



ANNUAL STATEMENT

For the Year Ended December 31, 2012
of the Condition and Affairs of the

Alliance Of Transylvanian Saxons

NAIC Group Code..... , (Current Period) (Prior Period)	NAIC Company Code..... 56197	Employer's ID Number..... 34-0138510
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... August 31, 1902	Commenced Business..... August 31, 1902	
Statutory Home Office	5393 Pearl Road..... Cleveland OH 44129-1597 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	5393 Pearl Road..... Cleveland OH 44129-1597 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	440-842-8442 <i>(Area Code) (Telephone Number)</i>
Mail Address	5393 Pearl Road..... Cleveland OH 44129-1597 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	5393 Pearl Road..... Cleveland OH 44129-1597 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	440-842-8442 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	http://www.atsaxons.com	
Statutory Statement Contact	Joan Annette Miller-Malue <i>(Name)</i> office@atsaxons.com <i>(E-Mail Address)</i>	440-842-8442 <i>(Area Code) (Telephone Number) (Extension)</i> 440-842-5442 <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. Thomas Joseph Manning	President	2. Monica Marie Weber	Secretary
3. Denise Aeling Crawford	Treasurer	4. Heidorn Consulting, Inc.	Consulting Actuary

OTHER	
Robert Burns Cunningham, III	First Vice President
John Boehm, Jr.	Third Vice President
	Joan Annette Miller-Malue
	Second Vice President

DIRECTORS OR TRUSTEES

Barbara Brayn	Ronald Benedict	Hanz G. Hermann	Peter Karsti, II
Jacob F. Spor			

State of.....
County of.....

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) Thomas Joseph Manning	_____ (Signature) Monica Marie Weber	_____ (Signature) Denise Aeling Crawford
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2013	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).....	57,587,508		57,587,508	55,327,051
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	500,000		500,000	500,000
2.2 Common stocks.....	746,266		746,266	880,487
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).....	1,979		1,979	3,967
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 (\$.....30,496, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....15,748,355, Schedule DA).....	15,778,851		15,778,851	14,888,656
6. Contract loans (including \$.....0 premium notes).....	174,958		174,958	166,062
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....	2,082,619		2,082,619	2,082,619
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).....	76,872,181	.0	76,872,181	73,848,842
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	1,023,743		1,023,743	1,026,635
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 (including \$.....0 earned but unbilled premiums).....	4,674		4,674	4,580
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.....	6,473		6,473	7,768
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.....	2,458		2,458	
25. Aggregate write-ins for other than invested assets.....	289,928	289,928	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	78,199,457	289,928	77,909,529	74,887,825
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	78,199,457	289,928	77,909,529	74,887,825

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. Retirement Funds.....	289,853	289,853	.0	
2502. Deposit.....	.75	.75	.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).....	289,928	289,928	.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).....	60,213,012	58,565,584
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).....	5,809,321	5,104,679
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	900,059	999,638
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.....		
6.2 Not yet apportioned.....	55,000	55,000
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).....	1,631	1,899
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).....	104,765	136,478
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	862	1,063
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	36,031	21,167
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).....	2,423	2,764
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	3,207,461	3,001,401
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).....	882,086	629,554
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....		
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.....	430,498	435,705
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	71,643,149	68,954,932
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	71,643,149	68,954,932
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	6,266,383	5,932,894
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	6,266,383	5,932,894
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	77,909,532	74,887,826

DETAILS OF WRITE-INS

2201. Scholarship Fund.....	430,498	430,601
2202. Payroll Withholdings.....		5,104
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).....	430,498	435,705
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.		
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).....	0	0

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).....	3,349,040	2,183,458
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	3,879,905	3,852,328
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	28,510	31,746
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.....	39,852	22,503
9. Totals (Lines 1 to 8.3).....	7,297,307	6,090,035
10. Death benefits.....	182,479	174,771
11. Matured endowments (excluding guaranteed annual pure endowments).....	9,300	1,900
12. Annuity benefits.....	3,572,873	2,873,420
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....		
14. Surrender benefits and withdrawals for life contracts.....	26,147	37,000
15. Interest and adjustments on contract or deposit-type contracts funds.....	300,183	287,576
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	1,647,428	1,519,652
18. Totals (Lines 10 to 17).....	5,738,410	4,894,319
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).....	10,857	10,179
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).....	797,105	740,461
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	23,633	16,539
23. Increase in loading on deferred and uncollected premiums.....	10	(1,481)
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).....	6,570,015	5,660,017
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	727,292	430,018
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	52,071	52,135
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	675,221	377,883
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....(3,204) transferred to the IMR).....	(85,703)	391,879
31. Net income (Lines 29 + 30).....	589,518	769,762
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	5,932,891	5,446,192
33. Net income from operations (Line 31).....	589,518	769,762
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	(3,497)	(53,434)
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....		
37. Change in liability for reinsurance in unauthorized and certified companies.....		
38. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4).....		
39. Change in asset valuation reserve.....	(252,532)	(229,629)
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).....	333,489	486,699
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	6,266,380	5,932,891
DETAILS OF WRITE-INS		
08.301. Miscellaneous Income.....	39,852	22,503
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).....	39,852	22,503
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. 2003 Audit Adjustment.....		
4502. Codification Adjustment.....		
4503. Prior period bond adjustment.....		
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

