | | | | | | | |
| 13.1 Direct..... | 0 | | | | | 0 | | |
| 13.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 13.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 13.4 Net (Line 11 + Line 12)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Advance..... | 0 | | | | | 0 | | |
| 15. Line 13.4 - Line 14..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Collected during year: | | | | | | | | |
| 16.1 Direct..... | 9,135 | 9,135 | | | | 9,135 | | |
| 16.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 16.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 16.4 Net..... | 9,135 | 9,135 | 0 | 0 | 0 | 9,135 | 0 | 0 |
| 17. Line 15 + Line 16.4..... | 9,135 | 9,135 | 0 | 0 | 0 | 9,135 | 0 | 0 |
| 18. Prior year (uncollected + deferred and accrued - advance)..... | 0 | | | | | 0 | | |
| 19. Renewal premiums and considerations: | | | | | | | | |
| 19.1 Direct..... | 9,135 | 9,135 | | | | 9,135 | | |
| 19.2 Reinsurance assumed..... | 0 | | | | | 0 | | |
| 19.3 Reinsurance ceded..... | 0 | | | | | 0 | | |
| 19.4 Net (Line 17 - Line 18)..... | 9,135 | 9,135 | 0 | 0 | 0 | 9,135 | 0 | 0 |
| TOTAL | | | | | | | | |
| 20. Total premiums and annuity considerations: | | | | | | | | |
| 20.1 Direct..... | 23,645 | 23,645 | 0 | 0 | 0 | 23,645 | 0 | 0 |
| 20.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20.4 Net (Lines 9.4 + 10.4 + 19.4)..... | 23,645 | 23,645 | 0 | 0 | 0 | 23,645 | 0 | 0 |

**EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE
ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

| | 1 | Total | Insurance | | | | 7 | 8 |
|--|---|-------|---------------------|------------------------------|-----------------------------|--|-------|---|
| | | | 2 Life Insurance | 3 Individual Annuities | 4 Accident and Health | 5 Aggregate of All Other Lines of Business | | |
| REFUNDS APPLIED (included in Part 1) | | | | | | | | |
| 21. To pay renewal premiums..... | | 0 | | | | | 0 | |
| 22. All other..... | | 0 | | | | | 0 | |
| REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED | | | | | | | | |
| 23. First year (other than single): | | | | | | | | |
| 23.1 Reinsurance ceded..... | | 0 | | | | | 0 | |
| 23.2 Reinsurance assumed..... | | 0 | | | | | 0 | |
| 23.3 Net ceded less assumed..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Single: | | | | | | | | |
| 24.1 Reinsurance ceded..... | | 0 | | | | | 0 | |
| 24.2 Reinsurance assumed..... | | 0 | | | | | 0 | |
| 24.3 Net ceded less assumed..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. Renewal: | | | | | | | | |
| 25.1 Reinsurance ceded..... | | 0 | | | | | 0 | |
| 25.2 Reinsurance assumed..... | | 0 | | | | | 0 | |
| 25.3 Net ceded less assumed..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Totals: | | | | | | | | |
| 26.1 Reinsurance ceded (Page 6, Line 6)..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26.2 Reinsurance assumed..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26.3 Net ceded less assumed..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COMMISSIONS INCURRED (direct business only) | | | | | | | | |
| 27. First year (other than single)..... | | 0 | | | | | 0 | |
| 28. Single..... | | 508 | 508 | | | | 508 | |
| 29. Renewal..... | | 1,241 | 1,241 | | | | 1,241 | |
| 30. Deposit-type contract funds..... | | 0 | | | | | 0 | |
| 31. Totals (to agree with Page 6, Line 19)..... | | 1,749 | 1,749 | 0 | 0 | 0 | 1,749 | 0 |

North American Swiss Alliance

EXHIBIT 2 - GENERAL EXPENSES

| | Insurance | | | | 5 | 6 | 7 | | | |
|--|-----------|--------------------------|-------------------|---|--------|----------------|-----------------|--|--|--|
| | 1 Life | Accident and Health | | 4 Aggregate of All Other Lines of Business | | | | | | |
| | | 2 Cost Containment | 3 All Other | | | | | | | |
| 1. Rent..... | 4,900 | | | | | .545 | 5,445 | | | |
| 2. Salaries and wages..... | 30,283 | | | | | 7,571 | 37,854 | | | |
| 3.11 Insured benefit plans for employees..... | | | | | | | 0 | | | |
| 3.12 Insured benefit plans for fieldworkers..... | | | | | | | 0 | | | |
| 3.21 Uninsured benefit plans for employees..... | | | | | | | 0 | | | |
| 3.22 Uninsured benefit plans for fieldworkers..... | | | | | | | 0 | | | |
| 3.31 Other employee welfare..... | | | | | | | 0 | | | |
| 3.32 Other fieldworker welfare..... | | | | | | | 0 | | | |
| 4.1 Legal fees and expenses..... | 2,197 | | | | | | 2,197 | | | |
| 4.2 Medical examination fees..... | | | | | | | 0 | | | |
| 4.3 Inspection report fees..... | | | | | | | 0 | | | |
| 4.4 Fees of public accountants and consulting actuaries..... | 37,405 | | | | | | 37,405 | | | |
| 4.5 Expense of investigation and settlement of certificate claims..... | | | | | | | 0 | | | |
| 5.1 Traveling expenses..... | | | | | | | 0 | | | |
| 5.2 Advertising..... | 156 | | | | | | 156 | | | |
| 5.3 Postage, express, telegraph and telephone..... | 3,320 | | | | | 369 | 3,689 | | | |
| 5.4 Printing and stationery..... | | | | | | | 0 | | | |
| 5.5 Cost or depreciation of furniture and equipment..... | 850 | | | | | | 850 | | | |
| 5.6 Rental of equipment..... | | | | | | | 0 | | | |
| 5.7 Cost or depreciation of EDP equipment and software..... | | | | | | | 0 | | | |
| 5.8 Lodge supplies less \$.....0 from sales..... | | | | | | | 0 | | | |
| 6.1 Books and periodicals..... | | | | | | 1,259 | 1,259 | | | |
| 6.2 Bureau and association dues..... | | | | | | | 0 | | | |
| 6.3 Insurance, except on real estate..... | 375 | | | | | | 375 | | | |
| 6.4 Miscellaneous losses..... | | | | | | | 0 | | | |
| 6.5 Collection and bank service charges..... | | | | | | | 0 | | | |
| 6.6 Sundry general expenses..... | 322 | | | | | 36 | 358 | | | |
| 7.1 Field expense allowance..... | | | | | | | 0 | | | |
| 7.2 Fieldworkers' balances charged off (less \$.....0 recovered)..... | | | | | | | 0 | | | |
| 7.3 Field conferences other than local meetings..... | 18,639 | | | | | | 18,639 | | | |
| 8.1 Official publications..... | | | | | | 2,059 | 2,059 | | | |
| 8.2 Expense of Supreme Lodge Meetings..... | | | | | | | 0 | | | |
| 9.1 Real estate expenses..... | | | | | | | 0 | | | |
| 9.2 Investment expenses not included elsewhere..... | | | | | | 21,172 | 21,172 | | | |
| 9.3 Aggregate write-ins for expenses..... | 21,320 | 0 | 0 | 0 | 0 | 0 | 21,320 | | | |
| 10. General Expenses Incurred..... | 119,767 | 0 | 0 | 0 | 21,172 | (a).....11,839 | (b).....152,778 | | | |
| 11. General expenses unpaid December 31, prior year..... | 9,000 | | | | | | 9,000 | | | |
| 12. General expenses unpaid December 31, current year..... | 16,500 | | | | | | 16,500 | | | |
| 13. General expenses paid during year (Lines 10 + 11 - 12)..... | 112,267 | 0 | 0 | 0 | 21,172 | 11,839 | 145,278 | | | |

