



# QUARTERLY STATEMENT

As of June 30, 2015  
of the Condition and Affairs of the

## North American Swiss Alliance

NAIC Group Code.....0000, 0000 (Current Period) (Prior Period)	NAIC Company Code..... 56375	Employer's ID Number..... 34-0719168
Organized under the Laws of OH Incorporated/Organized..... September 6, 1889	State of Domicile or Port of Entry OH 26777 Lorain Road, Suite 321..... North Olmsted .... OH .... US .... 44070 (Street and Number) (City or Town, State, Country and Zip Code)	Country of Domicile US Commenced Business..... September 6, 1889
Statutory Home Office	26777 Lorain Road, Suite 321..... North Olmsted .... OH .... US .... 44070 (Street and Number) (City or Town, State, Country and Zip Code)	440-777-7114 (Area Code) (Telephone Number)
Main Administrative Office	26777 Lorain Road, Suite 321..... North Olmsted .... OH .... US .... 44070 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	440-777-7114 (Area Code) (Telephone Number)
Mail Address	26777 Lorain Road, Suite 321..... North Olmsted .... OH .... US .... 44070 (Street and Number) (City or Town, State, Country and Zip Code)	440-777-7114 (Area Code) (Telephone Number)
Primary Location of Books and Records	26777 Lorain Road, Suite 321..... North Olmsted .... OH .... US .... 44070 (Street and Number) (City or Town, State, Country and Zip Code)	440-777-7114 (Area Code) (Telephone Number)
Internet Web Site Address	n/a	440-777-7114 (Area Code) (Telephone Number) (Extension)
Statutory Statement Contact	Lynn Kosin (Name) naswiss@sbcglobal.net (E-Mail Address)	440-777-7114 (Area Code) (Telephone Number) (Extension)
		(Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Alois Wendelin Amstutz	President	2. Lynn M. Kosin	Secretary
3. Lynn M. Kosin	Treasurer	4.	
Donald Phillips Robison	Vice-President	OTHER	

### DIRECTORS OR TRUSTEES

Alois Wendelin Amstutz	Richard Alan Rowland	William George Preslock	Donald Phillips Robison
Richard Herman Hardt	Marilyn Almo Kozma	Carl Hans Kunzler	Darlene Kilchemann
Jan Markowski			

State of..... OHIO  
County of.... CUYAHOGA

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

(Signature) Alois Wendelin Amstutz 1. (Printed Name) President (Title)	(Signature) Lynn M. Kosin 2. (Printed Name) Secretary (Title)	(Signature) Lynn M. Kosin 3. (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	3,316,611		3,316,611	3,392,001
2. Stocks:				
2.1 Preferred stocks.....	168,888		168,888	153,750
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....114,047), cash equivalents (\$.....0) and short-term investments (\$.....0).....	114,047		114,047	45,638
6. Contract loans (including \$.....0 premium notes).....	5,357		5,357	5,357
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,604,903	0	3,604,903	3,596,746
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	48,380		48,380	47,160
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).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,653,283	0	3,653,283	3,643,906
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	3,653,283	0	3,653,283	3,643,906

## DETAILS OF WRITE-INS

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

# North American Swiss Alliance

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve).	2,577,000	2,587,000
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).	0	0
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).	0	0
4. Contract claims:		
4.1 Life.....	5,000	5,000
4.2 Accident and health.....	0	0
5. Refunds due and unpaid.....	0	0
6. Provisions for refunds payable in following calendar year - estimated amounts:		
6.1 Apportioned for payment.....	10,000	10,000
6.2 Not yet apportioned.....	0	0
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums	0	0
8. Certificate and contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	0	0
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	0	0
8.3 Interest maintenance reserve (IMR).....	167,649	184,543
9. Commissions to fieldworkers due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0	0	0
10. Commissions and expense allowances payable on reinsurance assumed.....	0	0
11. General expenses due or accrued.....	128	2,516
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	0	0
13. Taxes, licenses and fees due or accrued.....	114	114
14. Unearned investment income.....	0	0
15. Amounts withheld or retained by Society as agent or trustee.....	206,258	202,914
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	0	0
17. Remittances and items not allocated.....	0	0
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0
19. Liability for benefits for employees and fieldworkers if not included above.....	0	0
20. Borrowed money \$.....0 and interest thereon \$.....0	0	0
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve.....	15,059	14,079
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	0	0
21.4 Payable to subsidiaries and affiliates.....	0	0
21.5 Drafts outstanding.....	500	500
21.6 Funds held under coinsurance.....	0	0
21.7 Derivatives.....	0	0
21.8 Payable for securities.....	0	0
21.9 Payable for securities lending.....	0	0
22. Aggregate write-ins for liabilities.....	0	0
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	2,981,708	3,006,666
24. From Separate Accounts Statement.....	0	0
25. Total liabilities (Lines 23 to 24).....	2,981,708	3,006,666
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	33,673	33,673
29. Unassigned funds.....	637,902	603,567
30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement).....	671,575	637,240
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	3,653,283	3,643,906