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	3,348,667	2,187,301
2. Net investment income.....	3,888,343	3,800,800
3. Miscellaneous income.....	39,852	22,503
4. Total (Lines 1 through 3).....	7,276,862	6,010,604
5. Benefit and loss related payments.....	4,190,991	3,113,328
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	822,618	783,509
8. Dividends paid to policyholders.....	52,072	52,135
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	5,065,681	3,948,972
11. Net cash from operations (Line 4 minus Line 10).....	2,211,181	2,061,632
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	3,452,723	2,968,543
12.2 Stocks.....	280,506	704,695
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.....	688	3,444
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,733,917	3,676,682
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	6,020,001	4,889,645
13.2 Stocks.....	67,410	75,918
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).....	6,087,411	4,965,563
14. Net increase (decrease) in contract loans and premium notes.....	8,896	(1,586)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(2,362,390)	(1,287,295)
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).....	1,041,404	609,344
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	1,041,404	609,344
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).....	890,195	1,383,681
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	14,888,656	13,504,975
19.2 End of year (Line 18 plus Line 19.1).....	15,778,851	14,888,656

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

20.0001		
---------------	--	--

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.....	58,565,585	7,662,384	50,903,201	
2. Tabular net premiums or considerations.....	3,343,812	92,700	3,251,112	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	2,320,869	300,906	2,019,963	
5. Tabular less actual reserve released.....	(125,599)		(125,599)	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	64,104,667	8,055,990	56,048,677	0
9. Tabular cost.....	189,965	189,965		XXX
10. Reserves released by death.....	108,455	108,455	XXX	XXX
11. Reserves released by other terminations (net).....	3,593,233	20,359	3,572,874	
12. Annuity, supplementary contract and disability payments involving life contingencies.....	0			
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	3,891,653	318,779	3,572,874	0
15. Reserve December 31, current year.....	60,213,014	7,737,211	52,475,803	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....442,914	.....457,758
1.1 Bonds exempt from U.S. tax.....	(a).....3,285,601	.....3,267,778
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....32,250	.....32,250
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....19,181	.....19,181
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....6,000	.....6,000
5. Contract loans.....	.....9,316	.....9,403
6. Cash, cash equivalents and short-term investments.....	(e).....4,643	.....4,643
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....151,125	.....151,125
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....3,951,030	.....3,948,138
11. Investment expenses.....	.....	(g).....60,716
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....5,529
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....1,988
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....68,233
17. Net investment income (Line 10 minus Line 16).....	.....	.....3,879,905

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 \$.....27,048 accrual of discount less \$.....161,902 amortization of premium and less \$.....78,138 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 \$.....1,988 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.....			.....0		
1.1 Bonds exempt from U.S. tax.....			.....0		
1.2 Other bonds (unaffiliated).....	.....(171,967)		.....(171,967)		
1.3 Bonds of affiliates.....			.....0		
2.1 Preferred stocks (unaffiliated).....			.....0		
2.11 Preferred stocks of affiliates.....			.....0		
2.2 Common stocks (unaffiliated).....	.....82,372		.....82,372	.....(3,497)	
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.....	.....688		.....688		
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).....	.....(88,907)	.....0	.....(88,907)	.....(3,497)	.....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

	Insurance					7 Fraternal	8 Expense
	1 Total	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
4. Advance.....	0					0	
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0
6. Collected during year:							
6.1 Direct.....	142,437	239	142,198			142,437	
6.2 Reinsurance assumed.....	0					0	
6.3 Reinsurance ceded.....	0					0	
6.4 Net.....	142,437	239	142,198	0	0	142,437	0
7. Line 5 + Line 6.4.....	142,437	239	142,198	0	0	142,437	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0	
9. First year premiums and considerations:							
9.1 Direct.....	142,437	239	142,198			142,437	
9.2 Reinsurance assumed.....	0					0	
9.3 Reinsurance ceded.....	0					0	
9.4 Net (Line 7 - Line 8).....	142,437	239	142,198	0	0	142,437	0
SINGLE							
10. Single premiums and considerations:							
10.1 Direct.....	694,194	71,496	622,698			694,194	
10.2 Reinsurance assumed.....	0					0	
10.3 Reinsurance ceded.....	0					0	
10.4 Net.....	694,194	71,496	622,698	0	0	694,194	0
RENEWAL							
11. Uncollected.....	0					0	
12. Deferred and accrued.....	5,781	5,781				5,781	
13. Deferred, accrued & uncollected:							
13.1 Direct.....	5,781	5,781				5,781	
13.2 Reinsurance assumed.....	0					0	
13.3 Reinsurance ceded.....	0					0	
13.4 Net (Line 11 + Line 12).....	5,781	5,781	0	0	0	5,781	0
14. Advance.....	1,631	1,631				1,631	
15. Line 13.4 - Line 14.....	4,150	4,150	0	0	0	4,150	0
16. Collected during year:							
16.1 Direct.....	2,514,308	28,092	2,486,216			2,514,308	
16.2 Reinsurance assumed.....	0					0	
16.3 Reinsurance ceded.....	2,272	2,272				2,272	
16.4 Net.....	2,512,036	25,820	2,486,216	0	0	2,512,036	0
17. Line 15 + Line 16.4.....	2,516,186	29,970	2,486,216	0	0	2,516,186	0
18. Prior year (uncollected + deferred and accrued - advance).....	3,778	3,778				3,778	
19. Renewal premiums and considerations:							
19.1 Direct.....	2,514,681	28,465	2,486,216			2,514,681	
19.2 Reinsurance assumed.....	0					0	
19.3 Reinsurance ceded.....	2,272	2,272				2,272	
19.4 Net (Line 17 - Line 18).....	2,512,408	26,192	2,486,216	0	0	2,512,408	0
TOTAL							
20. Total premiums and annuity considerations:							
20.1 Direct.....	3,351,312	100,200	3,251,112	0	0	3,351,312	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	2,272	2,272	0	0	0	2,272	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	3,349,039	97,927	3,251,112	0	0	3,349,039	0

