



QUARTERLY STATEMENT

As of June 30, 2014

of the Condition and Affairs of the

Alliance Of Transylvanian Saxons

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

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	Joan Annette Miller-Malue	Second Vice President
John Boehm, Jr.	Third Vice President		

DIRECTORS OR TRUSTEES

John Boehm Jr.	Denise Aeling Crawford	Robert Burns Cunningham, III	Hanz G. Hermann
Peter Karsti, II	Joan Annette Miller-Malue	Thomas Joseph Manning	Barbara A. Spack
Jacob F. Spor	Monica Marie Weber		

State of..... Ohio
County of..... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____	b. If no:	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	64,173,321		64,173,321	60,690,446
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	879,741		879,741	839,523
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	9,929		9,929	7,950
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 (\$.....133,933), cash equivalents (\$.....0) and short-term investments (\$.....13,320,701).....	13,454,634		13,454,634	15,501,063
6. Contract loans (including \$.....0 premium notes).....	154,825		154,825	156,421
7. Derivatives.....			0	
8. Other invested assets.....	2,082,619		2,082,619	2,082,619
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	80,755,069	0	80,755,069	79,278,022
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,104,865		1,104,865	1,038,485
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).....	3,570		3,570	4,684
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.....	3,884		3,884	3,884
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.....	61,795		61,795	65,071
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 through 25).....	82,219,111	289,928	81,929,183	80,390,146
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	82,219,111	289,928	81,929,183	80,390,146

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

Alliance Of Transylvanian Saxons
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve).....	.....63,051,342	.....61,749,294
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	.....	.....
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....	.....8,651,048	.....8,630,072
4. Contract claims:		
4.1 Life.....	.....1,169,623	.....1,434,747
4.2 Accident and health.....	.....	.....
5. Refunds due and unpaid.....	.....	.....
6. Provisions 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.....	.....1,813	.....1,811
8. Certificate and 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).....	.....84,842	.....94,982
9. Commissions to fieldworkers due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....	.....627	.....663
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued.....	.....24,750	.....25,715
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.....	.....3,735	.....4,449
14. Unearned investment income.....	.....	.....
15. Amounts withheld or retained by Society as agent or trustee.....	.....	.....
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.....	.....619,447	.....590,553
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.....	.....443,283	.....441,799
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	.....74,105,510	.....73,029,085
24. From Separate Accounts Statement.....	.....	.....
25. Total liabilities (Lines 23 to 24).....	.....74,105,510	.....73,029,085
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.....	.....7,823,673	.....7,361,061
30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement).....	.....7,823,673	.....7,361,061
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	.....81,929,183	.....80,390,146