DETAILS OF WRITE-INS

| | | | | | | | |
|--|--------|---|---|---|---|---|--------|
| 09.301 Data Processing..... | 21,320 | | | | | | 21,320 |
| 09.302 | | | | | | | 0 |
| 09.303 | | | | | | | 0 |
| 09.398 Summary of remaining write-ins for Line 9.3 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09.399 Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above)..... | 21,320 | 0 | 0 | 0 | 0 | 0 | 21,320 |

(a) Show the distribution of this amount in the following categories:

 1. Charitable \$.....0; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0
 5. Religious \$.....0; 6. Membership \$....2,059; 7. Other \$....9,780; 8. Total \$....11,839

(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

| | Insurance | | | 4 | 5 | 6 |
|---|-----------|-----------------------------|---|---|---|-------|
| | 1 Life | 2 Accident and Health | 3 Aggregate of All Other Lines of Business | | | |
| 1. Real estate taxes..... | | | | | | 0 |
| 2. State insurance department licenses and fees..... | 1,442 | | | | | 1,442 |
| 3. Other state taxes, including \$.....0 for employee benefits..... | 227 | | | | | 227 |
| 4. U.S. Social Security taxes..... | 2,204 | | | | | 2,204 |
| 5. All other taxes..... | 881 | | | | | 881 |
| 6. Taxes, licenses and fees Incurred..... | 4,754 | 0 | 0 | 0 | 0 | 4,754 |
| 7. Taxes, licenses and fees unpaid December 31, prior year..... | 114 | | | | | 114 |
| 8. Taxes, licenses and fees unpaid December 31, current year..... | 114 | | | | | 114 |
| 9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8)..... | 4,754 | 0 | 0 | 0 | 0 | 4,754 |

EXHIBIT 4 - DIVIDENDS OR REFUNDS

| | 1 Life | 2 Accident and Health |
|--|-----------|--------------------------|
| 1. Applied to pay renewal premiums..... | | |
| 2. Applied to shorten the endowment or premium-paying period..... | | |
| 3. Applied to provide paid-up additions..... | | 8,131 |
| 4. Applied to provide paid-up annuities..... | | |
| 5. Total (Lines 1 to 4)..... | | 8,131 |
| 6. Paid-in cash..... | | 73 |
| 7. Left on deposit..... | | |
| 8. Aggregate write-ins for dividend or refund..... | | 0 |
| 9. Total (Lines 5 to 8)..... | | 8,204 |
| 10. Amount due and unpaid..... | | |
| 11. Provision for dividends or refunds payable in the following calendar year..... | | 10,000 |
| 12. Terminal dividends..... | | |
| 13. Provision for deferred dividend contracts..... | | |
| 14. Amount provisionally held for deferred dividend contracts not included in Line 13..... | | |
| 15. Total (Lines 10 through 14)..... | | 10,000 |
| 16. Total from prior year..... | | 35,000 |
| 17. Total dividends or refunds (Line 9 + 15 - 16)..... | | (16,796) |

DETAILS OF WRITE-INS

| | | |
|---|--|---|
| 0801..... | | |
| 0802..... | | |
| 0803..... | | |
| 0898. Summary of remaining write-ins for Line 8 from overflow page..... | | 0 |
| 0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above)..... | | 0 |

North American Swiss Alliance
EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

| 1 Valuation Standard | 2 Total | 3 Industrial | 4 Ordinary | 5 Credit (Group and Individual) | 6 Group |
|--|------------|-----------------|---------------|---------------------------------------|------------|
| Life Insurance: | | | | | |
| 0100001. Am Exp 3% | 930,896 | | | 930,896 | |
| 0100002. Am Exp 3% ETI | 16,413 | | | 16,413 | |
| 0100003. Am Exp 3.5% | 92,454 | | | 92,454 | |
| 0100004. 58 CSO 4% | 103,141 | | | 103,141 | |
| 0100005. 80 CSO 4% | 265,090 | | | 265,090 | |
| 0100006. 80 CSO 4% PUAs | 665,957 | | | 665,957 | |
| 0100007. 01 CSO 4% | 29,585 | | | 29,585 | |
| 0100008. C2 & MISC | 464 | | | 464 | |
| 0100009. Asset Adequacy Reserve | 400,000 | | | 400,000 | |
| 0199997. Totals (Gross) | 2,504,000 | .0 | | 2,504,000 | .0 |
| 0199999. Totals (Net) | 2,504,000 | .0 | | 2,504,000 | .0 |
| 9999999. Totals (Net) - Page 3, Line 1 | 2,504,000 | .0 | | 2,504,000 | .0 |

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No [X]

1.2 If not, state which kind is issued..... Participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No [X]

2.2 If not, state which kind is issued..... Participating

3. Does the reporting entity at present issue or have in force policies that contain non-guaranteed elements? Yes [] No [X]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.


* 5 6 3 7 5 2 0 1 1 3 7 0 0 0 0 0 0 *

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [] No [X]
4.1 Amount of insurance? \$.....
4.2 Amount of reserve? \$.....
4.3 Basis of reserve: N/A
4.4 Basis of regular assessments: NONE
4.5 Basis of special assessments: NONE
4.6 Assessments collected during year: \$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5 %, not in advance, state the contract loan rate guarantees on any such contracts.
INTEREST 5% OR GREATER

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]
6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....
Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC policies, contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
7.1 If yes, state the total dollar amount of assets covered by these policies, contracts or agreements? \$.....
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount: N/A
7.3 State the amount of reserves established for this business: \$.....
7.4 Identify where the reserves are reported in the blank.
N/A

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

| 1 Description of Valuation Class | Valuation Basis | | 4 Increase in Actuarial Reserve Due To Change |
|---|-------------------|-----------------|--|
| | 2 Changed From | 3 Changed To | |
| LIFE CONTRACTS (Including supplementary contracts set up on a basis other than that used to determine benefits) (Exhibit 5) | | | |
| 0100001. Asset Adequacy Reserve..... | 300,000 | 400,000 | (100,000) |
| 0199999. Subtotal (Page 7, Line 6)..... | XXX | XXX | (100,000) |
| 9999999. Total (Column 4 only)..... | | | (100,000) |

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

| | 1 Total | 2 Collectively Renewable | Other Individual Contracts | | | | |
|---|------------|--------------------------------|----------------------------|------------------------------|--|--------------------------------|----------------|
| | | | 3 Non- Cancelable | 4 Guaranteed Renewable | 5 Non-Renewable for Stated Reasons Only | 6 Other Accident Only | 7 All Other |
| ACTIVE LIFE RESERVE | | | | | | | |
| 1. Unearned premium reserves..... | 0 | | | | | | |
| 2. Additional contract reserves (a)..... | 0 | | | | | | |
| 3. Additional actuarial reserves-Asset/Liability analysis..... | 0 | | | | | | |
| 4. Reserve for future contingent benefits..... | 0 | | | | | | |
| 5. Aggregate write-ins for reserves..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Totals (Gross)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Reinsurance ceded..... | 0 | | | | | | |
| 8. Totals (Net)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CLAIM RESERVE | | | | | | | |
| 9. Present value of amounts not yet due on claims..... | 0 | | | | | | |
| 10. Additional actuarial reserves-Asset/Liability analysis..... | 0 | | | | | | |
| 11. Reserve for future contingent benefits..... | 0 | | | | | | |
| 12. Aggregate write-ins for reserves..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Totals (Gross)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Reinsurance ceded..... | 0 | | | | | | |
| 15. Totals (Net)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. TOTAL (Net)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TABULAR FUND INTEREST..... | 0 | | | | | | |