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

	1 Total	Insurance				6 Total (Columns 2 through 5)	7 Fraternal	8 Expense
		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.....	37,379	37,379				37,379		
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	.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	.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	.0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	.0	.0	.0	.0	.0	.0	.0	.0
26.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
26.3 Net ceded less assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	2,241	12	2,229			2,241		
28. Single.....	1,441	1,441				1,441		
29. Renewal.....	7,175		7,175			7,175		
30. Deposit-type contract funds.....	.0					.0		
31. Totals (to agree with Page 6, Line 19).....	10,857	1,453	9,404	.0	.0	10,857	.0	.0

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5 Investment	6 Fraternal	7 Total
	1 Life	2 Accident and Health		4 Aggregate of All Other Lines of Business			
		2 Cost Containment	3 All Other				
1. Rent.....	6,000						6,000
2. Salaries and wages.....	205,638						205,638
3.11 Insured benefit plans for employees.....	64,270						64,270
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.....							0
4.2 Medical examination fees.....	258						258
4.3 Inspection report fees.....							0
4.4 Fees of public accountants and consulting actuaries.....	233,247						233,247
4.5 Expense of investigation and settlement of certificate claims.....							0
5.1 Traveling expenses.....							0
5.2 Advertising.....	26,440						26,440
5.3 Postage, express, telegraph and telephone.....	23,949						23,949
5.4 Printing and stationery.....	9,255						9,255
5.5 Cost or depreciation of furniture and equipment.....	6,813						6,813
5.6 Rental of equipment.....							0
5.7 Cost or depreciation of EDP equipment and software.....	1,295						1,295
5.8 Lodge supplies less \$.....0 from sales.....							0
6.1 Books and periodicals.....	224						224
6.2 Bureau and association dues.....	500						500
6.3 Insurance, except on real estate.....	6,433						6,433
6.4 Miscellaneous losses.....							0
6.5 Collection and bank service charges.....	19,643						19,643
6.6 Sundry general expenses.....	28,049						28,049
7.1 Field expense allowance.....							0
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3 Field conferences other than local meetings.....	11,892						11,892
8.1 Official publications.....						76,766	76,766
8.2 Expense of Supreme Lodge Meetings.....							0
9.1 Real estate expenses.....					13,859		13,859
9.2 Investment expenses not included elsewhere.....					46,857		46,857
9.3 Aggregate write-ins for expenses.....	14,537	0	0	0	0	61,896	76,433
10. General Expenses Incurred.....	658,443	0	0	0	60,716	(a) 138,662	(b) 857,821
11. General expenses unpaid December 31, prior year.....	20,808				359		21,167
12. General expenses unpaid December 31, current year.....	35,655				376		36,031
13. General expenses paid during year (Lines 10 + 11 - 12).....	643,596	0	0	0	60,699	138,662	842,957

DETAILS OF WRITE-INS

09.301 Fund and Scholarships - net.....						61,896	61,896
09.302 Branch sharing.....	7,534						7,534
09.303 Branch secretary fees/president meeting.....	3						3
09.398 Summary of remaining write-ins for Line 9.3 from overflow page.....	7,000	0	0	0	0	0	7,000
09.399 Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	14,537	0	0	0	0	61,896	76,433

(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 \$.....0; 7. Other \$.....0; 8. Total \$.....0

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health				
		2 Cost Containment	3 All Other			
1. Real estate taxes.....				5,529		5,529
2. State insurance department licenses and fees.....	2,807					2,807
3. Other state taxes, including \$.....0 for employee benefits.....	784					784
4. U.S. Social Security taxes.....	19,571					19,571
5. All other taxes.....	471					471
6. Taxes, licenses and fees Incurred.....	23,633	0	0	5,529	0	29,162
7. Taxes, licenses and fees unpaid December 31, prior year.....	881			1,883		2,764
8. Taxes, licenses and fees unpaid December 31, current year.....	600			1,823		2,423
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	23,914	0	0	5,589	0	29,503

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.....	37,379	
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	37,379	0
6. Paid-in cash.....	4,332	
7. Left on deposit.....	10,360	
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	52,071	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....	55,000	
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).....	55,000	0
16. Total from prior year.....	55,000	
17. Total dividends or refunds (Line 9 + 15 - 16).....	52,071	0