DETAILS OF WRITE-INS		
2201. Scholarship Fund.....	.....431,871	.....431,246
2202. Payroll Withholdings.....	.....11,412	.....10,553
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).....	.....443,283	.....441,799
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	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1.	Premiums and annuity considerations for life and accident and health contracts.....	1,401,111	1,744,099	2,724,969
2.	Considerations for supplementary contracts with life contingencies.....			
3.	Net investment income.....	2,135,468	2,023,521	3,888,325
4.	Amortization of Interest Maintenance Reserve (IMR).....	10,140	10,184	21,885
5.	Separate Accounts net gain from operations excluding unrealized gains and losses.....			
6.	Commissions and expense allowances on reinsurance ceded.....			
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.....	15,160	10,912	60,634
9.	Totals (Lines 1 to 8.3).....	3,561,879	3,788,716	6,695,813
10.	Death benefits.....	70,287	74,160	161,715
11.	Matured endowments (excluding guaranteed annual pure endowments).....	6,500	100	100
12.	Annuity benefits.....	1,138,862	1,098,265	3,278,680
13.	Disability benefits and benefits under accident and health contracts including premiums waived \$.....0.....			
14.	Surrender benefits and withdrawals for life contracts.....	23,108	20,645	84,345
15.	Interest and adjustments on contract or deposit-type contract funds.....	147,378	150,251	294,034
16.	Payments on supplementary contracts with life contingencies.....			
17.	Increase in aggregate reserve for life and accident and health contracts.....	1,302,048	1,398,493	1,536,283
18.	Totals (Lines 10 to 17).....	2,688,183	2,741,914	5,355,157
19.	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	4,609	5,535	8,872
20.	Commissions and expense allowances on reinsurance assumed.....			
21.	General insurance expenses and fraternal expenses.....	372,571	379,471	724,676
22.	Insurance taxes, licenses and fees.....	8,818	21,556	21,140
23.	Increase in loading on deferred and uncollected premiums.....	412	309	76
24.	Net transfers to or (from) Separate Accounts net of reinsurance.....			
25.	Aggregate write-ins for deductions.....	0	0	0
26.	Totals (Lines 18 to 25).....	3,074,593	3,148,785	6,109,921
27.	Net gain from operations before refunds to members (Line 9 minus Line 26).....	487,286	639,931	585,892
28.	Refunds to members.....	21,247	22,613	51,592
29.	Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	466,039	617,318	534,300
30.	Net realized capital gains (losses) less capital gains tax of ....0 (excluding \$.....0 transferred to the IMR).....	47,282	140,277	143,849
31.	Net income (Lines 29 + 30).....	513,321	757,595	678,149
SURPLUS ACCOUNT				
32.	Surplus, December 31, prior year.....	7,361,058	6,266,380	6,266,380
33.	Net income from operations (Line 31).....	513,321	757,595	678,149
34.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	(21,812)	153,921	117,046
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.....			
39.	Change in asset valuation reserve.....	(28,894)	31,428	291,533
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	7,950
46.	Net change in surplus for the year (Lines 33 through 45).....	462,615	942,944	1,094,678
47.	Surplus as of statement date (Lines 32 + 46).....	7,823,673	7,209,324	7,361,058
DETAILS OF WRITE-INS				
08.301.	Miscellaneous.....	15,160	10,912	60,634
08.302.	.....		
08.303.	.....		
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399.	Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	15,160	10,912	60,634
2501.	.....		
2502.	.....		
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0
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	7,950
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0	7,950

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	1,401,814	1,745,238	2,725,064
2. Net investment income.....	2,069,088	2,002,399	3,879,429
3. Miscellaneous income.....	15,160	10,912	60,634
4. Total (Lines 1 through 3).....	3,486,062	3,758,549	6,665,127
5. Benefit and loss related payments.....	1,650,940	1,493,499	3,283,215
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	387,677	404,174	758,895
8. Dividends paid to policyholders.....	21,247	22,613	51,591
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	2,059,864	1,920,286	4,093,701
11. Net cash from operations (Line 4 minus Line 10).....	1,426,198	1,838,263	2,571,426
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		1,144,564	2,274,440
12.2 Stocks.....	84,469	522,215	646,491
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	84,469	1,666,779	2,920,931
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,482,875	1,718,510	5,381,003
13.2 Stocks.....	99,220		124,276
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).....	3,582,095	1,718,510	5,505,279
14. Net increase or (decrease) in contract loans and premium notes.....	(1,696)	6,799	(18,537)
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(3,495,930)	(58,530)	(2,565,811)
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).....	23,303	(507,796)	(283,403)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	23,303	(507,796)	(283,403)
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).....	(2,046,429)	1,271,937	(277,788)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	15,501,063	15,778,851	15,778,851
19.2 End of period (Line 18 plus Line 19.1).....	13,454,634	17,050,788	15,501,063
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Life Insurance.....	36,039	45,162	88,924
2. Individual annuities.....	1,365,072	1,699,362	2,637,950
3. Accident and Health.....			
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	1,401,111	1,744,524	2,726,874
6. Fraternal.....			
7. Expenses.....			
8. Subtotal (Lines 5 through 7).....	1,401,111	1,744,524	2,726,874
9. Deposit-type contracts.....	8,325	178	178
10. Total.....	1,409,436	1,744,702	2,727,052