DETAILS OF WRITE-INS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0501..... | 0 | | | | | | |
| 0502..... | 0 | | | | | | |
| 0503..... | 0 | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 thru 0503 + 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1201..... | 0 | | | | | | |
| 1202..... | 0 | | | | | | |
| 1203..... | 0 | | | | | | |
| 1298. Summary of remaining write-ins for Line 12 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1299. Totals (Lines 1201 thru 1203 + 1298) (Line 12 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

| | 1 Total | 2 Guaranteed Interest Contracts | 3 Annuities Certain | 4 Supplemental Contracts | 5 Dividend Accumulations or Refunds | 6 Premium and Other Deposit Funds |
|--|------------|--|---------------------------|--------------------------------|--|--|
| | | | | | | |
| 1. Balance at beginning of the year before reinsurance..... | 0 | | | | | |
| 2. Deposits received during the year..... | 0 | | | | | |
| 3. Investment earnings credited to the account..... | 0 | | | | | |
| 4. Other net change in reserves..... | 0 | | | | | |
| 5. Fees and other charges assessed..... | 0 | | | | | |
| 6. Surrender charges..... | 0 | | | | | |
| 7. Net surrender or withdrawal payments..... | 0 | | | | | |
| 8. Other net transfers to or (from) Separate Accounts..... | 0 | | | | | |
| 9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8)..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Reinsurance balance at the beginning of the year..... | 0 | | | | | |
| 11. Net change in reinsurance assumed..... | 0 | | | | | |
| 12. Net change in reinsurance ceded..... | 0 | | | | | |
| 13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Net balance at the end of current year after reinsurance (Lines 9 + 13)..... | 0 | 0 | 0 | 0 | 0 | 0 |

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**PART 1 - Liability End of Current Year**

| | 1 Total | 2 Industrial Life | Ordinary | | | 6 Credit Life (Group and Individual) | Group | | Accident and Health | | |
|-------------------------------|------------|-------------------------|------------------------|------------------------------|---------------------------------|---|------------------------|----------------|---------------------|---|-------------|
| | | | 3 Life Insurance | 4 Individual Annuities | 5 Supplementary Contracts | | 7 Life Insurance | 8 Annuities | 9 Group | 10 Credit (Group and Individual) | 11 Other |
| 1. Due and unpaid: | | | | | | | | | | | |
| 1.1 Direct..... | 0 | | | | | | | | | | |
| 1.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 1.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 1.4 Net..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. In course of settlement: | | | | | | | | | | | |
| 2.1 Resisted: | | | | | | | | | | | |
| 2.11 Direct..... | 0 | | | | | | | | | | |
| 2.12 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 2.13 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 2.14 Net..... | 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | 0 | 0 | 0 | 0 |
| 2.2 Other: | | | | | | | | | | | |
| 2.21 Direct..... | .892 | | .892 | | | | | | | | |
| 2.22 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 2.23 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 2.24 Net..... | .892 | 0 | (b) .892 | (b) 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | (b) 0 |
| 3. Incurred but unreported: | | | | | | | | | | | |
| 3.1 Direct..... | .4,108 | | .4,108 | | | | | | | | |
| 3.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 3.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 3.4 Net..... | .4,108 | 0 | (b) .4,108 | (b) 0 | 0 | (b) 0 | (b) 0 | 0 | (b) 0 | (b) 0 | (b) 0 |
| 4. Totals: | | | | | | | | | | | |
| 4.1 Direct..... | .5,000 | 0 | .5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net..... | .5,000 | (a) 0 | (a) .5,000 | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 |

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**PART 2 - Incurred During the Year**

| | 1 Total | 2 Industrial Life (a) | Ordinary | | | 6 Credit Life (Group and Individual) | Group | | Accident and Health | | |
|---|------------|--------------------------------|-------------------------------|------------------------------|---------------------------------|---|-------------------------------|----------------|---------------------|---|-------------|
| | | | 3 Life Insurance (b) | 4 Individual Annuities | 5 Supplementary Contracts | | 7 Life Insurance (c) | 8 Annuities | 9 Group | 10 Credit (Group and Individual) | 11 Other |
| 1. Settlements during the year: | | | | | | | | | | | |
| 1.1 Direct..... | 49,089 | | | 49,089 | | | | | | | |
| 1.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 1.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 1.4 Net..... | (d) 49,089 | 0 | 49,089 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Liability December 31, current year from Part 1: | | | | | | | | | | | |
| 2.1 Direct..... | 5,000 | | | 5,000 | | | | | | | |
| 2.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 2.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 2.4 Net..... | 5,000 | 0 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts recoverable from reinsurers December 31, current year..... | 0 | | | | | | | | | | |
| 4. Liability December 31, prior year: | | | | | | | | | | | |
| 4.1 Direct..... | 5,000 | | | 5,000 | | | | | | | |
| 4.2 Reinsurance assumed..... | 0 | | | | | | | | | | |
| 4.3 Reinsurance ceded..... | 0 | | | | | | | | | | |
| 4.4 Net..... | 5,000 | 0 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Amounts recoverable from reinsurers December 31, prior year..... | 0 | | | | | | | | | | |
| 6. Incurred benefits: | | | | | | | | | | | |
| 6.1 Direct..... | 49,089 | 0 | 49,089 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6.4 Net..... | 49,089 | 0 | 49,089 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$....5,987 in Line 1.1, \$....5,987 in Line 1.4, \$....5,987 in Line 6.1 and \$....5,987 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|--|--|--|---|
| 1. Bonds (Schedule D)..... | | | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks..... | | | 0 |
| 2.2 Common stocks..... | | | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens..... | | | 0 |
| 3.2 Other than first liens..... | | | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company..... | | | 0 |
| 4.2 Properties held for the production of income..... | | | 0 |
| 4.3 Properties held for sale..... | | | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | | | 0 |
| 6. Contract loans..... | | | 0 |
| 7. Derivatives (Schedule DB)..... | | | 0 |
| 8. Other invested assets (Schedule BA)..... | | | 0 |
| 9. Receivables for securities..... | | | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only)..... | | | 0 |
| 14. Investment income due and accrued..... | | | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | | | 0 |
| 15.3 Accrued retrospective premiums..... | | | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 |
| 18.2 Net deferred tax asset..... | | | 0 |
| 19. Guaranty funds receivable or on deposit..... | | | 0 |
| 20. Electronic data processing equipment and software..... | | | 0 |
| 21. Furniture and equipment, including health care delivery assets..... | | | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 |
| 24. Health care and other amounts receivable..... | | | 0 |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 0 | 0 | 0 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 |
| 28. TOTALS (Lines 26 and 27)..... | 0 | 0 | 0 |

NONE**DETAILS OF WRITE-INS**

| | | | |
|--|---|---|---|
| 1101. | | | 0 |
| 1102. | | | 0 |
| 1103. | | | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 |
| 2501. | | | 0 |
| 2502. | | | 0 |
| 2503. | | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 |

NOTES TO FINANCIAL STATEMENTS

1. Significant Account Policies.

A. Accounting practices.

The financial statements of **North American Swiss Alliance** are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of a Fraternal Benefit Society, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, 1) goodwill arising from the purchase of a subsidiary, controlled or affiliated entity is written off directly to surplus in the year it originates by Ohio domiciled companies. In NAIC SAP, goodwill in amounts not to exceed 10% of an insurer's capital and surplus may be capitalized and all amounts of goodwill are amortized to unrealized gains and losses on investments over periods not to exceed 10 years, and, 2) 100% of all fixed assets are admitted by Ohio domiciled Fraternal Benefit Societies. In NAIC SAP, fixed assets are not admitted. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Society's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio results in no change.