DETAILS OF WRITE-INS

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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. 1902-1947 AE 3.5% & 4% AE 2.5% & 3%.....	183,251		183,251		
0100002. 1948-1966 AM 2.5%.....	737,113		737,113		
0100003. 1958-1965 41 CSI 3%.....	13,215		13,215		
0100004. 1985-1988 58 CSO 2.5%.....	105		105		
0100005. 1966-1988 58 CSO 3%.....	2,070,107		2,070,107		
0100006. 2006-2008 80 CSO 4.00%.....	178,787		178,787		
0100007. 1995-2005 80 CSO 4.50%.....	1,885,458		1,885,458		
0100008. 1987-1994 80 CSO 4.75%.....	2,266,226		2,266,226		
0100009. 1993-1994 80 CSO 5%.....	30,026		30,026		
0100010. 1987-1992 80 CSO 5.5%.....	267,352		267,352		
0100011. 2009- 01 CSO 4.0%.....	85,003		85,003		
0100012. 2012- 01 CSO 3.5%.....	2,350		2,350		
0100013. Members Only.....	0				
0199997. Totals (Gross).....	7,718,993	0	7,718,993	0	0
0199998. Reinsurance ceded.....	924		924		
0199999. Totals (Net).....	7,718,069	0	7,718,069	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. FPDA (accumulation) (4.5% Guar).....	34,618,261	XXX	34,618,261	XXX	
0200002. FPDA (accumulation) (3.0% Guar).....	17,027,623	XXX	17,027,623	XXX	
0200003. FPDA (accumulation) (1.5% Guar).....	45,203	XXX	45,203	XXX	
0200004. FPDA Rider (accumulation) (4.5% Guar).....	161,387	XXX	161,387	XXX	
0200005. SPIA '83a (setback 1 yr) M/F 8%.....	0	XXX		XXX	
0200006. SPIA '83a (setback 1 yr) M/F 7.5%.....	15,694	XXX	15,694	XXX	
0200007. SPIA '83a (setback 1 yr) M/F 7%.....	0	XXX		XXX	
0200008. SPIA '83a (setback 1 yr) M/F 6.5%.....	168,895	XXX	168,895	XXX	
0200009. SPIA '83a (setback 1 yr) M/F 6.25%.....	95,688	XXX	95,688	XXX	
0200010. SPIA '83a (setback 1 yr) M/F 6.00%.....	18,256	XXX	18,256	XXX	
0200011. SPIA '83a (setback 1 yr) M/F 4.50%.....	324,798	XXX	324,798	XXX	
0200012. SPIA '83a (setback 1 yr) M/F 2.50%.....	0	XXX		XXX	
0299997. Totals (Gross).....	52,475,805	XXX	52,475,805	XXX	0
0299999. Totals (Net).....	52,475,805	XXX	52,475,805	XXX	0
Accidental Death Benefits:					
0400001. Interco DI with 41CSO 2.5%.....	1,474		1,474		
0400002. 59 ADB & 58 CSO 3%.....	1,095		1,095		
0400003. Dismemberment Benefits.....	6,848		6,848		
0499997. Totals (Gross).....	9,417	0	9,417	0	0
0499999. Totals (Net).....	9,417	0	9,417	0	0
Disability - Active Lives:					
0500001. 52 Disability Study, per 4, Ben 5 w/ 58 CSO 3%.....	2,375		2,375		
0599997. Totals (Gross).....	2,375	0	2,375	0	0
0599998. Reinsurance ceded.....	64		64		
0599999. Totals (Net).....	2,311	0	2,311	0	0
Miscellaneous Reserves:					
0700001. Non-Deduction.....	2,969		2,969		
0700002. Rated Premiums - 1/2 Annual.....	4,441		4,441		
0799997. Totals (Gross).....	7,410	0	7,410	0	0
0799999. Totals (Net).....	7,410	0	7,410	0	0
9999999. Totals (Net) - Page 3, Line 1.....	60,213,012	0	60,213,012	0	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
- 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
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No []
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
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:
- 4.4 Basis of regular assessments:
- 4.5 Basis of special assessments:
- 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.
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 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 contracts or agreements: \$.....
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:
- 7.3 State the amount of reserves established for this business: \$.....
 7.4 Identify where the reserves are reported in the blank.
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [] No [X]
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements. \$.....
 8.2 State the amount of reserves established for this business. \$.....
 8.3 Identify where the reserves are reported in the blank.
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X]
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. \$.....
 9.2 State the amount of reserves established for this business. \$.....
 9.3 Identify where the reserves are reported in the blank.

