



# ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

## Alliance Of Transylvanian Saxons

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

Organized under the Laws of Ohio

Incorporated/Organized..... August 31, 1902

Statutory Home Office

NAIC Company Code..... 56197

Employer's ID Number..... 34-0138510

5393 Pearl Road..... Cleveland ..... OH ..... US ..... 44129-1597  
(Street and Number) (City or Town, State, Country and Zip Code)

Country of Domicile US

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

Joan Annette Miller-Malue

440-842-8442

Statutory Statement Contact

(Name)  
office@atsaxons.com  
(E-Mail Address)

(Area Code) (Telephone Number) (Extension)  
440-842-5442  
(Fax Number)

### OFFICERS

**Name**

1. Thomas Joseph Manning  
3. Denise Aeling Crawford

**Title**

President  
Treasurer

**Name**

2. Monica Marie Weber  
4. Heidorn Consulting, Inc.

**Title**

Secretary  
Consulting Actuary

### OTHER

Robert Burns Cunningham, III  
John Boehm, Jr.

First Vice President  
Third Vice President

Joan Annette Miller-Malue

Second Vice President

### DIRECTORS OR TRUSTEES

John Boehm Jr.  
Peter Karsti, II  
Jacob F. Spor

Denise Aeling Crawford  
Joan Annette Miller-Malue  
Monica Marie Weber

Robert Burns Cunningham, III  
Thomas Joseph Manning  
Randall B. Floyd

Hanz G. Hermann  
Barbara A. Spack

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  
1. (Printed Name)  
President  
(Title)

(Signature)  
Monica Marie Weber  
2. (Printed Name)  
Secretary  
(Title)

(Signature)  
Denise Aeling Crawford  
3. (Printed Name)  
Treasurer  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

2015

a. Is this an original filing?  
b. If no     1. State the amendment number  
                  2. Date filed  
                  3. Number of pages attached

Yes [X] No [ ]

\_\_\_\_\_

**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).....	65,414,873		65,414,873	60,690,446
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	1,041,265		1,041,265	839,523
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).....	7,950		7,950	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 (\$....197,136, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....12,468,627, Schedule DA).....	12,665,763		12,665,763	15,501,063
6. Contract loans (including \$.....0 premium notes).....	161,359		161,359	156,421
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).....	81,373,829	0	81,373,829	79,278,022
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,072,833		1,072,833	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).....	3,659		3,659	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.....	1,295		1,295	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.....	86,687		86,687	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 to 25).....	82,828,231	289,928	82,538,303	80,390,146
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	82,828,231	289,928	82,538,303	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 Year	2 Prior Year
1. Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	63,229,614	61,749,294
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).....	8,403,791	8,630,072
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	1,506,720	1,434,747
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).....	1,616	1,811
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).....	144,319	94,982
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	498	663
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	34,208	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 (Exhibit 3, Line 8, Col. 6).....	4,187	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 (AVR, Line 16, Col. 7).....	634,844	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.....	433,780	441,799
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	74,448,577	73,029,085
24. From Separate Accounts statement.....	.....	.....
25. Total liabilities (Lines 23 and 24).....	74,448,577	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.....	8,089,726	7,361,061
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	8,089,726	7,361,061
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	82,538,303	80,390,146

### DETAILS OF WRITE-INS

2201. Scholarship Fund.....	432,552	431,246
2202. Payroll Withholdings.....	1,228	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).....	433,780	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

# Alliance Of Transylvanian Saxons

## 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).....	2,249,483	2,724,969
2. Considerations for supplementary contracts with life contingencies.....	4,106,770	3,888,325
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	.25,491	..21,885
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	.....	.....
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.....	.24,213	..60,634
9. Totals (Lines 1 to 8.3).....	.6,405,957	6,695,813
10. Death benefits.....	189,934	161,715
11. Matured endowments (excluding guaranteed annual pure endowments).....	.11,500	100
12. Annuity benefits.....	2,917,796	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.....	.41,844	84,345
15. Interest and adjustments on contract or deposit-type contracts funds.....	.288,078	294,034
16. Payments on supplementary contracts with life contingencies.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	1,480,320	1,536,283
18. Totals (Lines 10 to 17).....	4,929,472	5,355,157
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).....	.7,931	..8,872
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).....	723,116	724,676
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	.20,179	..21,140
23. Increase in loading on deferred and uncollected premiums.....	(238)	76
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).....	5,680,460	6,109,921
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	725,497	585,892
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	.50,687	..51,592
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	.674,810	..534,300
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....74,829 transferred to the IMR).....	.84,926	143,849
31. Net income (Lines 29 + 30).....	759,736	678,149
<b>SURPLUS ACCOUNT</b>		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	7,361,058	6,266,380
33. Net income from operations (Line 31).....	759,736	678,149
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	.13,218	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.....	(44,286)	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	7,950
46. Net change in surplus for the year (Lines 33 through 45).....	728,668	1,094,678
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	8,089,726	7,361,058