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy.

Life premiums are recognized as income over the premium paying period of the related policies. If applicable, annuity considerations are recognized as revenue when received. If applicable, health premiums are earned ratable, over the term of the related insurance policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The amount of dividends to be paid to policyholders is determined annually by the Society's Board of Directors. The aggregate amount of policyholders' dividends is related to actual interest, mortality, morbidity, and expense experience for the year and judgment as to the appropriate level of statutory surplus to be retained by the Society.

In addition, the society uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds: Not backed by other loans at amortized cost using the interest method: loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (3) Common Stock: At market value except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.
- (4) Preferred Stock: Cost or Amortized Value in accordance with NAIC procedure.
- (5) Mortgage Loan on Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.
- (6) See #2.
- (7) The Society has no subsidiary.
- (8) The Society has no ownership interests in joint ventures.
- (9) The Society has no derivatives.
- (10) The Society has neither Individual Accident and Health Contracts; nor Group Accident and Health Contracts.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimated and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any

NOTES TO FINANCIAL STATEMENTS

adjustments are reflected in the period determined. Because the Society is a life insurer, loss adjustment expenses are not a big factor nor large expense.

(12) The Society has not modified its capitalization policy from the prior period.

(13) The Society has no pharmaceutical rebates.

2. Accounting Changes and Correction of Errors

A. During the current year's financial statement preparation, the Society made no adjustment for error in the prior year.

3. Business Combination and Goodwill:

A. N/A

B. The Society had no merger.

C. The Society had no assumption reinsurance.

D. The Society had no impairment loss.

4. Discontinued Operations: N/A

5. Investments.

A. Mortgage Loans, including Mezzanine Real Estate Loans. The Society currently has no mortgage loans. If a mortgage loan was granted, the following standards would be applicable:

(1) The maximum and minimum lending rate for mortgage loans during the current year:
Farm loans 10.5% and 9%, City loans 11.5% and 9.5%, Purchase money mortgages 10.5% and 9.5%.

(2) During the current year, the Society reduced interest rates of outstanding mortgage loans as follows: none.

(3) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages: 75%.

| | Current <u>Year</u> | Prior <u>Year</u> |
|--|------------------------------|------------------------------|
| (4) As of year end, the Society held Mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest. | None | None |
| Total interest due on mortgages With interest more than 180 days Past due. | None | None |
| (5) As of December 31, the amount which had been advanced but not repaid and not included in the mortgage loan total: | None | None |
| (6) Current year impaired loans with a related allowance for credit losses. | None | None |
| Related allowance for credit losses. | None | None |
| (7) Impaired mortgage loans without an allowance for credit losses. | None | None |
| (8) Average recorded investment in impaired loans. | None | None |
| (9) Interest income recognized during the period the loans were impaired. | None | None |
| (10) Amount of interest income recognized on a cash basis during the period the loans were impaired. | None | None |
| (11) Allowances for credit losses: a) Balance at beginning of period. b) Additions charged to operations. c) Direct write-downs charged against the allowances. | None None None None | None None None None |

NOTES TO FINANCIAL STATEMENTS

| | | |
|--|------|------|
| d) Recoveries of amounts previously charged off. | None | None |
| e) Balance at end of period. | None | None |

(12) The Society recognizes interest income on its impaired loans upon receipt. At year-end, interest income on Impaired loans were: None None

B. Debt Restructuring

(1) The total recorded investment in restructured loans, as of year end. None None

(2) The realized capital losses related to these loans. None None

(3) Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructuring. None None

(4) The Company accrues interest income on impaired loans to the extent it is deemed collectible (delinquent less than 90 days) and the loan continues to perform under its original or restructured contractual terms. Interest income on non-performing loans is generally recognized on a cash basis.

C. Reverse Mortgages: None**D. Loan-Backed Securities:**

For Loan-Backed Securities, disclose the following:

(1) Prepayment assumptions for mortgage-backed/loan-backed/and structured securities were obtained from broker dealer survey values or internal estimates.

(2) The Society was not required to recognize any OTTI Adjustments during 2011.

(3) No OTTI Adjustments in the current year.

(4) (a) 1 0
2 0
(b) 1 0
2 0

E. Repurchase Agreements: N/A**6. Joint Ventures, Partnerships and Limited Liability Companies.**

A. The Society has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Society did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income.

A. Due and accrued income was excluded from investment income on the following basis:

Mortgage loans: On loans in foreclosure or delinquent for more than 90 days.
Bonds: Where collection of interest is uncertain and/or the bond is in default.
Real Estate: Where rent is in arrears for more than three months.

B. Total Amount Excluded: 0.

8. Derivative Instruments: The Society owned no derivative instruments at December 31, of the current year.**9. Income Taxes:** The Society, as a Fraternal Benefit Society, is not subject to income taxes.**10. Information Concerning Parent, Subsidiaries and Affiliates:**

A. The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.

B. The Society does not have an affiliate or subsidiary.

C. The Society does not hold any investments in its subsidiaries which are not

NOTES TO FINANCIAL STATEMENTS

included in Schedule D, Summary by Country.

D. The Society has not made any agreements for the benefit of its subsidiaries which result in a material contingent exposure of the Society's assets.

E. The Society has not given any commitment or guarantees to its subsidiary.

F - L. N/A

11. **Debt:** The Society has no debt or borrowed money as of December 31, of the current year.

12. **Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans.**

A. **Defined Benefit Plan:** The Society does not have Defined Benefit Plan for its officers and employees.

B. **Defined Contribution Plan:**
The Society does not have a Defined Contribution Plan. All participants are vested.

C. **Multi-employer Plans:** N/A

D. **Consolidated/holding Company Plans:** N/A

E. **Post-employment Benefits and Compensated Absences:** N/A

13. **Capital and surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.**

The Society is a Fraternal Benefit Society and issues no stock.

The Society had no advances to surplus.

The Society has no special surplus funds.

The Society has no surplus notes.

14. **Contingencies.**

The Society had no contingencies.

15. **Leases.**

The Society does not have any material lease obligations at this time.

16. **Information about financial Instruments with Off-Balance Sheet Risk.**

The Society has no financial instruments with off-balance sheet Risk.

17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:**
None

18. **Gain or Loss to the Reporting Entity from uninsured Plans and the Uninsured Portion of Partially Insured Plans:** None

19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:**

The Society has no direct premium written/produced by managing general agents/third party administrators.

20. **Fair Value Measurements.**

A. (1) **Assets Measured at Fair Value.**
Common Stocks - Level One \$0;
Total \$0

(2) **Assets Measured at Fair Value on a Recurring Basis Using Significant Unobservable Inputs (Level 2):** NONE **(Level 3):** NONE

B. (1) **Assets Measured at Fair Value on a Nonrecurring Basis:**
Bonds: NONE
Preferred Stock: NONE

21. **Other Items:**

The Society has no other items that require reporting, (Paragraphs A through F) except Paragraph G, Sub-Prime Mortgage-Related Risk Exposure.

NOTES TO FINANCIAL STATEMENTS**G. Sub-prime Mortgage-Related Risk Exposure:**

The Society has no direct exposure in sub-prime mortgage related risk exposure. The Society has contacted its brokerage firms relative to sub-prime exposure among the issues of Mortgage Backed Securities in its portfolio. The brokerage firms report that the Society has no sub-prime exposure among the Mortgage Backed Securities owned by the Society.