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	

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Collectively Renewable	Other Individual Contracts				7 All Other
			3 Non-Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	
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						

NONE

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.....	5,104,679		600,922	3,385,688	818,261	299,808
2. Deposits received during the year.....	1,749,254		1,568,299	160,695	10,010	10,250
3. Investment earnings credited to the account.....	207,184		33,914	130,539	34,146	8,585
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	1,251,796		1,017,817	191,243	34,405	8,331
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).....	5,809,321	0	1,185,318	3,485,679	828,012	310,312
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)....	5,809,321	0	1,185,318	3,485,679	828,012	310,312

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.....	888,059		96,610	791,449							
2.22 Reinsurance assumed.....	.0										
2.23 Reinsurance ceded.....	.0										
2.24 Net.....	888,059	.0	(b).....96,610	(b).....791,449	.0	(b).....0	(b).....0	.0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	12,000		12,000								
3.2 Reinsurance assumed.....	.0										
3.3 Reinsurance ceded.....	.0										
3.4 Net.....	12,000	.0	(b).....12,000	(b).....0	.0	(b).....0	(b).....0	.0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	900,059	.0	108,610	791,449	.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.....	900,059	(a).....0	(a).....108,610	791,449	.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.....	3,864,231		188,485	3,675,746							
1.2 Reinsurance assumed.....	.0										
1.3 Reinsurance ceded.....	.0										
1.4 Net.....	(d) 3,864,231	.0	188,485	3,675,746	.0	.0	.0	.0	.0	.0	.0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	900,059		108,610	791,449							
2.2 Reinsurance assumed.....	.0										
2.3 Reinsurance ceded.....	.0										
2.4 Net.....	900,059	.0	108,610	791,449	.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.....	999,638		105,316	894,322							
4.2 Reinsurance assumed.....	.0										
4.3 Reinsurance ceded.....	.0										
4.4 Net.....	999,638	.0	105,316	894,322	.0	.0	.0	.0	.0	.0	.0
5. Amounts recoverable from reinsurers December 31, prior year.....	.0										
6. Incurred benefits:											
6.1 Direct.....	3,764,652	.0	191,779	3,572,873	.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.....	3,764,652	.0	191,779	3,572,873	.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 \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 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.....	289,928	289,928	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	289,928	289,928	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	289,928	289,928	.0

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. Retirement Funds.....	289,853	289,853	.0
2502. Deposit.....	75	75	.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).....	289,928	289,928	.0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of the above Society have been prepared in conformity with the accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the State of Ohio, except for the following items which resulted in surplus being changed by \$0.

	Current Year	Prior Year
1. Net Income State Basis	\$ 589,518	\$ 769,762
2. State Prescribed Practices (Income)	0	0
3. State Permitted Practices (Income)	0	0
4. Net Income, NAIC SAP	589,518	769,762
5. Statutory Surplus	6,266,380	5,932,891
6. State Prescribed Practices (Surplus)	0	0
7. State Permitted Practices (Surplus)	0	0
8. Statutory Surplus, NAIC SAP	\$ 6,266,380	\$5,932,891

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

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

Asset values are generally stated as follows:

1. Short-term investments -- Accounted for in the same manner as similar long-term investments.
2. Bonds -- Amortized cost using the scientific method, except where other values are required by the NAIC Valuations of Securities manual.
3. Common Stocks -- Market values provided by the NAIC Valuations of Securities manual.
4. Preferred Stocks -- Original cost where permitted by the NAIC Valuations of Securities manual.
5. Mortgage Loans -- Aggregate unpaid balances.
6. The Society does not have any loan-backed bonds or structured securities.
7. The Society has no subsidiaries.
8. The Society does not have minor ownership interests in joint ventures.
9. There are no derivatives.
10. The Society does not anticipate investment income to be a factor in the premium deficiency calculation.
11. The Society does not issue accident and health contracts.
12. The Society has not modified its capitalization policy from the prior period.

2. Accounting Changes and Corrections of Errors: NONE

3. Business Combinations and Goodwill: NONE

4. Discontinued Operations: NONE

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

1. Maximum and minimum lending rates during 2012 were: N/A
3. Maximum percentage of loan to the value of the security: 65.0%
4. As of year-end, the Society held mortgages with interest more than one year over-due as follows:

Principal amount due: \$0	Total interest due: \$0
---------------------------	-------------------------

B. Debt Restructuring: NONE

C. Reverse Mortgages: NONE

D. Loan-Backed Securities: NONE

E. Repurchase Agreements: NONE

F. Real Estate: NONE

6. Joint Ventures, Partnerships and Limited Liability Companies: NONE

7. Investment Income

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

Bonds -- where collection of interest is delayed	Amount: \$0
Mortgage Loans -- Interest is delinquent more than three (3) months	Amount: \$0
Real Estate -- Rent is in arrears more than three (3) months	Amount: \$0