### DETAILS OF WRITE-INS

08.301. Miscellaneous.....	.24,213	..60,634
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).....	.24,213	..60,634
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	7,950
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	.0	7,950

Annual Statement for the year 2014 of the **Alliance Of Transylvanian Saxons**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	2,250,551	2,725,064
2. Net investment income.....	4,076,383	3,879,429
3. Miscellaneous income.....	24,213	60,634
4. Total (Lines 1 through 3).....	6,351,147	6,665,127
5. Benefit and loss related payments.....	3,377,101	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.....	742,857	758,895
8. Dividends paid to policyholders.....	50,686	51,591
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	4,170,644	4,093,701
11. Net cash from operations (Line 4 minus Line 10).....	2,180,503	2,571,426
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	1,215,370	2,274,440
12.2 Stocks.....	84,469	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).....	1,299,839	2,920,931
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	6,007,840	5,381,003
13.2 Stocks.....	225,710	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).....	6,233,550	5,505,279
14. Net increase (decrease) in contract loans and premium notes.....	4,938	(18,537)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(4,938,649)	(2,565,811)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
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).....	(77,154)	(283,403)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(77,154)	(283,403)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(2,835,300)	(277,788)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	15,501,063	15,778,851
19.2 End of year (Line 18 plus Line 19.1).....	12,665,763	15,501,063

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

20.0001 .....	.....	.....
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**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
<b>Involving Life or Disability Contingencies (Reserves)</b>				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	61,749,294	7,779,202	53,970,092	
2. Tabular net premiums or considerations.....	2,242,326	77,164	2,165,162	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	2,405,357	307,971	2,097,386	
5. Tabular less actual reserve released.....	70,789		70,789	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	66,467,766	8,164,337	58,303,429	0
9. Tabular cost.....	187,730	187,730		XXX
10. Reserves released by death.....	93,132	93,132	XXX	XXX
11. Reserves released by other terminations (net).....	2,957,291	39,494	2,917,797	
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).....	3,238,153	320,356	2,917,797	0
15. Reserve December 31, current year.....	63,229,613	7,843,981	55,385,632	0

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....514,731	.....555,275
1.1 Bonds exempt from U.S. tax.....	(a).....3,433,426	.....3,427,145
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....23,248	.....23,248
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....6,000	.....6,000
5. Contract loans.....	.....8,723	.....8,808
6. Cash, cash equivalents and short-term investments.....	(e).....1,196	.....1,196
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.....	.....4,138,449	.....4,172,797
11. Investment expenses.....	(g).....62,140	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....3,887	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	.....
15. Aggregate write-ins for deductions from investment income.....	.....0	.....
16. Total deductions (Lines 11 through 15).....	.....66,027	.....
17. Net investment income (Line 10 minus Line 16).....	.....4,106,770	.....

**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 \$....27,661 accrual of discount less \$....208,176 amortization of premium and less \$....36,910 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....	.....	.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....112,472	.....	.....112,472	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....47,282	.....	.....47,282	.....13,218	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....159,754	.....0	.....159,754	.....13,218	.....0

**DETAILS OF WRITE-INS**

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

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

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<b>FIRST YEAR (other than single)</b>								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	.297	.297				.297		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	.297	.297				.297		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	.297	.297	0	0	0	.297	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	.297	.297	0	0	0	.297	0	0
6. Collected during year:								
6.1 Direct.....	125,628	2,591	123,037			125,628		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	125,628	2,591	123,037	0	0	125,628	0	0
7. Line 5 + Line 6.4.....	125,925	2,888	123,037	0	0	125,925	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	(141)	(141)				(141)		
9. First year premiums and considerations:								
9.1 Direct.....	126,066	3,029	123,037			126,066		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	126,066	3,029	123,037	0	0	126,066	0	0
<b>SINGLE</b>								
10. Single premiums and considerations:								
10.1 Direct.....	322,183	55,336	266,847			322,183		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	322,183	55,336	266,847	0	0	322,183	0	0
<b>RENEWAL</b>								
11. Uncollected.....	0					0		
12. Deferred and accrued.....	4,307	4,307				4,307		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	4,307	4,307				4,307		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	4,307	4,307	0	0	0	4,307	0	0
14. Advance.....	1,616	1,616				1,616		
15. Line 13.4 - Line 14.....	2,691	2,691	0	0	0	2,691	0	0
16. Collected during year:								
16.1 Direct.....	1,804,146	28,869	1,775,277			1,804,146		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	1,407	1,407				1,407		
16.4 Net.....	1,802,739	27,462	1,775,277	0	0	1,802,739	0	0
17. Line 15 + Line 16.4.....	1,805,430	30,153	1,775,277	0	0	1,805,430	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	4,197	4,197				4,197		
19. Renewal premiums and considerations:								
19.1 Direct.....	1,802,640	27,363	1,775,277			1,802,640		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	1,407	1,407				1,407		
19.4 Net (Line 17 - Line 18).....	1,801,233	25,956	1,775,277	0	0	1,801,233	0	0
<b>TOTAL</b>								
20. Total premiums and annuity considerations:								
20.1 Direct.....	2,250,889	.85,728	2,165,161	0	0	2,250,889	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	1,407	1,407	0	0	0	1,407	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	2,249,482	.84,321	2,165,161	0	0	2,249,482	0	0