H. Retained Assets – The Society has no retained assets.**22. Events Subsequent:**

The society has nothing to report as Events Subsequent including no recovery of business interruption insurance.

23. Reinsurance:**A. Ceded Reinsurance Report:****Section 1 - General interrogatories**

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, with directly or indirectly, by the society or by any representative, officer, trustee, or director of the society? NO
2. Have any certificate issued by the society been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? NO

Section 2 - Ceded Reinsurance Report - Part A

1. Does the society have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? NO
 - a. N/A
 - b. N/A
2. Does the society have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured certificates? NO

Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the society may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include certificates or contracts which were in force or which had existing reserves established by the company as of the effective date of the agreement? NO

3. Uncollectible Reinsurance:

The Society has no uncollectible reinsurance.

4. Commutation of Ceded Reinsurance: None**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination:**

The Society has no retrospectively rated contracts or contracts subject to

NOTES TO FINANCIAL STATEMENTS

redetermination.

25. Change in Incurred Losses and Loss Adjustment Expenses:

The Society has no change in incurred losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements:

The Society has no Intercompany pooling arrangements.

27. Structured Settlement: The Society has no Structured Settlements.

28. Health Care Receivables: The Society has no Health Care Receivables.

29. Participating Policies:

- A. 100% of life insurance is participating.
- B. The portfolio average method is applied, recognizing plan of insurance, amount of insurance, year of issue and age at issue.
- C. The Society paid dividends in the amount shown on Exhibit 4, to policyholders.
- D. The Society did not allocate any additional income to its policyholders.

30. Premium Deficiency Reserves: Not Applicable.

31. Reserves for Life Contracts and Deposit-type Contracts:

- (1) The society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computed reserves.

- (2) Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age.

Regular reserves are computed by the regular reserve for the plan at a rated age and holding in addition one-half of the extra premium charge for one year.

- (3) As of December 31, of the current year, the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set by the State of OH.

- (4) The Tabular Interest (Page 7, Line4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line5) has been determined by formula as described in the instructions for Page 7 by formula.

- (5) The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7. For the determination of Tabular Interest on funds not involving life contingencies under Page 7, Annuity, Line 3, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation. The total amount of all such products is entered under Page 7, Line 3.

- (6) The details for "Other Increases" (net) under Page 7, Line 7, are: The Life reserve calculation process was changed from KARWP to individual reserve calculation based on Mid-Terminal reserve factors within the appropriate mortality table. A portion of the 2008 reserve increase was attributed to the change in calculation procedures.

32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics:

Amount % of Total

A. Subject to discretionary withdrawal:

- (1) with fair value adjustment:
- (2) book value less current surrender charges of 5% or more: NONE
- (3) at fair value:
- (4) total with adjustments or at fair value, (total 1 - 3):
- (5) at book value without adjustment:

B. Not subject to discretionary withdrawal provision:

NOTES TO FINANCIAL STATEMENTS

C. Total Gross:

D. Reinsurance ceded:

E. Total (Net) * (C) - (D)

*Reconciliation of Total Annuity Actuarial Reserves and Deposit Fund Liabilities.

F. Annual Statement: NONE

1. Exh. 5, Annuities, Totals (Net):

2. Exh. 5, Suppl. Contracts w/ Life Contingencies, Total (Net):

3. Exh. 7, L14, Col. 1:

4. Subtotal:

33. Premium and Annuity Considerations Deferred and Uncollected: NONE

The Society's uncollected premiums are shown on Page 2, Line 12.1, Column 1 and on Exhibit 1.

34. Separate Accounts: NONE

The Society does not have any separate accounts.

35. Loss/Claim Adjustment Expenses: Not required.

North American Swiss Alliance

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating? _____

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2005

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____ 12/31/2005

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____ 05/03/2006

3.4 By what department or departments? OHIO DEPARTMENT OF INSURANCE

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| | | |
|---------------------|--------------------|------------------------|
| 1 Name of Entity | 2 NAIC Co. Code | 3 State of Domicile |
| | | |

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

| | |
|------------------|---------------------|
| 1 Nationality | 2 Type of Entity |
| | |

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| | | | | | | |
|---------------------|-----------------------------|----------|----------|----------|-----------|----------|
| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
| | | | | | | |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? The Alliance is EXEMPT from filing annual audit.

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Grant Hemphill, F.S.A, M.A.A.A., C.L.U., 916 SHERWOOD DRIVE, LAKE BLUFF, IL, 60044, BRUCE AND BRUCE COMPANY, CONSULTING ACTUARIES

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company _____

12.12 Number of parcels involved _____

12.13 Total book/adjusted carrying value _____

12.2 If yes, provide explanation.

North American Swiss Alliance

GENERAL INTERROGATORIES

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 | 2 | 3 | 4 |
|---|---------------------------------|---|--------|
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
| | | | |

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

| | |
|---|----------|
| 20.11 To directors or other officers | \$.....0 |
| 20.12 To stockholders not officers | \$.....0 |
| 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

| | |
|---|----------|
| 20.21 To directors or other officers | \$.....0 |
| 20.22 To stockholders not officers | \$.....0 |
| 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

| | |
|----------------------------|-------|
| 21.21 Rented from others | ..... |
| 21.22 Borrowed from others | ..... |
| 21.23 Leased from others | ..... |
| 21.24 Other | ..... |

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

| | |
|--|-------|
| 22.21 Amount paid as losses or risk adjustment | ..... |
| 22.22 Amount paid as expenses | ..... |
| 22.23 Other amounts paid | ..... |

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [X] No []

24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.

24.6 If answer to 24.4 is no, report amount of collateral for other programs.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [] No [X]
 25.2 If yes, state the amount thereof at December 31 of the current year:
 25.21 Subject to repurchase agreements
 25.22 Subject to reverse repurchase agreements
 25.23 Subject to dollar repurchase agreements
 25.24 Subject to reverse dollar repurchase agreements
 25.25 Pledged as collateral
 25.26 Placed under option agreements
 25.27 Letter stock or securities restricted as to sale
 25.28 On deposit with state or other regulatory body
 25.29 Other

25.3 For category (25.27) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes []
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
 27.2 If yes, state the amount thereof at December 31 of the current year:

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian's Address |
|-----------------------------|--|
| Morgan Stanley Smith Barney | 24400 Chagrin Blvd., #300, Beachwood, OH 44122 |

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
 28.04 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository Number(s) | 2 Name | 3 Address |
|--|--------------------|--|
| 1254845 | Stephen Baumgarten | 24400 Chagrin Blvd., Beachwood, OH 44122 |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]
 29.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adj.Carrying Value |
|----------------|--------------------------|------------------------------|
| 29.2999. TOTAL | | 0 |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from the above table) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding | 4 Date of Valuation |
|--|--|--|------------------------|
| | | | |

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|----------------------------|---------------------------------------|--------------------|---|
| 30.1 Bonds..... | 3,229,516 | 3,491,423 | 261,907 |
| 30.2 Preferred stocks..... | | | 0 |
| 30.3 Totals..... | 3,229,516 | 3,491,423 | 261,907 |

30.4 Describe the sources or methods utilized in determining the fair values:

SVO CD ROM, TRADE PUBLICATIONS, BROKERS

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
 32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |

34.1 Amount of payments for legal expenses, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |

NONE

GENERAL INTERROGATORIES**PART 2 - FRATERNAL INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U.S. business only
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
 1.31 Reason for excluding _____