### DETAILS OF WRITE-INS

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

# North American Swiss Alliance

## SUMMARY OF OPERATIONS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	16,006	10,186	17,269
2. Considerations for supplementary contracts with life contingencies.....	.....	.....	.....
3. Net investment income.....	92,876	77,824	155,645
4. Amortization of Interest Maintenance Reserve (IMR).....	17,525	20,734	41,132
5. Separate Accounts net gain from operations excluding unrealized gains and losses.....	.....	.....	.....
6. Commissions and expense allowances on reinsurance ceded.....	.....	.....	.....
7. Reserve adjustments on reinsurance ceded.....	.....	.....	.....
8. Miscellaneous income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	.....	.....	.....
8.2 Charges and fees for deposit-type contracts.....	.....	.....	.....
8.3 Aggregate write-ins for miscellaneous income.....	0	456	456
9. Totals (Lines 1 to 8.3).....	126,407	109,200	214,502
10. Death benefits.....	25,666	37,495	82,169
11. Matured endowments (excluding guaranteed annual pure endowments).....	777	.....	6,226
12. Annuity benefits.....	.....	.....	.....
13. Disability benefits and benefits under accident and health contracts including premiums waived \$.....0	.....	.....	.....
14. Surrender benefits and withdrawals for life contracts.....	5,562	7,061	17,874
15. Interest and adjustments on contract or deposit-type contract funds.....	3,247	44	1,986
16. Payments on supplementary contracts with life contingencies.....	.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	(10,000)	(14,000)	(37,000)
18. Totals (Lines 10 to 17).....	25,252	30,600	71,255
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	.....	.....	.....
20. Commissions and expense allowances on reinsurance assumed.....	.....	.....	.....
21. General insurance expenses and fraternal expenses.....	59,562	57,643	104,515
22. Insurance taxes, licenses and fees.....	2,349	2,356	4,812
23. Increase in loading on deferred and uncollected premiums.....	.....	.....	.....
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	.....	.....	.....
25. Aggregate write-ins for deductions.....	0	0	0
26. Totals (Lines 18 to 25).....	87,163	90,599	180,582
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	39,244	18,601	33,920
28. Refunds to members.....	3,929	4,025	8,033
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	35,315	14,576	25,887
30. Net realized capital gains (losses) less capital gains tax of ....0 (excluding \$....632 transferred to the IMR).....	.....	.....	.....
31. Net income (Lines 29 + 30).....	35,315	14,576	25,887
<b>SURPLUS ACCOUNT</b>			
32. Surplus, December 31, prior year.....	637,239	813,546	813,546
33. Net income from operations (Line 31).....	35,315	14,576	25,887
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	.....	.....	.....
35. Change in net unrealized foreign exchange capital gain (loss).....	.....	.....	.....
36. Change in nonadmitted assets.....	.....	.....	.....
37. Change in liability for reinsurance in unauthorized and certified companies.....	.....	.....	.....
38. Change in reserve on account of change in valuation basis (increase) or decrease.....	.....	.....	.....
39. Change in asset valuation reserve.....	(980)	(1,431)	(2,194)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	.....	.....	.....
41. Other changes in surplus in Separate Accounts Statement.....	.....	.....	.....
42. Change in surplus notes.....	.....	.....	.....
43. Cumulative effect of changes in accounting principles.....	.....	.....	.....
44. Change in surplus as a result of reinsurance.....	.....	.....	.....
45. Aggregate write-ins for gains and losses in surplus.....	0	0	(200,000)
46. Net change in surplus for the year (Lines 33 through 45).....	34,336	13,145	(176,307)
47. Surplus as of statement date (Lines 32 + 46).....	671,575	826,691	637,239