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

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<b>REFUNDS APPLIED (included in Part 1)</b>								
21. To pay renewal premiums	0					0		
22. All other	37,555	37,555				37,555		
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>								
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
<b>COMMISSIONS INCURRED (direct business only)</b>								
27. First year (other than single)	1,197	284	912			1,197		
28. Single	680	680				680		
29. Renewal	6,054	21	6,033			6,054		
30. Deposit-type contract funds	0					0		
31. Totals (to agree with Page 6, Line 19)	7,931	985	6,945	0	0	7,931	0	0

# Alliance Of Transylvanian Saxons

## EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7	
	1 Life	Accident and Health			6	7	
		2 Cost Containment	3 All Other				
1. Rent.....	6,000					6,000	
2. Salaries and wages.....	211,271					211,271	
3.11 Insured benefit plans for employees.....	51,030					51,030	
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.....	234					234	
4.3 Inspection report fees.....						0	
4.4 Fees of public accountants and consulting actuaries.....	162,781					162,781	
4.5 Expense of investigation and settlement of certificate claims.....						0	
5.1 Traveling expenses.....						0	
5.2 Advertising.....	24,121					24,121	
5.3 Postage, express, telegraph and telephone.....	21,783					21,783	
5.4 Printing and stationery.....	5,835					5,835	
5.5 Cost or depreciation of furniture and equipment.....						0	
5.6 Rental of equipment.....	2,589					2,589	
5.7 Cost or depreciation of EDP equipment and software.....						0	
5.8 Lodge supplies less \$.....0 from sales.....						0	
6.1 Books and periodicals.....	451					451	
6.2 Bureau and association dues.....	7,225					7,225	
6.3 Insurance, except on real estate.....	9,433					9,433	
6.4 Miscellaneous losses.....						0	
6.5 Collection and bank service charges.....	22,115					22,115	
6.6 Sundry general expenses.....	26,966					26,966	
7.1 Field expense allowance.....						0	
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....						0	
7.3 Field conferences other than local meetings.....					16,455	16,455	
8.1 Official publications.....					73,351	73,351	
8.2 Expense of Supreme Lodge Meetings.....						0	
9.1 Real estate expenses.....				13,666		13,666	
9.2 Investment expenses not included elsewhere.....				48,474		48,474	
9.3 Aggregate write-ins for expenses.....	14,815	0	0	0	66,662	81,477	
10. General Expenses Incurred.....	566,649	0	0	0	62,140	(a) 156,468 (b) 785,257	
11. General expenses unpaid December 31, prior year.....	25,301				.414	25,715	
12. General expenses unpaid December 31, current year.....	33,720				.488	34,208	
13. General expenses paid during year (Lines 10 + 11 - 12).....	558,230	0	0	0	62,066	156,468	
						776,764	

## DETAILS OF WRITE-INS

09.301	Fund and Scholarships - net.....					66,662	66,662
09.302	Branch Sharing.....	6,975					6,975
09.303	Per Diem.....	7,840					7,840
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	14,815	0	0	0	66,662	81,477

(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	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
1. Real estate taxes.....				3,887		3,887
2. State insurance department licenses and fees.....	3,314					3,314
3. Other state taxes, including \$.....0 for employee benefits.....	141					141
4. U.S. Social Security taxes.....	16,162					16,162
5. All other taxes.....	562					562
6. Taxes, licenses and fees Incurred.....	20,179	0	0	3,887	0	24,066
7. Taxes, licenses and fees unpaid December 31, prior year.....	620			3,829		4,449
8. Taxes, licenses and fees unpaid December 31, current year.....	300			3,887		4,187
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	20,499	0	0	3,829	0	24,328