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.
 1.5 Indicate total incurred claims on all Medicare Supplement insurance.
 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned
 1.62 Total incurred claims
 1.63 Number of covered lives
 All years prior to most current three years:
 1.64 Total premium earned
 1.65 Total incurred claims
 1.66 Number of covered lives
 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned
 1.72 Total incurred claims
 1.73 Number of covered lives
 All years prior to most current three years:
 1.74 Total premium earned
 1.75 Total incurred claims
 1.76 Number of covered lives
 2.1 Does this reporting entity have Separate Accounts? Yes [] No [X]
 2.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] N/A [X]
 2.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?
 2.4 State the authority under which Separate Accounts are maintained: _____

2.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No [X]
 2.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No [X]
 2.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"
 3. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [X] No []
 4. How often are meetings of the subordinate branches required to be held?
 Monthly _____

5. How are the subordinate branches represented in the supreme or governing body?
 Delegates _____

6. What is the basis of representation in the governing body?
 One Delegate per 150 Members or fraction & one Delegate for each additional 150 Members or fraction over 150 _____

7.1 How often are regular meetings of the governing body held?
 Every four years _____

7.2 When was the last regular meeting of the governing body held?05/01/2010
 7.3 When and where will the next regular or special meeting of the governing body be held?
 May 2014; to be determined _____

7.4 How many members of the governing body attended the last regular meeting?35
 7.5 How many of the same were delegates of the subordinate branches?25
 8. How are the expenses of the governing body defrayed?
 General fund _____

9. When and by whom are the officers and directors elected?
 At Convention by Delegates _____

10. What are the qualifications for membership?
 Good Moral Character, Good Health _____

11. What are the limiting ages for admission?
 0-60 _____

12. What is the minimum and maximum insurance that may be issued on any one life?
 Minimum = \$1,000; Maximum = \$10,000 _____

13. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No [X]
 14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No [] N/A [X]
 15.1 Are notices of the payments required sent to the members? Yes []
 15.2 If yes, do the notices state the purpose for which the money is to be used? Yes [] No [X]
 16. What proportion of first and subsequent years' payments may be used for management expenses?
 16.11 First year80.0 %
 16.12 Subsequent years20.0 %

GENERAL INTERROGATORIES**PART 2 - FRATERNAL INTERROGATORIES**

17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?

Yes [] No [X]

17.2 If so, what amount and for what purpose?

18.1 Does the reporting entity pay an old age disability benefit?

Yes [] No [X]

18.2 If yes, at what age does the benefit commence?

19.1 Has the constitution or have the laws of the reporting entity been amended during the year?

Yes [] No [X]

19.2 If yes, when?

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and of all the laws, rules and regulations in force at the present time? If not, please do so.

Yes [X] No []

21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements?

Yes [] No [X]

21.2 If so, was an additional reserve included in Exhibit 5?

Yes [] No [X] N/A []

21.3 If yes, explain

22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year?

Yes [] No [X]

22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, or on account of such reinsurance, amalgamation, absorption, or transfer of membership or funds?

Yes [] No [X] N/A []

23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement?

Yes [] No [X]

24.1 Does the company have variable annuities with guaranteed benefits?

Yes [] No [X]

24.2 If 24.1 is yes, complete the following table for each type of guaranteed benefit.

| Type | 1 Guaranteed Death Benefit | 2 Guaranteed Living Benefit | 3 Waiting Period Remaining | 4 Account Value Related to Col. 3 | 5 Total Related Account Values | 6 Gross Amount of Reserve | 7 Location of Reserve | 8 Portion Reinsured | 9 Reinsurance Reserve Credit |
|------|----------------------------------|-----------------------------------|-------------------------------------|--|---|---------------------------------|-----------------------------|---------------------------|------------------------------------|
| | | | | | | | | | |

25. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

\$.....0

25.1 Amount of loss reserves established by these annuities during the current year?

25.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

| 1 P&C Insurance Company and Location | 2 Statement Value on Purchase Date of Annuities (i.e., Present Value) |
|---|--|
| | \$ |

26.1 Do you act as a custodian for health savings account?

Yes [] No [X]

26.2 If yes, please provide the amount of custodial funds held as of the reporting date.

.....

26.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

26.4 If yes, please provide the balance of the funds administered as of the reporting date.

.....

27.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?

Yes [] No [X]

27.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

| Date | Outstanding Lien Amount |
|------|----------------------------|
| | |

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

Amounts of life insurance in this exhibit should be shown in thousands (omit 000).

| | 1 2011 | 2 2010 | 3 2009 | 4 2008 | 5 2007 |
|---|-----------|-----------|-----------|-----------|-----------|
| Life Insurance in Force (Exhibit of Life Insurance) | | | | | |
| 1. Total (Line 21, Column 2)..... | 4,707 | 4,502 | 4,603 | 4,502 | 4,497 |
| New Business Issued (Exhibit of Life Insurance) | | | | | |
| 2. Total (Line 2, Column 2)..... | .49 | .61 | .153 | .59 | .55 |
| Premium Income (Exhibit 1, Part 1) | | | | | |
| 3. Life insurance - first year (Line 9.4, Column 2)..... | | | | | |
| 4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2)..... | 23,645 | 47,464 | 61,662 | 50,528 | 47,205 |
| 5. Annuity (Line 20.4, Column 3)..... | | | | | |
| 6. Accident and health (Line 20.4, Column 4)..... | | | | | |
| 7. Aggregate of all other lines of business (Line 20.4, Column 5)..... | | | | | |
| 8. Total (Line 20.4, Column 1)..... | 23,645 | 47,464 | 61,662 | 50,528 | 47,205 |
| Balance Sheet Items (Pages 2 and 3) | | | | | |
| 9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)..... | 3,406,021 | 3,437,306 | 3,437,762 | 3,358,511 | 3,326,592 |
| 10. Total liabilities excluding Separate Accounts business (Page 3, Line 23)..... | 2,721,732 | 2,614,331 | 2,453,399 | 2,168,762 | 2,036,132 |
| 11. Aggregate reserve for life certificates and contracts (Page 3, Line 1)..... | 2,504,000 | 2,406,000 | 2,247,000 | 2,014,000 | 1,956,000 |
| 12. Aggregate reserve for accident and health certificates (Page 3, Line 2)..... | | | | | |
| 13. Deposit-type contract funds (Page 3, Line 3)..... | | | | | |
| 14. Asset valuation reserve (Page 3, Line 21.1)..... | 5,640 | 4,649 | 3,972 | 3,459 | 2,932 |
| 15. Surplus (Page 3, Line 30)..... | 684,289 | 822,975 | 984,363 | 1,189,749 | 1,290,460 |
| Cash Flow (Page 5) | | | | | |
| 16. Net cash from operations (Line 11)..... | (72,484) | (32,535) | 9,870 | (59,301) | 1,359 |
| Risk-Based Capital Analysis | | | | | |
| 17. Total Adjusted Capital..... | 694,929 | 845,124 | 1,005,835 | 1,210,708 | 1,310,892 |
| 18. 50% of the Calculated RBC Amount..... | 18,252 | 20,454 | 17,626 | 14,330 | 12,276 |
| Percentage Distribution of Cash, Cash Equivalent and Invested Assets | | | | | |
| (Page 2, Col. 3) (Line No. + Page 2, Line 12, Col. 3) x 100.0 | | | | | |
| 19. Bonds (Line 1)..... | 95.7 | 92.9 | 91.4 | 94.1 | 93.7 |
| 20. Stocks (Lines 2.1 and 2.2)..... | | | | | |
| 21. Mortgage loans on real estate (Lines 3.1 and 3.2)..... | | | | | |
| 22. Real estate (Lines 4.1, 4.2 and 4.3)..... | | | | | |
| 23. Cash, cash equivalents and short-term investments (Line 5)..... | 4.0 | 7.0 | 8.3 | 5.6 | 6.1 |
| 24. Contract loans (Line 6)..... | 0.3 | 0.2 | 0.3 | 0.3 | 0.3 |
| 25. Derivatives (Line 7)..... | | | XXX | XXX | XXX |
| 26. Other invested assets (Line 8)..... | | | | | |
| 27. Receivable for securities (Line 9)..... | | | | | |
| 28. Securities lending reinvested collateral assets (Line 10)..... | | | XXX | XXX | XXX |
| 29. Aggregate write-ins for invested assets (Line 11)..... | | | | | |
| 30. Cash, cash equivalents and invested assets (Line 12)..... | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Investments in Subsidiaries and Affiliates | | | | | |
| 31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1)..... | | | | | |
| 32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1)..... | | | | | |
| 33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1)..... | | | | | |
| 34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10)..... | | | | | |
| 35. Affiliated mortgage loans on real estate..... | | | | | |
| 36. All other affiliated..... | | | | | |
| 37. Total of above Lines 31 to 36..... | 0 | 0 | 0 | 0 | 0 |
| Total Nonadmitted Assets and Admitted Assets | | | | | |
| 38. Total nonadmitted assets (Page 2, Line 28, Col. 2)..... | | | | | |
| 39. Total admitted assets (Page 2, Line 28, Col. 3)..... | 3,406,021 | 3,437,306 | 3,437,762 | 3,358,511 | 3,326,592 |
| Investment Data | | | | | |
| 40. Net investment income (Exhibit of Net Investment Income, Line 17)..... | 93,787 | 110,342 | 116,570 | 128,646 | 155,933 |
| 41. Realized capital gains (losses) (Page 4, Line 30, Column 1)..... | | | | | |
| 42. Unrealized capital gains (losses) (Page 4, Line 34, Column 1)..... | | | | | |
| 43. Total of above Lines 40, 41 and 42..... | 93,787 | 110,342 | 116,570 | 128,646 | 155,933 |