### DETAILS OF WRITE-INS

08.301. Miscellaneous Income.....	.....	456	456
08.302. .....	.....	.....	.....
08.303. .....	.....	.....	.....
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	0	456	456
2501. .....	.....	.....	.....
2502. .....	.....	.....	.....
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0
4501. Balance Adjustment.....	.....	.....	.....
4502. Change in Asset Adequacy Reserve.....	.....	.....	(200,000)
4503. .....	.....	.....	.....
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0	(200,000)

# North American Swiss Alliance

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	16,006	10,186	17,269
2. Net investment income.....	91,656	88,009	176,129
3. Miscellaneous income.....		456	456
4. Total (Lines 1 through 3).....	107,662	98,651	193,854
5. Benefit and loss related payments.....	35,252	44,556	108,255
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	64,299	59,999	108,811
8. Dividends paid to policyholders.....	3,929	4,025	8,033
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	103,480	108,580	225,099
11. Net cash from operations (Line 4 minus Line 10).....	4,182	(9,929)	(31,245)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	310,632	70,000	249,278
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	310,632	70,000	249,278
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	234,610	52,712	418,731
13.2 Stocks.....	15,139	18,750	18,750
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).....	249,749	71,462	437,481
14. Net increase or (decrease) in contract loans and premium notes.....			29
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	60,884	(1,462)	(188,232)
<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).....	3,344	99,979	201,986
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	3,344	99,979	201,986
<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).....	68,410	88,588	(17,492)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	45,637	63,129	63,129
19.2 End of period (Line 18 plus Line 19.1).....	114,047	151,717	45,637

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

20,001 .....	.....
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**EXHIBIT 1****DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Life Insurance.....	12,077	6,161	17,269
2. Individual annuities.....			
3. Accident and Health.....			
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	12,077	6,161	17,269
6. Fraternal.....			
7. Expenses.....			
8. Subtotal (Lines 5 through 7).....	12,077	6,161	17,269
9. Deposit-type contracts.....			
10. Total.....	12,077	6,161	17,269

**DETAILS OF WRITE-INS**

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

**NOTES TO FINANCIAL STATEMENTS****Note 1 - Summary of Significant Accounting Policies**

## A. Accounting Practices

	State of Domicile	2015	2014
<b>NET INCOME</b>			
(1) North American Swiss Alliance state basis (Page 4, Line 31, Columns 1 & 2)	OH	35,315	25,887
(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	35,315	25,887
<b>SURPLUS</b>			
(5) North American Swiss Alliance state basis (Page 3, line 30, Columns 1 & 2)	OH	671,575	637,240
(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	671,575	637,240

**Note 2 - Accounting Changes and Corrections of Errors**

No significant change.

**Note 3 - Business Combinations and Goodwill**

No significant change.

**Note 4 - Discontinued Operations**

No significant change.

**Note 5 - Investments**

No significant change.

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

**Note 7 - Investment Income**

No significant change.

**Note 8 - Derivative Instruments**

No significant change.

**Note 9 - Income Taxes**

No significant change.

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

No significant change.

**Note 11 - Debt**

No significant change.

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

These benefits are not offered.

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**NOTES TO FINANCIAL STATEMENTS**

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

No significant change.

**Note 14 - Contingencies**

No significant change.

**Note 15 - Leases**

No significant change.

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

No significant change.

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

Not applicable.

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

No significant change.

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

No significant change.

**Note 20 - Fair Value**

No Assets at Fair Value.

**Note 21 - Other Items**

No significant change.

**Note 22 - Events Subsequent**

No significant change.

**Note 23 - Reinsurance**

No significant change.

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change.

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

No significant change.

**Note 26 - Intercompany Pooling Arrangements**

No significant change.

**Note 27 - Structured Settlements**

No significant change.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 28 - Health Care Receivables**

No significant change.

### **Note 29 - Participating Policies**

No significant change.

### **Note 30 - Premium Deficiency Reserves**

No significant change.

### **Note 31 - Reserves for Life Contracts and Annuity Contracts**

No significant change.

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

No significant change.

### **Note 33 - Premiums and Annuity Considerations Deferred and Uncollected**

No significant change.

### **Note 34 - Separate Accounts**

No significant change.

### **Note 35 - Loss/Claim Adjustment Expenses**

No significant change.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [X]

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [ ] No [X]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

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

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

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

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [ ] No [ ] N/A [X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/17/2011

6.4 By what department or departments?

Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? 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.