## 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.....		37,555
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	37,555	0
6. Paid-in cash.....	4,232	
7. Left on deposit.....	8,900	
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	50,687	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).....	50,687	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 Credit (Group and Individual)	6
Valuation Standard	Total	Industrial	Ordinary		Group
<b>Life Insurance:</b>					
0100001. 1902-1947 AE 3.5% & 4% AE 2.5% & 3%.....	146,295		146,295		
0100002. 1948-1966 AM 2.5%.....	685,800		685,800		
0100003. 1958-1965 41 CS1 3%.....	13,053		13,053		
0100004. 1985-1988 58 CSO 2.5%.....	0				
0100005. 1966-1988 58 CSO 3%.....	2,005,621		2,005,621		
0100006. 2006-2008 80 CSO 4.00%.....	190,814		190,814		
0100007. 1995-2005 80 CSO 4.50%.....	1,964,012		1,964,012		
0100008. 1987-1994 80 CSO 4.75%.....	2,373,175		2,373,175		
0100009. 1993-1994 80 CSO 5%.....	32,699		32,699		
0100010. 1987-1992 80 CSO 5.5%.....	280,472		280,472		
0100011. 2009-2012 01 CSO 4.0%.....	96,757		96,757		
0100012. 2012- 01 CSO 3.5%.....	39,017		39,017		
0100013. Members Only.....	0				
0199997. Totals (Gross).....	7,827,715	.0	7,827,715	.0	.0
0199998. Reinsurance ceded.....	904		904		
0199999. Totals (Net).....	7,826,811	.0	7,826,811	.0	.0
<b>Annuities (excluding supplementary contracts with life contingencies):</b>					
0200001. FPDA (accumulation) (4.5% Guar).....	35,150,447	XXX	35,150,447	XXX	
0200002. FPDA (accumulation) (3.0% Guar).....	18,274,033	XXX	18,274,033	XXX	
0200003. FPDA (accumulation) (1.5% Guar).....	684,071	XXX	684,071	XXX	
0200004. FPDA Rider (accumulation) (4.5% Guar).....	180,756	XXX	180,756	XXX	
0200005. SPIA '83a (setback 1 yr) M/F 8%.....	0	XXX		XXX	
0200006. SPIA '83a (setback 1 yr) M/F 7.5%.....	14,697	XXX	14,697	XXX	
0200007. SPIA '83a (setback 1 yr) M/F 7%.....	0	XXX		XXX	
0200008. SPIA '83a (setback 1 yr) M/F 6.5%.....	122,644	XXX	122,644	XXX	
0200009. SPIA '83a (setback 1 yr) M/F 6.25%.....	86,622	XXX	86,622	XXX	
0200010. SPIA '83a (setback 1 yr) M/F 6.00%.....	0	XXX		XXX	
0200011. SPIA '83a (setback 1 yr) M/F 4.50%.....	714,703	XXX	714,703	XXX	
0200012. SPIA '83a (setback 1 yr) M/F 2.50%.....	157,660	XXX	157,660	XXX	
0299997. Totals (Gross).....	55,385,633	XXX	55,385,633	XXX	.0
0299999. Totals (Net).....	55,385,633	XXX	55,385,633	XXX	.0
<b>Accidental Death Benefits:</b>					
0400001. Interco DI with 41CSO 2.5%.....	1,078		1,078		
0400002. 59 ADB & 58 CSO 3%.....	397		397		
0400003. Dismemberment Benefits.....	6,273		6,273		
0499997. Totals (Gross).....	7,748	.0	7,748	.0	.0
0499999. Totals (Net).....	7,748	.0	7,748	.0	.0
<b>Disability - Active Lives:</b>					
0500001. 52 Disability Study, per 4, Ben 5 w/ 58 CSO 3%.....	2,262		2,262		
0599997. Totals (Gross).....	2,262	.0	2,262	.0	.0
0599998. Reinsurance ceded.....	62		62		
0599999. Totals (Net).....	2,200	.0	2,200	.0	.0
<b>Miscellaneous Reserves:</b>					
0700001. Non-Deduction.....	2,976		2,976		
0700002. Rated Premiums - ½ Annual.....	4,246		4,246		
0799997. Totals (Gross).....	7,222	.0	7,222	.0	.0
0799999. Totals (Net).....	7,222	.0	7,222	.0	.0
9999999. Totals (Net) - Page 3, Line 1.....	63,229,614	.0	63,229,614	.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				
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
<b>ACTIVE LIFE RESERVE</b>							
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
<b>CLAIM RESERVE</b>							
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						
<b>DETAILS OF WRITE-INS</b>							
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.....	8,630,075	3,187,795	1,035,212	3,269,974	831,235	305,859
2. Deposits received during the year.....	535,710	191,902	193,192	135,230	8,900	6,486
3. Investment earnings credited to the account.....	286,125	86,478	42,429	115,312	33,163	8,743
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	1,048,116	269,547	385,552	336,458	44,323	12,236
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).....	8,403,794	3,196,628	885,281	3,184,058	828,975	308,852
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).....	8,403,794	3,196,628	885,281	3,184,058	828,975	308,852

**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.....	1,494,720			79,931		1,414,789					
2.22 Reinsurance assumed.....	.0										
2.23 Reinsurance ceded.....	.0										
2.24 Net.....	1,494,720	.0	(b).....0	79,931	(b).....1,414,789	.0	(b).....0	(b).....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).....0	12,000	(b).....0	.0	(b).....0	(b).....0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	1,506,720	.0		91,931		1,414,789	.0	.0	.0	.0	.0
4.2 Reinsurance assumed.....	.0	.0		.0		.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded.....	.0	.0		.0		.0	.0	.0	.0	.0	.0
4.4 Net.....	1,506,720	(a).....0	(a).....91,931		1,414,789	.0	(a).....0	(a).....0	(a).....0	(a).....0	(a).....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.....	3,047,257		169,537	2,877,720							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 3,047,257	0	169,537	2,877,720	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	1,506,720	0	91,931	1,414,789	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	1,506,720	0	91,931	1,414,789	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	1,434,747		60,034	1,374,713							
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	1,434,747	0	60,034	1,374,713	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	3,119,230	0	201,434	2,917,796	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.....	3,119,230	0	201,434	2,917,796	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.