FIVE-YEAR HISTORICAL DATA

(Continued)

| | 1 2011 | 2 | 3 2009 | 4 2008 | 5 2007 |
|--|-----------|----------|-----------|-----------|-----------|
| Benefits and Reserve Increases (Page 6) | | | | | |
| 44. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5)..... | 68,292 | 46,558 | 51,319 | 94,044 | 78,409 |
| 45. Total Certificate Benefits - Accident and Health (Line 13, Column 5)..... | | | | | |
| 46. Increase in Life Reserves (Line 17, Column 2)..... | (2,000) | 59,000 | 33,000 | 18,000 | 25,000 |
| 47. Increase in Accident and Health Reserves (Line 17, Column 5)..... | | | | | |
| 48. Refunds to Members (Line 28, Column 1)..... | (16,796) | 32,736 | 32,796 | 33,153 | 33,407 |
| Operating Percentages | | | | | |
| 49. Insurance Expense Percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) + (Page 6 Column 1, Line 1) x 100.0..... | 564.0 | 238.2 | 164.4 | 225.2 | 227.9 |
| 50. Lapse Percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) + 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0..... | 0.8 | 0.4 | 0.5 | 1.0 | 0.9 |
| 51. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2)..... | | | | | |
| 52. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2)..... | | | | | |
| 53. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2)..... | | | | | |
| Accident and Health Reserve Adequacy | | | | | |
| 54. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1)..... | | | | | |
| 55. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1)..... | | | | | |
| Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29) | | | | | |
| 56. Life Insurance (Column 2)..... | (25,854) | (42,848) | 12,691 | (41,967) | (39,629) |
| 57. Annuity (Column 3)..... | | | | | |
| 58. Supplementary Contracts (Column 4)..... | | | | | |
| 59. Accident and Health (Column 5)..... | | | | | |
| 60. Aggregate of All Other Lines of Business (Column 6)..... | 0 | 1 | 1 | 1 | 1 |
| 61. Fraternal (Column 8)..... | (11,839) | (17,861) | (17,563) | (18,215) | |
| 62. Expense (Column 9)..... | | | | | |
| 63. Total (Column 1)..... | (37,693) | (60,709) | (4,872) | (60,182) | (39,629) |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

EXHIBIT OF LIFE INSURANCE

| | 1 Number of Certificates | 2 Amount of Insurance (a) |
|---|--------------------------------|---------------------------------|
| 1. In force end of prior year..... | 2,258 | 4,502 |
| 2. Issued during year..... | 36 | .49 |
| 3. Reinsurance assumed..... | | |
| 4. Revived during year..... | | |
| 5. Increased during year (net)..... | 62 | 247 |
| 6. Subtotals, Lines 2 to 5..... | 98 | 296 |
| 7. Additions by refunds during year..... | XXX. | |
| 8. Aggregate write-ins for increases..... | 0 | 0 |
| 9. Totals (Line 1 plus Line 6 to Line 8)..... | 2,356 | 4,798 |
| Deductions During Year: | | |
| 10. Death..... | 31 | .43 |
| 11. Maturity..... | .5 | .6 |
| 12. Disability..... | | |
| 13. Expiry..... | 4 | .3 |
| 14. Surrender..... | 19 | .39 |
| 15. Lapse..... | | |
| 16. Conversion..... | | |
| 17. Decreased (net)..... | | |
| 18. Reinsurance..... | | |
| 19. Aggregate write-ins for decreases..... | 0 | 0 |
| 20. Totals (Lines 10 to 19)..... | 59 | .91 |
| 21. In force end of year (b) (Line 9 minus 20)..... | 2,297 | 4,707 |
| 22. Reinsurance ceded end of year..... | XXX. | |
| 23. Line 21 minus Line 22..... | XXX. | 4,707 |

DETAILS OF WRITE-INS

| | | |
|--|---|---|
| 0801..... | | |
| 0802..... | | |
| 0803..... | | |
| 0898. Summary of remaining write-ins for Line 8 from overflow page..... | 0 | 0 |
| 0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)..... | 0 | 0 |
| 1901..... | | |
| 1902..... | | |
| 1903..... | | |
| 1998. Summary of remaining write-ins for Line 19 from overflow page..... | 0 | 0 |
| 1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above)..... | 0 | 0 |

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates), number of certificates.....1,784 , Amount, \$.....4,057.

Additional accidental death benefits included in life certificates were in amount, \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]

If not, how are such expenses met?.....Excess Interest & Mortality Savings

EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS, ANNUITIES AND ACCIDENT AND HEALTH INSURANCE

| | 1 Supplementary Contracts (Involving Life Contingencies) | 2 Supplementary Contracts (Not Involving Life Contingencies) | 3 Individual Annuities | 4 Accident & Health Insurance |
|---|--|--|------------------------------|--|
| 1. In force end of prior year..... | | | | |
| 2. Issued during year..... | | | | |
| 3. Reinsurance assumed..... | | | | |
| 4. Increased during year (net)..... | | | | |
| 5. TOTALS (Lines 1 to 4)..... | 0 | 0 | 0 | 0 |
| Deduction during year: | | | | |
| 6. Decreased during year (net)..... | | | | |
| 7. Reinsurance ceded..... | | | | |
| 8. TOTALS (Lines 6 and 7)..... | 0 | 0 | 0 | 0 |
| 9. In force end of year (Line 5 minus Line 8)..... | 0 | 0 | 0 | 0 |
| 10. Amount on deposit..... | | | | XXX. |
| Income now payable: | | | | |
| 11. Amount of income payable..... | | | | XXX. |
| Deferred: fully paid: | | | | |
| 12. Deferred: fully paid - account balance..... | XXX. | XXX. | | XXX. |
| Deferred: not fully paid: | | | | |
| 13. Deferred: not fully paid - account balance..... | XXX. | XXX. | | XXX. |