DETAILS OF WRITE-INS

0401.			
0402.			
0403.			
0498. Summary of remaining write-ins for Line 4 from overflow page.....	0	0	0
0499. Total (Lines 0401 thru 0403 plus 0498) (Line 4 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

	State of Domicile	2014	2013
NET INCOME			
(1) Alliance Of Transylvanian Saxons state basis (Page 4, Line 31, Columns 1 & 2)	OH	513,321	678,149
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	513,321	678,149
SURPLUS			
(5) Alliance Of Transylvanian Saxons state basis (Page 3, line 30, Columns 1 & 2)	OH	7,823,673	7,361,061
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	7,823,673	7,361,061

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

D. Loan-Backed Securities

(1)

		1	2a	2b	c
(2)		Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss		Fair Value 1 – (2a + 2b)
	OTTI recognized 1 st Quarter		Interest	Non-Interest	
a.	Intent to sell				
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
c.	Total 1 st Quarter				
	OTTI recognized 2 nd Quarter				
d.	Intent to sell				
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
f.	Total 2 nd Quarter				
	OTTI recognized 3 rd Quarter				
g.	Intent to sell				
h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
i.	Total 4 th Quarter				
	OTTI recognized 4 th Quarter				
j.	Intent to sell				
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
l.	Total 4 th Quarter				
m.	Annual aggregate total	XXX			XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value	Present Value of Projected	Recognized Other-Than-Tem	Amortized Cost After	Fair Value at Time of OTTI	Date of Financial Statement Where
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NOTES TO FINANCIAL STATEMENTS

	Amortized Cost Before Current Period OTTI	Cash Flows	porary Impairment	Other-Than-Te mporary Impairment		Reported
Total						

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	
		2.	12 Months or Longer	
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than12 Months	
		2.	12 Months or Longer	

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

I. Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

		Book/Adjusted Carrying Value
(a)	Up to 180 Days	
(b)	181 to 365 Days	
(c)	Total	

(3)

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

Note 11 - Debt

B. FHLB (Federal Home Loan Bank) Agreements

(1)

(2) a. FHLB Capital Stock – Aggregate Totals

1. Current Year

		1 Total 2 + 3	2 General Account	3 Separate Accounts
(a)	Membership Stock – Class A			
(b)	Membership Stock – Class B			
(c)	Activity Stock			
(d)	Excess Stock			
(e)	Aggregate Total			
(f)	Actual or estimated borrowing capacity as determined by the insurer		XXX	XXX

2. Prior Year

		1 Total 2 + 3	2 General Account	3 Separate Accounts
(a)	Membership Stock – Class A			
(b)	Membership Stock – Class B			
(c)	Activity Stock			
(d)	Excess Stock			

NOTES TO FINANCIAL STATEMENTS

		1 Total 2 + 3	2 General Account	3 Separate Accounts
(e)	Aggregate Total			
(f)	Actual or estimated borrowing capacity as determined by the insurer		XXX	XXX

b. Membership Stock (Class A and B) Eligible for Redemption

		Current Year Total	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less than 1 Year	1 to Less than 3 Years	3 to 5 Years
1.	Class A						
2.	Class B						

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

1. Current Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

2. Current Year General Account

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

3. Current Year Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

b. Maximum Amount Pledged During Reporting Period

1. Current Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

2. Current Year General Account

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

3. Current Year Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

		1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Established
(a)	Debt				XXX
(b)	Funding Agreements				
(c)	Other				XXX
(d)	Aggregate Total				

2. Prior Year-end

		1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Established
(a)	Debt				XXX
(b)	Funding Agreements				
(c)	Other				XXX
(d)	Aggregate Total				

b. Maximum Amount During Reporting Period (Current Year)