9.11 If the response to 9.1 is No, please explain:

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

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

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

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

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]  
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]  
 11.2 If yes, give full and complete information relating thereto:

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

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

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

14.2 If yes, please complete the following:

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$

16.3 Total payable for securities lending reported on the liability page: \$

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? YES

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

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo Advisors	One Oxford Centre 301 Grant St. Pittsburgh, PA 15219

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? NO

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
Wells Fargo Advisors	John P. Kelly	One Oxford Centre 301 Grant St. Pittsburgh, PA 15219

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* been followed? Yes [X] No [ ]

18.2 If no, list exceptions:

**North American Swiss Alliance**  
**GENERAL INTERROGATORIES (continued)**  
**PART 2 - FRATERNAL**

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

	Responses
1.1 Long-term mortgages in good standing:	
1.11 Farm mortgages.....	
1.12 Residential mortgages.....	
1.13 Commercial mortgages.....	
1.14 Total mortgages in good standing.....	\$.....0
1.2 Long-term mortgages in good standing with restructured terms:	
1.21 Total mortgages in good standing with restructured terms.....	
1.3 Long-term mortgage loans upon which interest is overdue more than three months:	
1.31 Farm mortgages.....	
1.32 Residential mortgages.....	
1.33 Commercial mortgages.....	
1.34 Total mortgages with interest overdue more than three months.....	\$.....0
1.4 Long-term mortgage loans in process of foreclosure:	
1.41 Farm mortgages.....	
1.42 Residential mortgages.....	
1.43 Commercial mortgages.....	
1.44 Total mortgages in process of foreclosure.....	\$.....0
1.5 Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2).....	\$.....0

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

1.61 Farm mortgages.....	
1.62 Residential mortgages.....	
1.63 Commercial mortgages.....	
1.64 Total mortgages foreclosed and transferred to real estate.....	\$.....0

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

Yes [ ] No [X]

2.2 If no, explain.....

\_\_\_\_\_

3. Operating Percentages:

3.1 A&H loss percent.....	
3.2 A&H cost containment percent.....	
3.3 A&H expense percent excluding cost containment expenses.....	

4.1 Do you act as a custodian for health savings accounts?..... Yes [ ] No [X]

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

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

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

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

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

Date	Outstanding Lien Amounts

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

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

**NONE**

# North American Swiss Alliance

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5	6	7
		2	3 Life Insurance Premiums				
1. Alabama.....	AL	N					0
2. Alaska.....	AK	N					0
3. Arizona.....	AZ	N					0
4. Arkansas.....	AR	N					0
5. California.....	CA	L					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	N					0
15. Indiana.....	IN	N					0
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	N					0
24. Minnesota.....	MN	N					0
25. Mississippi.....	MS	N					0
26. Missouri.....	MO	N					0
27. Montana.....	MT	N					0
28. Nebraska.....	NE	N					0
29. Nevada.....	NV	N					0
30. New Hampshire.....	NH	N					0
31. New Jersey.....	NJ	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	12,077				12,077
37. Oklahoma.....	OK	N					0
38. Oregon.....	OR	N					0
39. Pennsylvania.....	PA	N					0
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. Subtotals.....		(a) 2	12,077	0	0	12,077	0
90. Reporting entity contributions for employee benefit plans		XXX					
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	3,929			3,929	
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX					0
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX				0	
94. Aggregate other amounts not allocable by state.....		XXX	0	0	0	0	0
95. Totals (Direct Business).....		XXX	16,006	0	0	16,006	0
96. Plus reinsurance assumed.....		XXX					0
97. Totals (All Business).....		XXX	16,006	0	0	16,006	0
98. Less reinsurance ceded.....		XXX				0	
99. Totals (All Business) less reinsurance ceded.....		XXX	16,006	0	0	16,006	0

## DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

**Sch. Y-Part 1  
NONE**

**Schedule Y-Part 1A  
NONE**

# North American Swiss Alliance

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**Explanations:**

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

**Bar Code:**

**North American Swiss Alliance**  
**Overflow Page for Write-Ins**

**NONE**

# North American Swiss Alliance

## SCHEDULE A - VERIFICATION

## Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

## SCHEDULE B - VERIFICATION

## Mortgage Loans

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

## SCHEDULE BA - VERIFICATION

## Other Long-Term Invested Assets

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

## SCHEDULE D - VERIFICATION

## Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	3,545,751	3,391,870
2. Cost of bonds and stocks acquired.....	249,749	437,481
3. Accrual of discount.....		1,641
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	632	(12,291)
6. Deduct consideration for bonds and stocks disposed of.....	310,632	249,278
7. Deduct amortization of premium.....		23,673
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,485,499	3,545,751
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	3,485,499	3,545,751