8. Derivative Instruments: NONE

9. Income Taxes: NONE

10. Information concerning Parent, Subsidiaries and Affiliates: NONE

11. Debt: NONE

NOTES TO FINANCIAL STATEMENTS

12. Deferred Compensation and Retirement Plans
- A. Defined Benefit Plan: NONE
 - B. Defined Contribution Plans: NONE
 - C. Multiemployer Plans: NONE
 - D. Consolidated/Holding Company Plans: NONE
 - E. Postemployment Benefits and Compensated Absences: NONE
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations: NONE
14. Contingencies
- A. Contingent Commitments: NONE
 - B. Assessments: NONE
 - C. Gain Contingencies: NONE
 - D. All Other Contingencies: NONE
15. Leases: NONE
16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: NONE
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: NONE
20. September 11 Events: NONE
21. Other Items: NONE
22. Events Subsequent: NONE
23. Reinsurance
- A. Ceded Reinsurance Report: NONE
 - B. Uncollectable Reinsurance: NONE
 - C. Commutation of Reinsurance Reflected in Income and Expenses: NONE
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination: NONE
25. Change in Incurred Losses and Loss Adjustment Expenses: NONE
26. Intercompany Pooling Arrangements: NONE
27. Structured Settlements: NONE
28. Health Care Receivables: NONE
29. Participating Policies: NONE
30. Premium Deficiency Reserves: NONE
31. Life and Deposit-Type Contract Reserves
- (1) The Society waives deduction of deferred fractional premiums upon death of the insured and returns any portion of the final premium beyond the date of death. A reserve has been included in Exhibit 5 in the amount of \$2,969. Surrender values are not promised in excess of the legally computed reserves. The following exception is noted: NONE.
 - (2) Extra Premiums are charged for substandard lives. Reserves are determined by computing the regular mean reserve for the plan at the rated age and holding, in addition, one-half (1/2) of the extra annual premium. \$4,441.
 - (3) As of December 31, 2012, the Society had \$0 of insurance in force for which the gross premiums are less than the net premiums according to the standard of valuation set by the State of Ohio.
 - (4) The Tabular Interest (Page 7, Line 4) has been determined by formula as described in the instructions for Page 7. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7. The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7.
32. Withdrawal Characteristics of Annuity Actuarial Reserves and Deposit Liabilities:
- | | Amount | % of Total |
|---|---------------|------------|
| A. Subject to discretionary withdrawal | | |
| (2) At book value less current surrender charge of 5% or more | \$ 1,120,625 | 1.92% |
| (5) At book value without adjustment | 56,541,170 | 97.01% |
| B. Not subject to discretionary withdrawal | 623,331 | 1.07% |
| C. Total annuity reserves and annuity deposit liabilities (Gross) | 58,285,126 | 100.00% |
| D. Less: Reinsurance | 0 | |
| E. Total annuity reserves and deposit liabilities (Net) | \$ 58,285,126 | |
| Reconciliation: | | |

NOTES TO FINANCIAL STATEMENTS

F. Life & Accident & Health Annual Statement:

1) Exhibit 5, Section B, Totals net	\$ 52,475,805
2) Exhibit 5, Section C, Totals net	0
3) Exhibit 7, Column 3, Totals net	5,809,321
4) Total annuity reserves and annuity deposit liabilities (Net)	\$ 58,285,126

33. Premium and Annuity Considerations Deferred and Uncollected

A. Deferred and uncollected life insurance premiums as of December 31, 2012 are as follows:

Type	Gross	Net of loading
(3) Ordinary Renewal:	\$ 5,781	\$ 4,674
(7) Total:	\$ 5,781	\$ 4,674

34. Separate Accounts: NONE

35. Loss/Claim Adjustment Expense: NONE

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. 07/27/2009
- 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. 12/31/2008
- 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). 10/01/2009
- 3.4 By what department or departments? _____

Ohio

- 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 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 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
James G. Zupka, CPA, Inc. 5240 East 98th St., Garfield Heights, OH 44125

- 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?
Heidorn Consulting, Inc. 4825 North Scott Street, Suite 116, Schiller Park, IL 60176

GENERAL INTERROGATORIES

- 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. _____
-
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 []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 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 where the issuing or confirming bank is not on the SVO Bank List? 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 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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

- 24.01 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 24.03)? Yes [X] No []
 24.02 If no, give full and complete information relating thereto. _____

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.03 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).

24.04 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]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 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]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.09 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]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103 Total payable for securities lending reported on the liability page.

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 24.03) 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 [] No [] N/A [X]
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
US Bank	425 East Walnut St. CN-WN-06TC Cincinnati, OH 45202

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
William Blair & Co.	US Bank	01/01/2012	Bank Custodian Agreement
Credit Suisse	US Bank	03/07/2012	Bank Custodian Agreement

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
--	-----------	--------------

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.....	71,245,863	83,504,896	12,259,033
30.2 Preferred stocks.....	500,000	500,000	0
30.3 Totals.....	71,745,863	84,004,896	12,259,033

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

Custodian/Broker statements

PART 1 - COMMON INTERROGATORIES - INVESTMENT

- 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? \$.....500

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
Ohio Fraternal Alliance	250
National Federation of Independent Business	250

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

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 at Convention
-
6. What is the basis of representation in the governing body?
One Delegate for each 50 members in good standing or fractions of 26 or more within a minimum of two Delegates and maximum of 12 per lodge.
-
- 7.1 How often are regular meetings of the governing body held?
Every Two Years.
-
- 7.2 When was the last regular meeting of the governing body held? June 2-3, 2012.....
- 7.3 When and where will the next regular or special meeting of the governing body be held?
May 2014 in Lorain, OH
-
- 7.4 How many members of the governing body attended the last regular meeting?95
- 7.5 How many of the same were delegates of the subordinate branches?94
8. How are the expenses of the governing body defrayed?
Society's General Fund.
-
9. When and by whom are the officers and directors elected?
By Delegates at Convention.
-
10. What are the qualifications for membership?
Good Health and Good Moral Character. Interest in the Transylvanian Saxons Culture and Traditions.
-
11. What are the limiting ages for admission?
0-70 for Life Plans, No Age limits for Annuities.
-
12. What is the minimum and maximum insurance that may be issued on any one life?
Minimum of \$2,000; No Maximum
-
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 [X]
- 15.1 Are notices of the payments required sent to the members? Yes [X] No [] N/A []
- 15.2 If yes, do the notices state the purpose for which the money is to be used? Yes [X] No []
16. What proportion of first and subsequent years' payments may be used for management expenses?
- 16.11 First year0.0 %
- 16.12 Subsequent years0.0 %