		1 Total 2 + 3	2 General Account	3 Protected Cell Account
1.	Debt			
2.	Funding Agreements			

NOTES TO FINANCIAL STATEMENTS

		1 Total 2 + 3	2 General Account	3 Protected Cell Account
3.	Other			
4.	Aggregate Total			

c. FHLB Prepayment Obligations

		Does the company have prepayment obligations under the following arrangements?
1.	Debt	
2.	Funding Agreements	
3.	Other	

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(4)	Components of net periodic benefit cost		Pension Benefits		Postretirement Benefits		Postemployment	
			2014	2013	2014	2013	2014	2013
	a.	Service cost						
	b.	Interest cost						
	c.	Expected return on plan assets						
	d.	Transition asset or obligation						
	e.	Gains and losses						
	f.	Prior service cost or credit						
	g.	Gain or loss recognized due to a settlements curtailment						
	h.	Total net periodic benefit cost						

Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

(2)

b.

(4)

a.

b.

C. Wash Sales

(1)

(2) The details by NAIC designation 3 or below, or unrated of securities sold during current quarter, 2014 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - Fair Value

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Total				

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at Quarter	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Quarter
Total										

b. Liabilities	Beginning Balance at Quarter	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Quarter
Total										

(3)

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Total						

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		
Total				

Note 21 - Other Items

H. Offsetting and Netting of Assets and Liabilities

J. Risk Sharing Provisions of the Affordable Care Act

(1) Permanent Risk Adjustment Program

Assets	Amount
a. Premium adjustments receivable	\$
Liabilities	
b. Risk adjustment user fees payable	\$
c. Premium adjustments payable	\$
Operations (Revenue & Expense)	
d. Premium for accident and health contracts (written/collected)	\$

(2) Transitional Reinsurance Program

Assets	
a. Amounts recoverable for claims paid	\$
b. Amounts recoverable for claims unpaid	\$
c. Amounts receivable relating to uninsured plans	\$
Liabilities	
d. Claims unpaid-ceded	\$
e. Contributions payable-not reported as ceded premium	\$

NOTES TO FINANCIAL STATEMENTS

f.	Ceded reinsurance premiums payable	\$	
g.	Liability for amounts held under uninsured plans	\$	
	Operations (Revenue & Expense)		
h.	Ceded reinsurance premiums	\$	
i.	Reinsurance recoveries	\$	
j.	Contributions-not reported as ceded premium	\$	
(3)	Temporary Risk Corridors Program		
	Assets		
a.	Accrued retrospective premium	\$	
	Liabilities		
b.	Reserve for rate credits or policy experience rating refunds	\$	
	Operations (Revenue & Expense)		
c.	Net premium income (paid/received)	\$	
d.	Change in reserves for rate credits	\$	
(4)	Have there been any material re-estimations and/or impairments for the reporting period		Yes/No

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

NOTE: This disclosure is required in every filing for the Quarterly Statement.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Reserves for Life Contracts and Annuity Contracts

No significant change.

Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

No significant change.

Note 33 - Premiums and Annuity Considerations Deferred and Uncollected

No significant change.

Note 34 - Separate Accounts

No significant change.

Note 35 - Loss/Claim Adjustment Expenses

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒ X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]

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 [☒ X] No [☐]

2.2

If yes, date of change:

.....5/17/2014.....

3.1

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?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☐] No [☒ X]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒ X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒ X]

4.2

If yes, provide name of 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐] No [☒ X] N/A [☐]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....5/23/2013.....

6.2

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.

.....12/31/2011.....

6.3

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).

.....7/12/2013.....

6.4

By what department or departments?
Ohio

6.5

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 [☐]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒ X] No [☐] N/A [☐]

7.1

Has this 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]

7.2

If yes, give full information:

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 the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.1

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?
(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.