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	2,585,362		35,000		2,585,362	2,550,362		2,595,752
2. NAIC 2 (a).....	796,249		30,000		796,249	766,249		796,249
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	3,381,611	0	65,000	0	3,381,611	3,316,611	0	3,392,001
<b>PREFERRED STOCK</b>								
8. NAIC 1.....								
9. NAIC 2.....	168,889				168,889	168,889		153,750
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	168,889	0	0	0	168,889	168,889	0	153,750
15. Total Bonds and Preferred Stock.....	3,550,500	0	65,000	0	3,550,500	3,485,500	0	3,545,751

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**Sch. DA-Part 1**  
**NONE**

**Sch. DA-Verification**  
**NONE**

**Sch. DB-Pt A-Verification**  
**NONE**

**Sch. DB-Pt B-Verification**  
**NONE**

**Sch. DB-Pt C-Sn 1**  
**NONE**

**Sch. DB-Pt C-Sn 2**  
**NONE**

**Sch. DB-Verification**  
**NONE**

**Sch. E-Verification**  
**NONE**

**Sch. A-Pt 2**  
**NONE**

**Sch. A-Pt 3**  
**NONE**

**Sch. B-Pt 2**  
**NONE**

**Sch. B-Pt 3**  
**NONE**

**Sch. BA-Pt 2**  
**NONE**

**Sch. BA-Pt 3**  
**NONE**

**Sch. D-Pt 3**  
**NONE**

**SCHEDULE D - PART 4**

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

1 CUSIP Identification	2 Description	3 For eig n	4 Disposal	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Total Foreign Exchange Change in B/A.C.V. (11+12-13)	17 Book/Adjusted Carrying Value at Disposal Date	18 Foreign Exchange Gain (Loss) on Disposal	19 Realized Gain (Loss) on Disposal	20 Total Gain (Loss) on Disposal	21 Bond Interest/Stock Dividends Received During Year	22 Stated Contractual Maturity Date	NAIC Designa tion or Market Indicator (a)										
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14	15																		
<b>Bonds - Industrial and Miscellaneous</b>																																
14912L 4M 0	CATERPILLAR FINL		....	06/24/2015	MATURED			35,000	....	35,000	....	35,000	....	35,000	....	0	....	35,000	....	....	0	....	.481	.06/24/2015	1FE							
20030N AJ 0	COMCAST CORP		....	06/29/2015	MATURED			30,632	....	30,000	....	34,430	....	30,000	....	0	....	30,000	....	....	632	....	632	....	.1,092	.11/15/2015	2FE					
3899999. Total Bonds - Industrial and Miscellaneous								65,632	....	65,000	....	69,430	....	65,000	....	0	....	0	....	0	....	65,000	....	0	....	632	....	632	....	.1,573	XXX	XXX
8399997. Total Bonds - Part 4								65,632	....	65,000	....	69,430	....	65,000	....	0	....	0	....	0	....	65,000	....	0	....	632	....	632	....	.1,573	XXX	XXX
8399999. Total Bonds								65,632	....	65,000	....	69,430	....	65,000	....	0	....	0	....	0	....	65,000	....	0	....	632	....	632	....	.1,573	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks								65,632	....	XXX	....	69,430	....	65,000	....	0	....	0	....	0	....	65,000	....	0	....	632	....	632	....	.1,573	XXX	XXX

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

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

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

**Sch. DB-Pt D-Sn 1**  
**NONE**

**Sch. DB-Pt D-Sn 2**  
**NONE**

**Sch. DL-Pt. 1**  
**NONE**

**Sch. DL-Pt. 2**  
**NONE**

**North American Swiss Alliance****SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Key Bank Checking.....	Cleveland, OH.....				1,324	651	199	XXX
GBU Account.....	Pittsburgh, PA.....	0.030	242		32,781	32,781	33,023	XXX
Wells Fargo Money Market.....	Pittsburgh, PA.....	0.000	1	10,933	4,963	80,825	XXX	
0199999. Total Open Depositories.....	XXX	XXX	243	0	45,038	38,395	114,047	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	243	0	45,038	38,395	114,047	XXX
0599999. Total Cash.....	XXX	XXX	243	0	45,038	38,395	114,047	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

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

**NONE**