North American Swiss Alliance

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

| States, Etc. | Active Status | Direct Business | | | | | |
|---|---------------|------------------------------|-----------------------------|--|---------------------------|--------------------------------|-----------------------------|
| | | Life Contracts | | 4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | 5 Other Considerations | 6 Total Columns 2 through 5 | 7 Deposit-Type Contracts |
| | | 2 Life Insurance Premiums | 3 Annuity Considerations | | | | |
| 1. Alabama..... | AL..... | N..... | | | | 0..... | |
| 2. Alaska..... | AK..... | N..... | | | | 0..... | |
| 3. Arizona..... | AZ..... | N..... | | | | 0..... | |
| 4. Arkansas..... | AR..... | N..... | | | | 0..... | |
| 5. California..... | CA..... | L..... | 274..... | | | 274..... | |
| 6. Colorado..... | CO..... | N..... | 261..... | | | 261..... | |
| 7. Connecticut..... | CT..... | N..... | | | | 0..... | |
| 8. Delaware..... | DE..... | N..... | | | | 0..... | |
| 9. District of Columbia..... | DC..... | N..... | | | | 0..... | |
| 10. Florida..... | FL..... | N..... | | | | 0..... | |
| 11. Georgia..... | GA..... | N..... | | | | 0..... | |
| 12. Hawaii..... | HI..... | N..... | | | | 0..... | |
| 13. Idaho..... | ID..... | N..... | | | | 0..... | |
| 14. Illinois..... | IL..... | N..... | 80..... | | | 80..... | |
| 15. Indiana..... | IN..... | N..... | | | | 0..... | |
| 16. Iowa..... | IA..... | N..... | | | | 0..... | |
| 17. Kansas..... | KS..... | N..... | | | | 0..... | |
| 18. Kentucky..... | KY..... | N..... | 13..... | | | 13..... | |
| 19. Louisiana..... | LA..... | N..... | | | | 0..... | |
| 20. Maine..... | ME..... | N..... | | | | 0..... | |
| 21. Maryland..... | MD..... | N..... | | | | 0..... | |
| 22. Massachusetts..... | MA..... | N..... | | | | 0..... | |
| 23. Michigan..... | MI..... | N..... | | | | 0..... | |
| 24. Minnesota..... | MN..... | N..... | | | | 0..... | |
| 25. Mississippi..... | MS..... | N..... | | | | 0..... | |
| 26. Missouri..... | MO..... | N..... | | | | 0..... | |
| 27. Montana..... | MT..... | N..... | | | | 0..... | |
| 28. Nebraska..... | NE..... | N..... | | | | 0..... | |
| 29. Nevada..... | NV..... | N..... | | | | 0..... | |
| 30. New Hampshire..... | NH..... | N..... | | | | 0..... | |
| 31. New Jersey..... | NJ..... | L..... | | | | 0..... | |
| 32. New Mexico..... | NM..... | N..... | | | | 0..... | |
| 33. New York..... | NY..... | N..... | | | | 0..... | |
| 34. North Carolina..... | NC..... | N..... | | | | 0..... | |
| 35. North Dakota..... | ND..... | N..... | | | | 0..... | |
| 36. Ohio..... | OH..... | L..... | 13,758..... | | | 13,758..... | |
| 37. Oklahoma..... | OK..... | N..... | | | | 0..... | |
| 38. Oregon..... | OR..... | N..... | | | | 0..... | |
| 39. Pennsylvania..... | PA..... | N..... | 678..... | | | 678..... | |
| 40. Rhode Island..... | RI..... | N..... | | | | 0..... | |
| 41. South Carolina..... | SC..... | N..... | | | | 0..... | |
| 42. South Dakota..... | SD..... | N..... | | | | 0..... | |
| 43. Tennessee..... | TN..... | N..... | | | | 0..... | |
| 44. Texas..... | TX..... | N..... | | | | 0..... | |
| 45. Utah..... | UT..... | N..... | | | | 0..... | |
| 46. Vermont..... | VT..... | N..... | | | | 0..... | |
| 47. Virginia..... | VA..... | N..... | | | | 0..... | |
| 48. Washington..... | WA..... | N..... | | | | 0..... | |
| 49. West Virginia..... | WV..... | N..... | | | | 0..... | |
| 50. Wisconsin..... | WI..... | N..... | 450..... | | | 450..... | |
| 51. Wyoming..... | WY..... | N..... | | | | 0..... | |
| 52. American Samoa..... | AS..... | N..... | | | | 0..... | |
| 53. Guam..... | GU..... | N..... | | | | 0..... | |
| 54. Puerto Rico..... | PR..... | N..... | | | | 0..... | |
| 55. US Virgin Islands..... | VI..... | N..... | | | | 0..... | |
| 56. Northern Mariana Islands..... | MP..... | N..... | | | | 0..... | |
| 57. Canada..... | CN..... | N..... | | | | 0..... | |
| 58. Aggregate Other Alien..... | OT..... | XXX..... | 0..... | 0..... | 0..... | 0..... | 0..... |
| 59. Subtotal..... | | (a).....3 | 15,514..... | 0..... | 0..... | 15,514..... | 0..... |
| 90. Reporting entity contributions for employee benefit plans..... | | XXX..... | | | | 0..... | |
| 91. Dividends or refunds applied to purchase paid-up additions and annuities..... | | XXX..... | 8,131..... | | | 8,131..... | |
| 92. Dividends or refunds applied to shorten endowment or premium paying period..... | | XXX..... | | | | 0..... | |
| 93. Premium or annuity considerations waived under disability or other contract provisions..... | | XXX..... | | | | 0..... | |
| 94. Aggregate other amounts not allocable by State..... | | XXX..... | 0..... | 0..... | 0..... | 0..... | 0..... |
| 95. Totals (Direct Business)..... | | XXX..... | 23,645..... | 0..... | 0..... | 23,645..... | 0..... |
| 96. Plus Reinsurance Assumed..... | | XXX..... | | | | 0..... | |
| 97. Totals (All Business)..... | | XXX..... | 23,645..... | 0..... | 0..... | 23,645..... | 0..... |
| 98. Less Reinsurance Ceded..... | | XXX..... | 23,645..... | 0..... | 0..... | 0..... | |
| 99. Totals (All Business) less reinsurance ceded..... | | XXX..... | 23,645..... | 0..... | (b).....0..... | 23,645..... | 0..... |

DETAILS OF WRITE-INS

| | | | | | | | |
|---|----------|--------|--------|--------|--------|--------|--------|
| 5801..... | XXX..... | | | | | 0..... | |
| 5802..... | XXX..... | | | | | 0..... | |
| 5803..... | XXX..... | | | | | 0..... | |
| 5898. Summ. of remaining write-ins for line 58 from overflow page | XXX..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... |
| 5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above)..... | XXX..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... |
| 9401..... | XXX..... | | | | | 0..... | |
| 9402..... | XXX..... | | | | | 0..... | |
| 9403..... | XXX..... | | | | | 0..... | |
| 9498. Summ. of remaining write-ins for line 94 from overflow page | XXX..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... |
| 9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above)..... | XXX..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... |

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

Premiums are allocated based on computer reports showing premiums by the state in which the policy was written.

(a) Insert the number of L responses except for Canada and Other Alien.

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which: N/A

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

2011 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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