# Alliance Of Transylvanian Saxons

## 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****NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

	State of Domicile	2014	2013
<b>NET INCOME</b>			
(1) Alliance Of Transylvanian Saxons state basis (Page 4, Line 31, Columns 1 & 2)	OH	759,736	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	759,736	678,149
<b>SURPLUS</b>			
(5) Alliance Of Transylvanian Saxons state basis (Page 3, line 30, Columns 1 & 2)	OH	8,089,724	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	8,089,724	7,361,061

**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.

**NOTE 2. – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS: NONE****NOTE 3. – BUSINESS COMBINATIONS AND GOODWILL: NONE****NOTE 4. – DISCONTINUED OPERATIONS: NONE****NOTE 5. – INVESTMENTS**

- A. Mortgage Loans, including Mezzanine Real Estate Loans
  1. Maximum and minimum lending rates during 2014 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

**NOTE 6. – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES: NONE****NOTE 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

**NOTE 8. – DERIVATIVE INSTRUMENTS: NONE**

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## NOTES TO FINANCIAL STATEMENTS

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**NOTE 9. – INCOME TAXES:** NONE

**NOTE 10. – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES:** NONE

**NOTE 11. – DEBT:** NONE

**NOTE 12. – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT 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

**NOTE 13. – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS:** NONE

**NOTE 14. – CONTINGENCIES**

- A. Contingent Commitments: NONE
- B. Assessments: NONE
- C. Gain Contingencies: NONE
- D. All Other Contingencies: NONE

**NOTE 15. – LEASES:** NONE

**NOTE 16. – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK:** NONE

**NOTE 17. – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES:** NONE

**NOTE 18. – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS:** NONE

**NOTE 19. – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS:** NONE

**NOTE 20. – FAIR VALUE MEASUREMENTS:** NONE

**NOTE 21. – OTHER ITEMS:** NONE

**NOTE 22. – EVENTS SUBSEQUENT:** NONE

**NOTE 23. – REINSURANCE**

- A. Ceded Reinsurance Report: NONE
- B. Uncollectable Reinsurance: NONE
- C. Commutation of Reinsurance Reflected in Income and Expenses: NONE

**NOTE 24. – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION:** NONE

**NOTE 25. – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES:** NONE

**NOTE 26. – INTERCOMPANY POOLING ARRANGEMENTS:** NONE

**NOTE 27. –STRUCTURED SETTLEMENTS:** NONE

**NOTE 28. –HEALTH CARE RECEIVABLES:** NONE

**NOTE 29. – PARTICIPATING POLICIES:** NONE

**NOTE 30. – PREMIUM DEFICIENCY RESERVES:** NONE

**NOTE 31. – RESERVES FOR LIFE CONTRACTS AND ANNUITY CONTRACTS**

- (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 \$2,976. 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. \$4,246.
- (3) As of December 31, 2014, 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.
- (5) The Tabular Interest on Funds Not Involving Life Contingencies in Exhibit 7 are determined as the ending reserve plus funds withdrawn less funds added less beginning reserve. The resulting tabular interest is tested for reasonableness.

**NOTES TO FINANCIAL STATEMENTS****NOTE 32. – ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS**

A.	Subject to Discretionary Withdrawal:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1)	With fair value adjustment	-				0.000
(2)	At book value less current surrender charge of 5% or more	740,293			740,293	1.161
(3)	At fair value					0.000
(4)	Total with adjustment or at fair value (total of 1 through 3)	740,293			740,293	1.161
(5)	At book value without adjustment (minimal or no charge or adjustment)	61,952,805			61,952,805	97.121
B.	Not subject to discretionary withdrawal	1,096,326			1,096,326	1.719
C.	Total (gross: direct + assumed)	63,789,424			63,789,424	100.000
D.	Reinsurance ceded					
E.	Total (net (C) - (D))	63,789,424			63,789,424	

F. Life and Accident &amp; Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	55,385,633
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	8,403,794
(4)	Subtotal	63,789,427
Separate Accounts Statement:		
(5)	Exhibit 3, Line 0299999, Column 2	
(6)	Exhibit 3, Line 0399999, Column 2	
(7)	Policyholder dividend and coupon accumulations	
(8)	Policyholder premiums	
(9)	Guaranteed interest contracts	
(10)	Other contract deposit funds	
(11)	Subtotal	
(12)	Combined Total	63,789,427

**NOTE 33. –PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED**

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2014 were:

		Gross	Net of Loading
(1)	Industrial		
(2)	Ordinary new business	297	104
(3)	Ordinary renewal	4,307	3,555
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	4,604	3,659

**NOTE 34. – SEPARATE ACCOUNTS: NONE****NOTE 35. – LOSS/CLAIM ADJUSTMENT EXPENSES: NONE**

# Alliance Of Transylvanian Saxons

## 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]

If yes, complete Schedule Y, Parts 1, 1A and 2.