Yes [☒ X] No [☐]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒ X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒ X]

Alliance Of Transylvanian Saxons
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES - GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

PART 1 - FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End	Current Quarter
	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0
16.3 Total payable for securities lending reported on the liability page: \$.....0

17. 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 []

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

1	2
Name of Custodian(s)	Custodian Address
US Bank	425 East Walnut St. CN-WN-06TC Cincinnati, OH 45202

17.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [X] No []

17.4 If yes, give full and complete information relating thereto:

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

17.5 Identify all investment advisors, broker/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	2	3
Central Registration Depository	Name(s)	Address

PART 1 - INVESTMENT

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes ☒ No ☐

18.2 If no, list exceptions:

Alliance Of Transylvanian Saxons
GENERAL INTERROGATORIES (continued)
PART 2 - FRATERNAL

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1 Long-term mortgages in good standing:

Reponses

1.11 Farm mortgages.....

1.12 Residential mortgages.....

1.13 Commercial mortgages.....

1.14 Total mortgages in good standing.....

\$.....0

1.2 Long-term mortgages in good standing with restructured terms:

1.21 Total mortgages in good standing with restructured terms.....

1.3 Long-term mortgage loans upon which interest is overdue more than three months:

1.31 Farm mortgages.....

1.32 Residential mortgages.....

1.33 Commercial mortgages.....

1.34 Total mortgages with interest overdue more than three months.....

\$.....0

1.4 Long-term mortgage loans in process of foreclosure:

1.41 Farm mortgages.....

1.42 Residential mortgages.....

1.43 Commercial mortgages.....

1.44 Total mortgages in process of foreclosure.....

\$.....0

1.5 Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2).....

\$.....0

1.6 Long-term mortgages foreclosed, properties transferred to real estate in current quarter:

1.61 Farm mortgages.....

1.62 Residential mortgages.....

1.63 Commercial mortgages.....

1.64 Total mortgages foreclosed and transferred to real estate.....

\$.....0

2.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurance for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done?

Yes []

No [X]

2.2 If no, explain.....

3. Operating Percentages:

3.1 A&H loss percent.....

3.2 A&H cost containment percent.....

3.3 A&H expense percent excluding cost containment expenses.....

4.1 Do you act as a custodian for health savings accounts?.....

Yes []

No [X]

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

\$.....

4.3 Do you act as an administrator for health savings accounts?.....

Yes []

No [X]

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

\$.....

5.1 Does the reporting entiy have outstanding assessments in the form of liens against policy benefits that have increased surplus?.....

Yes []

No [X]

5.2 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 Amounts

Q09

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsuer Rating

NONE

Alliance Of Transylvanian Saxons
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1	Direct Business Only					
		Life Contracts		4	5	6	7
		2	3				
	Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
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	906	52,093			52,998	
15. Indiana.....IN	L		38,923			38,923	
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	1,143	22,987			24,131	
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	18,217	1,071,512			1,089,729	8,159
37. Oklahoma.....OK	N					.0	
38. Oregon.....OR	N					.0	
39. Pennsylvania.....PA	L	3,403	179,556			182,959	1,136
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. Subtotals.....(a)	5	23,668	1,365,072	.0	.0	1,388,740	9,295
90. Reporting entity contributions for employee benefit plans.....	XXX					.0	
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX	13,073				13,073	
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	36,741	1,365,072	.0	.0	1,401,813	9,295
96. Plus reinsurance assumed.....	XXX					.0	
97. Totals (All Business).....	XXX	36,741	1,365,072	.0	.0	1,401,813	9,295
98. Less reinsurance ceded.....	XXX					.0	
99. Totals (All Business) less reinsurance ceded.....	XXX	36,741	1,365,072	.0	.0	1,401,813	9,295

DETAILS OF WRITE-INS							
58001.	XXX					.0	
58002.	XXX					.0	
58003.	XXX					.0	
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX	.0	.0	.0	.0	.0	.0
9401.	XXX					.0	
9402.	XXX					.0	
9403.	XXX					.0	
9498. Summary of remaining write-ins for Line 94 from overflow page.....	XXX	.0	.0	.0	.0	.0	.0
9499. Totals (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.