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 [X] No []
 21.2 If so, was an additional reserve included in Exhibit 5? Yes [X] No [] N/A []
 21.3 If yes, explain
 Whole Life contracts valued at LP85 Reserves (Fully Paid-up Reserves).

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 [] N/A [X]
 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		3	4	5	6	7	8	9
1	2	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
Guaranteed Death Benefit	Guaranteed Living Benefit							

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:
 25.1 Amount of loss reserves established by these annuities during the current year? \$.....0
 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	2
P&C Insurance Company and Location	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 2012	2 2011	3 2010	4 2009	5 2008
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	26,399	26,304	26,165	26,062	26,016
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	302	306	315	233	496
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	239	1,628	1,738	587	1,205
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	97,688	86,469	92,460	93,387	111,174
5. Annuity (Line 20.4, Column 3).....	3,251,112	2,095,362	2,962,629	4,150,380	2,501,731
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).....	3,349,039	2,183,459	3,056,827	4,244,354	2,614,110
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	77,909,529	74,887,825	72,184,231	69,863,797	66,696,448
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	71,643,149	68,954,932	66,738,035	64,889,174	62,027,419
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	60,213,012	58,565,584	57,045,930	55,092,509	52,358,351
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....	5,809,321	5,104,679	5,257,413	5,130,877	5,193,768
14. Asset valuation reserve (Page 3, Line 21.1).....	882,086	629,554	399,925	391,001	521,164
15. Surplus (Page 3, Line 30).....	6,266,383	5,932,894	5,446,194	4,974,623	4,669,029
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	2,211,181	2,061,632	1,954,392	3,386,500	2,964,792
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	7,175,969	6,589,948	5,873,619	5,403,124	5,227,693
18. 50% of the Calculated RBC Amount.....	849,801	901,228	749,686	1,003,822	868,115
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).....	74.9	74.9	75.0	65.6	86.0
20. Stocks (Lines 2.1 and 2.2).....	1.6	1.9	2.8	4.7	3.2
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.0	0.0	0.0	0.0	0.0
23. Cash, cash equivalents and short-term investments (Line 5).....	20.5	20.2	19.0	26.4	8.9
24. Contract loans (Line 6).....	0.2	0.2	0.2	0.2	0.2
25. Derivatives (Line 7).....				XXX	XXX
26. Other invested assets (Line 8).....	2.7	2.8	2.9	3.0	1.6
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....				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
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	289,928	289,928	289,928	289,928	289,928
40. Total admitted assets (Page 2, Line 28, Col. 3).....	77,909,529	74,887,825	72,184,231	69,863,797	66,696,448
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	3,879,905	3,852,328	3,696,607	3,581,921	4,006,508
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	(85,703)	391,879	76,509	(523,167)	
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	(3,497)	(53,434)	7,361	480,917	
44. Total of above Lines 41, 42 and 43.....	3,790,705	4,190,773	3,780,477	3,539,671	4,006,508

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2012	2 2011	3 2010	4 2009	5 2008
Benefits and Reserve Increases (Page 6)					
45. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	3,790,799	3,087,091	3,288,323	3,730,461	2,498,643
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....					
47. Increase in Life Reserves (Line 17, Column 2).....	74,827	93,689	55,934	128,436	115,950
48. Increase in Accident and Health Reserves (Line 17, Column 5).....					
49. Refunds to Members (Line 28, Column 1).....	52,071	52,135	31,964	51,255	50,682
Operating Percentages					
50. 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.....	24.1	34.4	26.0	18.0	27.6
51. 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.....	0.3	0.3	0.5	0.6	0.4
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. 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)					
57. Life Insurance (Column 2).....	29,105	54,749	52,208	(1,429)	(44,878)
58. Annuity (Column 3).....	646,113	323,134	344,417	219,104	613,709
59. Supplementary Contracts (Column 4).....					
60. Accident and Health (Column 5).....					
61. Aggregate of All Other Lines of Business (Column 6).....			0	1	0
62. Fraternal (Column 8).....				(0)	(42,538)
63. Expense (Column 9).....					
64. Total (Column 1).....	675,218	377,883	396,625	217,675	526,293

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.....	6,492	26,304
2. Issued during year.....	45	302
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....	1	152
6. Subtotals, Lines 2 to 5.....	46	454
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).....	6,538	26,758
Deductions During Year:		
10. Death.....	119	223
11. Maturity.....		
12. Disability.....		
13. Expiry.....	22	53
14. Surrender.....	20	83
15. Lapse.....		
16. Conversion.....		
17. Decreased (net).....	5	
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	166	359
21. In force end of year (b) (Line 9 minus 20).....	6,372	26,399
22. Reinsurance ceded end of year.....	XXX	550
23. Line 21 minus Line 22.....	XXX	25,849

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....6,220 , Amount, \$....24,878.

Additional accidental death benefits included in life certificates were in amount, \$....476. 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?.....From general funds

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.....			2,552	
2. Issued during year.....			132	
3. Reinsurance assumed.....				
4. Increased during year (net).....			18	
5. TOTALS (Lines 1 to 4).....	0	0	2,702	0
Deduction during year:				
6. Decreased during year (net).....			135	
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	0	135	0
9. In force end of year (Line 5 minus Line 8).....	0	0	2,567	0
10. Amount on deposit.....			4,670,996	XXX
Income now payable:				
11. Amount of income payable.....			94,408	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	52,004,399	XXX

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1	Direct Business					
		Life Contracts		4	5	6	7
		2	3					Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
Active Status	Life Insurance Premiums	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	N					0	
6. Colorado.....CO	N					0	
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	L	3,533	182,403			185,937	
15. Indiana.....IN	L		12,319			12,319	483
16. Iowa.....IA	N					0	
17. Kansas.....KS	N					0	
18. Kentucky.....KY	N					0	
19. Louisiana.....LA	N					0	
20. Maine.....ME	N					0	
21. Maryland.....MD	N					0	
22. Massachusetts.....MA	N					0	
23. Michigan.....MI	L	1,858	125,243			127,102	
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	N					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	43,212	2,550,605			2,593,817	8,620
37. Oklahoma.....OK	N					0	
38. Oregon.....OR	N					0	
39. Pennsylvania.....PA	L	11,029	380,541			391,570	1,148
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					0	
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.....CAN	N					0	
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Subtotal.....(a).....5		59,632	3,251,112	0	0	3,310,745	10,250
90. Reporting entity contributions for employee benefit plans.....XXX						0	
91. Dividends or refunds applied to purchase paid-up additions and annuities.....XXX		37,923				37,923	
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	0
95. Totals (Direct Business).....XXX		97,555	3,251,112	0	0	3,348,667	10,250
96. Plus Reinsurance Assumed.....XXX						0	
97. Totals (All Business).....XXX		97,555	3,251,112	0	0	3,348,667	10,250
98. Less Reinsurance Ceded.....XXX						0	
99. Totals (All Business) less reinsurance ceded.....XXX		97,555	3,251,112	(b).....0	0	3,348,667	10,250

DETAILS OF WRITE-INS

58001.....XXX						0	
58002.....XXX						0	
58003.....XXX						0	
58998. Summ. of remaining write-ins for line 58 from overflow.....XXX		0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58).....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.....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.

Allocation based on which branch the insured belongs to and the associated premiums and annuity considerations received by the branch for the insured.

(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: Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

**2012 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK**

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve (Replications (Synthetic) Assets)	32	Schedule D – Part 3	E13
Asset Valuation Reserve Default Component	27	Schedule D – Part 4	E14
Asset Valuation Reserve Equity Component	29	Schedule D – Part 5	E15
Asset Valuation Reserve	26	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Part 2 – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	14	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 1	15	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2	16	Schedule DB – Part D	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Verification	SI14
Exhibit of Life Insurance	24	Schedule DL – Part 1	E23
Exhibit of Net Investment Income	8	Schedule DL – Part 2	E24
Exhibit of Nonadmitted Assets	17	Schedule E – Part 1 – Cash	E25
Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance	24	Schedule E – Part 2 – Cash Equivalents	E26
Five-Year Historical Data	21	Schedule E – Part 3 – Special Deposits	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	25	Schedule E – Verification Between Years	SI15
General Interrogatories	19	Schedule F	33
Jurat Page	1	Schedule H – Accident and Health Exhibit – Part 1	34
Liabilities, Surplus and Other Funds	3	Schedule H – Part 5 – Health Claims	36
Life Insurance (State Page)	23	Schedule H – Parts – 2, 3, and 4	35
Notes To Financial Statements	18	Schedule S – Part 1 – Section 1	37
Overflow Page For Write-Ins	53	Schedule S – Part 1 – Section 2	38
Schedule A – Part 1	E01	Schedule S – Part 2	39
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 1	40
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 2	41
Schedule A – Verification Between Years	SI02	Schedule S – Part 4	42
Schedule B – Part 1	E04	Schedule S – Part 5	43
Schedule B – Part 2	E05	Schedule S – Part 6	45
Schedule B –Part 3	E06	Schedule S – Part 7	46
Schedule B – Verification Between Years	SI02	Schedule T – Part 2 – Interstate Compact	47
Schedule BA – Part 1	E07	Schedule T – Premiums and Annuity Considerations	48
Schedule BA – Part 2	E08	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	49
Schedule BA –Part 3	E09	Schedule Y – Part 1A – Detail of Insurance Holding Company System	50
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	51
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Summary of Operations	4
Schedule D – Part 1A – Section 2	SI08	Supplemental Exhibits and Schedules Interrogatories	52