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 [X]  No [ ]  
05/17/2014

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.  
3.2 State 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.  
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).  
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. 9950 W. Lawrence Ave, Suite 305, Schiller Park, IL 60176

# Alliance Of Transylvanian Saxons

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

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

### PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

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

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

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

### PART 1 - COMMON INTERROGATORIES - FINANCIAL

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

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

20.11 To directors or other officers \$.....0

20.12 To stockholders not officers \$.....0

20.13 Trustees, supreme or grand (Fraternal only) \$.....0

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

20.21 To directors or other officers \$.....0

20.22 To stockholders not officers \$.....0

20.23 Trustees, supreme or grand (Fraternal only) \$.....0

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

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

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

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment .....

22.22 Amount paid as expenses .....

22.23 Other amounts paid .....

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

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

### PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 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 [ ]

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

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

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  N/A [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 Placed under option agreements .....

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....

25.27 FHLB Capital Stock .....

25.28 On deposit with states .....

25.29 On deposit with other regulatory bodies .....

25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....

25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....

25.32 Other .....

25.3 For category (25.26) 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  N/A [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  N/A [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  No  [X] .....

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  N/A [X] .....

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address

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  N/A [X] .....

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted 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

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

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.....	77,883,500		(77,883,500)
30.2 Preferred stocks.....			0
30.3 Totals.....	77,883,500	0	(77,883,500)
30.4 Describe the sources or methods utilized in determining the fair values: Custodian/Broker statements			

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? \$.....7,225  
 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
American Fraternal Alliance	7,100

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
	0

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
	0

# Alliance Of Transylvanian Saxons

## GENERAL INTERROGATORIES

### PART 2 - FRATERNAL INTERROGATORIES

<p>1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? <span style="float: right;">Yes [ ] No [X]</span></p> <p>1.2 If yes, indicate premium earned on U.S. business only <span style="float: right;">\$.....0</span></p> <p>1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? <span style="float: right;">.....</span></p> <p>1.31 Reason for excluding <hr/></p> <p>1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. <span style="float: right;">.....</span></p> <p>1.5 Indicate total incurred claims on all Medicare Supplement insurance. <span style="float: right;">\$.....0</span></p> <p>1.6 Individual policies: Most current three years: 1.61 Total premium earned <span style="float: right;">.....</span> 1.62 Total incurred claims <span style="float: right;">.....</span> 1.63 Number of covered lives <span style="float: right;">.....</span> All years prior to most current three years: 1.64 Total premium earned <span style="float: right;">.....</span> 1.65 Total incurred claims <span style="float: right;">.....</span> 1.66 Number of covered lives <span style="float: right;">.....</span></p> <p>1.7 Group policies: Most current three years: 1.71 Total premium earned <span style="float: right;">.....</span> 1.72 Total incurred claims <span style="float: right;">.....</span> 1.73 Number of covered lives <span style="float: right;">.....</span> All years prior to most current three years: 1.74 Total premium earned <span style="float: right;">.....</span> 1.75 Total incurred claims <span style="float: right;">.....</span> 1.76 Number of covered lives <span style="float: right;">.....</span></p> <p>2.1 Does this reporting entity have Separate Accounts? <span style="float: right;">Yes [ ] No [X]</span></p> <p>2.2 If yes, has a Separate Accounts statement been filed with this Department? <span style="float: right;">Yes [ ] No [ ] N/A [X]</span></p> <p>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? <span style="float: right;">.....</span></p> <p>2.4 State the authority under which Separate Accounts are maintained: <hr/></p> <p>2.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? <span style="float: right;">Yes [ ] No [X]</span></p> <p>2.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? <span style="float: right;">Yes [ ] No [X]</span></p> <p>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)"? <span style="float: right;">.....</span></p> <p>3. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? <span style="float: right;">Yes [X] No [ ]</span></p> <p>4. How often are meetings of the subordinate branches required to be held? Monthly <hr/></p> <p>5. How are the subordinate branches represented in the supreme or governing body? Delegates at Convention <hr/></p> <p>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. <hr/></p> <p>7.1 How often are regular meetings of the governing body held? Every Two Years. <hr/></p> <p>7.2 When was the last regular meeting of the governing body held? <span style="float: right;">May 17, 18 2014.....</span></p> <p>7.3 When and where will the next regular or special meeting of the governing body be held? May 2016, Salem, OH <hr/></p> <p>7.4 How many members of the governing body attended the last regular meeting? <span style="float: right;">.....97</span></p> <p>7.5 How many of the same were delegates of the subordinate branches? <span style="float: right;">.....84</span></p> <p>8. How are the expenses of the governing body defrayed? Society's General Fund. <hr/></p> <p>9. When and by whom are the officers and directors elected? By Delegates at Convention. <hr/></p> <p>10. What are the qualifications for membership? Good Health and Good Moral Character. Interest in the Transylvanian Saxons Culture and Traditions. <hr/></p> <p>11. What are the limiting ages for admission? 0-70 for Life Plans, No Age limits for Annuities. <hr/></p> <p>12. What is the minimum and maximum insurance that may be issued on any one life? Minimum of \$2,000; No Maximum <hr/></p> <p>13. Is a medical examination required before issuing a benefit certificate to applicants? <span style="float: right;">Yes [ ] No [X]</span></p> <p>14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? <span style="float: right;">Yes [ ] No [X]</span></p> <p>15.1 Are notices of the payments required sent to the members? <span style="float: right;">Yes [X] No [ ] N/A [ ]</span></p> <p>15.2 If yes, do the notices state the purpose for which the money is to be used? <span style="float: right;">Yes [X] No [ ]</span></p> <p>16. What proportion of first and subsequent years' payments may be used for management expenses? 16.11 First year <span style="float: right;">.....0.0 %</span> 16.12 Subsequent years <span style="float: right;">.....0.0 %</span></p>
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# Alliance Of Transylvanian Saxons

## 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? \_\_\_\_\_

19.2 If yes, when?

May 17

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 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
1 Guaranteed Death Benefit	2 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 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value) \$

26.1 Do you act as a custodian for health savings account? Yes [ ] No [ X ]

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

26.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]

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

27.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [ ] No [ X ]

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

Date	Outstanding Lien Amount

28.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ X ] N/A [ ]

28.2 If the answer to 28.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

29. Provide the following for Individual Ordinary Life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

29.1 Direct Premium Written..... \$.....85,728  
29.2 Total incurred claims ..... \$.....201,434  
29.3 Number of covered lives ..... 0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

**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 2014	2 2013	3 2012	4 2011	5 2010
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Total (Line 21, Column 2).....	26,363	26,281	26,399	26,304	26,165
<b>New Business Issued (Exhibit of Life Insurance)</b>					
2. Total (Line 2, Column 2).....	302	238	302	306	315
<b>Premium Income (Exhibit 1, Part 1)</b>					
3. Life insurance - first year (Line 9.4, Column 2).....	3,029	1,888	239	1,628	1,738
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	81,292	85,131	97,688	86,469	92,460
5. Annuity (Line 20.4, Column 3).....	2,165,161	2,637,950	3,251,112	2,095,362	2,962,629
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).....	2,249,482	2,724,969	3,349,039	2,183,459	3,056,827
<b>Balance Sheet Items (Pages 2 and 3)</b>					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	82,538,303	80,390,146	77,909,529	74,887,825	72,184,231
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	74,448,577	73,029,085	71,643,149	68,954,932	66,738,035
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	63,229,614	61,749,294	60,213,012	58,565,584	57,045,930
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....	8,403,791	8,630,072	5,809,321	5,104,679	5,257,413
14. Asset valuation reserve (Page 3, Line 21.1).....	634,844	590,553	882,086	629,554	399,925
15. Surplus (Page 3, Line 30).....	8,089,726	7,361,061	6,266,383	5,932,894	5,446,194
<b>Cash Flow (Page 5)</b>					
16. Net cash from operations (Line 11).....	2,180,503	2,571,426	2,211,181	2,061,632	1,954,392
<b>Risk-Based Capital Analysis</b>					
17. Total Adjusted Capital.....	8,724,570	7,979,114	7,175,969	6,589,948	5,873,619
18. 50% of the Calculated RBC Amount.....	846,110	638,633	849,801	901,228	749,686
<b>Percentage Distribution of Cash, Cash Equivalent and Invested Assets</b>					
(Page 2, Col. 3) (Line No. + Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	.80.4	.76.6	.74.9	.74.9	.75.0
20. Stocks (Lines 2.1 and 2.2).....	1.3	1.1	1.6	1.9	2.8
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).....	15.6	19.6	20.5	20.2	19.0
24. Contract loans (Line 6).....	0.2	0.2	0.2	0.2	0.2
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....	2.6	2.6	2.7	2.8	2.9
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
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
<b>Investments in Subsidiaries and Affiliates</b>					
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.....					
<b>Total Nonadmitted Assets and Admitted Assets</b>					
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).....	82,538,303	80,390,146	77,909,529	74,887,825	72,184,231
<b>Investment Data</b>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,106,770	3,888,325	3,879,905	3,852,328	3,696,607
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	84,926	143,849	(85,703)	391,879	76,509
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	13,218	117,046	(3,497)	(53,434)	7,361
44. Total of above Lines 41, 42 and 43.....	4,204,914	4,149,220	3,790,705	4,190,773	3,780,477