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

Sch. Y-Part 1
NONE

Schedule Y-Part 1A
NONE

Sch. Y-Pt. 1A
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

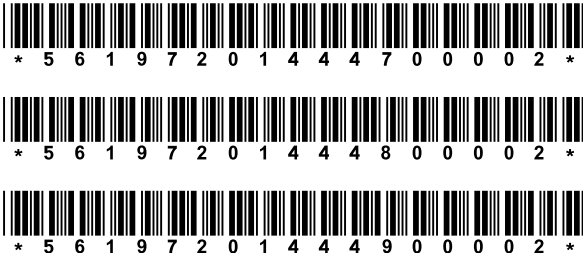
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO

Explanations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Bar Code:



Alliance Of Transylvanian Saxons

Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

	1 Current Year To Date	2 Prior Year To Date	2 Prior Year Ended December 31
4504. Land/Property Adjustment.....			7,950
4597. Summary of remaining write-ins for Line 45.....	0	0	7,950

Alliance Of Transylvanian Saxons
SCHEDULE A - VERIFICATION
Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	7,950	1,979
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		(7,950)
8. Deduct current year's depreciation.....	(1,979)	1,979
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	9,929	7,950
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	9,929	7,950

SCHEDULE B - VERIFICATION
Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,082,619	2,082,619
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	2,082,619	2,082,619
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	2,082,619	2,082,619

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	61,529,969	58,833,771
2. Cost of bonds and stocks acquired.....	3,582,095	5,505,279
3. Accrual of discount.....		26,915
4. Unrealized valuation increase (decrease).....	(21,815)	117,042
5. Total gain (loss) on disposals.....	47,282	155,951
6. Deduct consideration for bonds and stocks disposed of.....	84,469	2,920,931
7. Deduct amortization of premium.....		188,058
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	65,053,062	61,529,969
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	65,053,062	61,529,969

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	58,037,641	1,504,315	1,484,357		58,037,641	58,057,599		57,067,941
2. NAIC 2 (a).....	15,524,645				15,524,645	15,524,645		15,524,645
3. NAIC 3 (a).....	1,100,431				1,100,431	1,100,431		1,100,431
4. NAIC 4 (a).....								
5. NAIC 5 (a).....	88,847				88,847	88,847		88,847
6. NAIC 6 (a).....								
7. Total Bonds.....	74,751,564	1,504,315	1,484,357	0	74,751,564	74,771,522	0	73,781,864
PREFERRED STOCK								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	74,751,564	1,504,315	1,484,357	0	74,751,564	74,771,522	0	73,781,864

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....13,320,701	.....XXX.....	.....13,320,701	.....	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....15,638,918	.....15,748,355
2. Cost of short-term investments acquired.....	.....862,500	
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		.....(109,437)
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	.....3,180,717	
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....13,320,701	.....15,638,918
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.....13,320,701	.....15,638,918