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>Benefits and Reserve Increases (Page 6)</b>					
45. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	3,161,074	3,524,840	3,790,799	3,087,091	3,288,323
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	.....	.....	.....	.....	.....
47. Increase in Life Reserves (Line 17, Column 2).....	64,780	42,113	74,827	93,689	55,934
48. Increase in Accident and Health Reserves (Line 17, Column 5).....	.....	.....	.....	.....	.....
49. Refunds to Members (Line 28, Column 1).....	50,687	51,592	52,071	52,135	31,964
<b>Operating Percentages</b>					
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.....	32.5	26.9	24.1	34.4	26.0
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.....	0.4	1.1	0.3	0.3	0.5
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).....	.....	.....	.....	.....	.....
<b>Accident and Health Reserve Adequacy</b>					
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).....	.....	.....	.....	.....	.....
<b>Net Gains from Operations After Refunds to Members by Lines of Business</b> (Page 6, Line 29)					
57. Life Insurance (Column 2).....	83,759	100,275	29,105	54,749	52,208
58. Annuity (Column 3).....	591,050	434,025	646,113	323,134	344,417
59. Supplementary Contracts (Column 4).....	.....	.....	.....	.....	.....
60. Accident and Health (Column 5).....	.....	.....	.....	.....	.....
61. Aggregate of All Other Lines of Business (Column 6).....	.....	.....	.....	.....	0
62. Fraternal (Column 8).....	.....	.....	.....	.....	.....
63. Expense (Column 9).....	.....	.....	.....	.....	.....
64. Total (Column 1).....	674,809	534,300	675,218	377,883	396,625

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:

# Alliance Of Transylvanian Saxons

## EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	6,239	26,281
2. Issued during year.....	42	302
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....		141
6. Subtotals, Lines 2 to 5.....	42	443
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).....	6,281	26,724
Deductions During Year:		
10. Death.....	119	195
11. Maturity.....		
12. Disability.....		
13. Expiry.....	20	51
14. Surrender.....	24	115
15. Lapse.....		
16. Conversion.....		
17. Decreased (net).....		
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	163	361
21. In force end of year (b) (Line 9 minus 20).....	6,118	26,363
22. Reinsurance ceded end of year.....	XXX	471
23. Line 21 minus Line 22.....	XXX	25,892

### 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.....5,834 , Amount, \$.....24,818.

Additional accidental death benefits included in life certificates were in amount, \$.....334. 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.....			2,556	
2. Issued during year.....			.83	
3. Reinsurance assumed.....				
4. Increased during year (net).....			.1	
5. TOTALS (Lines 1 to 4).....	0	0	2,640	0
Deduction during year:				
6. Decreased during year (net).....			112	
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	0	112	0
9. In force end of year (Line 5 minus Line 8).....	0	0	2,528	0
10. Amount on deposit.....			4,088,982	XXX
Income now payable:				
11. Amount of income payable.....			120,268	XXX
Deferred fully paid:				
12. Account balance.....	XXX	XXX		XXX
Deferred not fully paid:				
13. Account balance.....	XXX	XXX	54,414,176	XXX

**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	Active Status	1	Direct Business					Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5			
		2 Life Insurance Premiums	3 Annuity Considerations						
1. Alabama.....	AL	N					0		
2. Alaska.....	AK	N					0		
3. Arizona.....	AZ	N					0		
4. Arkansas.....	AR	N					0		
5. California.....	CA	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	5,323	80,555			85,878		
15. Indiana.....	IN	L		35,358			35,358		
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	1,597	44,544			46,141		
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	35,471	1,772,668			1,808,139	14,743	
37. Oklahoma.....	OK	N					0		
38. Oregon.....	OR	N					0		
39. Pennsylvania.....	PA	L	6,436	232,037			238,473	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		
59. Subtotal.....		(a) 5	48,827	2,165,162	0	0	2,213,988	15,879	
90. Reporting entity contributions for employee benefit plans		XXX					0		
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	36,562				36,562		
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	85,389	2,165,162	0	0	2,250,550	15,879	
96. Plus Reinsurance Assumed.....		XXX	85,389	2,165,162	0	0	2,250,550	15,879	
97. Totals (All Business).....		XXX	85,389	2,165,162	0	0	2,250,550	15,879	
98. Less Reinsurance Ceded.....		XXX	85,389	2,165,162	0	0	2,250,550	15,879	
99. Totals (All Business) less reinsurance ceded.....		XXX	85,389	2,165,162	(b)	0	2,250,550	15,879	

**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	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58).....	XXX	0	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	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX	0	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

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