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1	2			3	4	5		6	7	8	9	10
CUSIP Identification	Description			Foreign	Date Acquired	Name of Vendor		Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions												
392684	DU	7	Green Bay Wisconsin Redev.....		...04/01/2014	William Blair.....			.....517,585	.....500,000	.....9,342	1Z.....
42219U	BQ	4	Health Care Auth Alabama .....		...05/22/2014	William Blair.....			.....481,250	.....500,000	.....993	1Z.....
646108	PN	4	New Jersey State HSG & MTG Fin.....		...06/24/2014	William Blair.....			.....505,480	.....500,000	.....729	1Z.....
1799999. Total Bonds - U.S. States, Territories and Possessions.....									.....1,504,315	.....1,500,000	.....11,064	....XXX.....
8399997. Total Bonds - Part 3.....									.....1,504,315	.....1,500,000	.....11,064	....XXX.....
8399999. Total Bonds.....									.....1,504,315	.....1,500,000	.....11,064	....XXX.....
Common Stocks - Mutual Funds												
92204A	50	4	Vanguard World Funds Health Care.....		...04/09/2014	William Blair.....		.....500.000	.....52,535	.....XXX.....		L.....
92204A	70	2	Vanguard Information Tech.....		...06/03/2014	William Blair.....		.....500.000	.....46,685	.....XXX.....		L.....
9299999. Total Common Stocks - Mutual Funds.....									.....99,220	.....XXX.....	.....0	....XXX.....
9799997. Total Common Stocks - Part 3.....									.....99,220	.....XXX.....	.....0	....XXX.....
9799999. Total Common Stocks.....									.....99,220	.....XXX.....	.....0	....XXX.....
9899999. Total Preferred and Common Stocks.....									.....99,220	.....XXX.....	.....0	....XXX.....
9999999. Total Bonds, Preferred and Common Stocks.....									.....1,603,535	.....XXX.....	.....11,064	....XXX.....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2		3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
											11	12	13	14	15							
CUSIP Identification	Description		F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Design- ation or Market Indicator (a)
Common Stocks - Industrial and Miscellaneous																						
98956P	10	2		04/04/2014	Zimmer Holdings Inc.....	.....500.000	.....47,354	.....XXX.....	.....34,071	.....34,071	.....	.....	.....	.....0	.....	.....34,071	.....	.....13,283	.....13,283	.....	.....XXX...	.....
459200	10	1		06/06/2014	International Business Machines.....	.....200.000	.....37,115	.....XXX.....	.....3,116	.....3,116	.....	.....	.....	.....0	.....	.....3,116	.....	.....33,999	.....33,999	.....	.....XXX...	.....
9099999. Total Common Stocks - Industrial and Miscellaneous.....							.....84,469	.....XXX.....	.....37,187	.....37,187	.....0	.....0	.....0	.....0	.....0	.....37,187	.....0	.....47,282	.....47,282	.....0	.....XXX...	.....XXX...
9799997 Total Common Stocks - Part 4.....							.....84,469	.....XXX.....	.....37,187	.....37,187	.....0	.....0	.....0	.....0	.....0	.....37,187	.....0	.....47,282	.....47,282	.....0	.....XXX...	.....XXX...
9799999. Total Common Stocks.....							.....84,469	.....XXX.....	.....37,187	.....37,187	.....0	.....0	.....0	.....0	.....0	.....37,187	.....0	.....47,282	.....47,282	.....0	.....XXX...	.....XXX...
9899999. Total Preferred and Common Stocks.....							.....84,469	.....XXX.....	.....37,187	.....37,187	.....0	.....0	.....0	.....0	.....0	.....37,187	.....0	.....47,282	.....47,282	.....0	.....XXX...	.....XXX...
9999999. Total Bonds, Preferred and Common Stocks.....							.....84,469	.....XXX.....	.....37,187	.....37,187	.....0	.....0	.....0	.....0	.....0	.....37,187	.....0	.....47,282	.....47,282	.....0	.....XXX...	.....XXX...

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt A-Sn 1-Footernote A
NONE

Sch. DB-Pt A-Sn 1-Footernote B
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1-Footernote A
NONE

Sch. DB-Pt B-Sn 1-Footernote B
NONE

Sch. DB-Pt B-Sn 1B-Broker List
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
127 Public Square Cleveland, Ohio								
Key Bank.....44114					66,428	22,603	133,908	XXX.
0199999. Total Open Depositories.....	XXX	XXX	0	0	66,428	22,603	133,908	XXX.
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	66,428	22,603	133,908	XXX.
0499999. Cash in Society's Office.....	XXX	XXX	XXX	XXX	25	25	25	XXX.
0599999. Total Cash.....	XXX	XXX	0	0	66,453	22,628	133,933	XXX.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE