



QUARTERLY STATEMENT

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

Alliance Of Transylvanian Saxons

| | | |
|---|--|--|
| NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small> | NAIC Company Code..... 56197 | Employer's ID Number..... 34-0138510 |
| Organized under the Laws of Ohio | State of Domicile or Port of Entry Ohio | Country of Domicile US |
| Incorporated/Organized..... August 31, 1902 | Commenced Business..... August 31, 1902 | |
| Statutory Home Office | 5393 Pearl Road..... Cleveland OH US 44129-1597 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small> | |
| Main Administrative Office | 5393 Pearl Road..... Cleveland OH US 44129-1597 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small> | 440-842-8442 <small>(Area Code) (Telephone Number)</small> |
| Mail Address | 5393 Pearl Road..... Cleveland OH US 44129-1597 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small> | |
| Primary Location of Books and Records | 5393 Pearl Road..... Cleveland OH US 44129-1597 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small> | 440-842-8442 <small>(Area Code) (Telephone Number)</small> |
| Internet Web Site Address | http://www.atsaxons.com | |
| Statutory Statement Contact | Joan Annette Miller-Malue <small>(Name)</small> office@atsaxons.com <small>(E-Mail Address)</small> | 440-842-8442 <small>(Area Code) (Telephone Number) (Extension)</small> 440-842-5442 <small>(Fax Number)</small> |

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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) 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 _____

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 67,045,344 | | 67,045,344 | 65,414,873 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | .0 | |
| 2.2 Common stocks..... | 998,398 | | 998,398 | 1,041,265 |
| 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)..... | 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 (\$....472), cash equivalents (\$.....0) and short-term investments (\$....13,582,259)..... | 13,582,731 | | 13,582,731 | 12,665,763 |
| 6. Contract loans (including \$.....0 premium notes)..... | 165,400 | | 165,400 | 161,359 |
| 7. Derivatives..... | | | .0 | |
| 8. Other invested assets..... | 2,082,619 | | 2,082,619 | 2,082,619 |
| 9. Receivables for securities..... | | | .0 | |
| 10. Securities lending reinvested collateral assets..... | | | .0 | |
| 11. Aggregate write-ins for invested assets..... | .0 | .0 | .0 | .0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 83,882,442 | .0 | 83,882,442 | 81,373,829 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | .0 | |
| 14. Investment income due and accrued..... | 1,146,760 | | 1,146,760 | 1,072,833 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | .0 | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | 4,129 | | 4,129 | 3,659 |
| 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 | 1,295 |
| 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..... | 32,712 | | 32,712 | 86,687 |
| 25. Aggregate write-ins for other than invested assets..... | 289,928 | 289,928 | .0 | .0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 85,357,266 | 289,928 | 85,067,338 | 82,538,303 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | .0 | |
| 28. Total (Lines 26 and 27)..... | 85,357,266 | 289,928 | 85,067,338 | 82,538,303 |

DETAILS OF WRITE-INS

| | | | | |
|--|---------|---------|----|----|
| 1101..... | | | .0 | |
| 1102..... | | | .0 | |
| 1103..... | | | .0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | .0 | .0 | .0 | .0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | .0 | .0 | .0 | .0 |
| 2501. Retirement Funds..... | 289,853 | 289,853 | .0 | |
| 2502. Deposit..... | 75 | 75 | .0 | |
| 2503..... | | | .0 | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | .0 | .0 | .0 | .0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 289,928 | 289,928 | .0 | .0 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31 Prior Year |
|--|--------------------------------|--------------------------------|
| 1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve)..... | 65,207,379 | 63,229,614 |
| 2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve)..... | | |
| 3. Liability for deposit-type contracts (including \$.....0 Modco Reserve)..... | 8,665,318 | 8,403,791 |
| 4. Contract claims: | | |
| 4.1 Life..... | 1,441,126 | 1,506,720 |
| 4.2 Accident and health..... | | |
| 5. Refunds due and unpaid..... | | |
| 6. Provisions for refunds payable in following calendar year - estimated amounts: | | |
| 6.1 Apportioned for payment..... | | |
| 6.2 Not yet apportioned..... | 55,000 | 55,000 |
| 7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums..... | 2,780 | 1,616 |
| 8. Certificate and contract liabilities not included elsewhere: | | |
| 8.1 Surrender values on canceled contracts..... | | |
| 8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded..... | | |
| 8.3 Interest maintenance reserve (IMR)..... | 118,355 | 144,319 |
| 9. Commissions to fieldworkers due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0..... | 423 | 498 |
| 10. Commissions and expense allowances payable on reinsurance assumed..... | | |
| 11. General expenses due or accrued..... | 26,559 | 34,208 |
| 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..... | 4,401 | 4,187 |
| 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..... | 651,199 | 634,844 |
| 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..... | 497,932 | 433,780 |
| 23. Total liabilities excluding Separate Accounts business (Lines 1 to 22)..... | 76,670,472 | 74,448,577 |
| 24. From Separate Accounts Statement..... | | |
| 25. Total liabilities (Lines 23 to 24)..... | 76,670,472 | 74,448,577 |
| 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..... | 8,396,866 | 8,089,726 |
| 30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement)..... | 8,396,866 | 8,089,726 |
| 31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3)..... | 85,067,338 | 82,538,303 |

DETAILS OF WRITE-INS

| | | |
|--|---------|---------|
| 2201. Scholarship Fund..... | 496,342 | 432,552 |
| 2202. Payroll Withholdings..... | 1,590 | 1,228 |
| 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)..... | 497,932 | 433,780 |
| 2601. | | |
| 2602. | | |
| 2603. | | |
| 2698. Summary of remaining write-ins for Line 26 from overflow page..... | 0 | 0 |
| 2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above)..... | 0 | 0 |
| 2801. | | |
| 2802. | | |
| 2803. | | |
| 2898. Summary of remaining write-ins for Line 28 from overflow page..... | 0 | 0 |
| 2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)..... | 0 | 0 |

SUMMARY OF OPERATIONS

| | 1 Current Year 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..... | 2,392,396 | 1,739,922 | 2,249,483 |
| 2. Considerations for supplementary contracts with life contingencies..... | | | |
| 3. Net investment income..... | 3,210,623 | 3,128,136 | 4,106,770 |
| 4. Amortization of Interest Maintenance Reserve (IMR)..... | 25,964 | 15,236 | 25,491 |
| 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..... | 8,032 | 18,040 | 24,213 |
| 9. Totals (Lines 1 to 8.3)..... | 5,637,015 | 4,901,334 | 6,405,957 |
| 10. Death benefits..... | 185,817 | 146,639 | 189,934 |
| 11. Matured endowments (excluding guaranteed annual pure endowments)..... | 6,000 | 6,500 | 11,500 |
| 12. Annuity benefits..... | 2,127,993 | 1,965,034 | 2,917,796 |
| 13. Disability benefits and benefits under accident and health contracts including premiums waived \$.....0..... | | | |
| 14. Surrender benefits and withdrawals for life contracts..... | 23,244 | 34,757 | 41,844 |
| 15. Interest and adjustments on contract or deposit-type contract funds..... | 213,214 | 244,009 | 288,078 |
| 16. Payments on supplementary contracts with life contingencies..... | | | |
| 17. Increase in aggregate reserve for life and accident and health contracts..... | 1,977,765 | 1,348,033 | 1,480,320 |
| 18. Totals (Lines 10 to 17)..... | 4,534,033 | 3,744,972 | 4,929,472 |
| 19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)..... | 5,394 | 6,470 | 7,931 |
| 20. Commissions and expense allowances on reinsurance assumed..... | | | |
| 21. General insurance expenses and fraternal expenses..... | 602,236 | 517,512 | 723,116 |
| 22. Insurance taxes, licenses and fees..... | 20,641 | 15,096 | 20,179 |
| 23. Increase in loading on deferred and uncollected premiums..... | (69) | 250 | (238) |
| 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)..... | 5,162,235 | 4,284,300 | 5,680,460 |
| 27. Net gain from operations before refunds to members (Line 9 minus Line 26)..... | 474,780 | 617,034 | 725,497 |
| 28. Refunds to members..... | 37,305 | 32,000 | 50,687 |
| 29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28)..... | 437,475 | 585,034 | 674,810 |
| 30. Net realized capital gains (losses) less capital gains tax of .....0 (excluding \$.....0 transferred to the IMR)..... | 35,136 | 97,248 | 84,926 |
| 31. Net income (Lines 29 + 30)..... | 472,611 | 682,282 | 759,736 |
| SURPLUS ACCOUNT | | | |
| 32. Surplus, December 31, prior year..... | 8,089,726 | 7,361,058 | 7,361,058 |
| 33. Net income from operations (Line 31)..... | 472,611 | 682,282 | 759,736 |
| 34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0..... | (149,116) | (8,254) | 13,218 |
| 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..... | (16,355) | (42,860) | (44,286) |
| 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 | 0 |
| 46. Net change in surplus for the year (Lines 33 through 45)..... | 307,140 | 631,168 | 728,668 |
| 47. Surplus as of statement date (Lines 32 + 46)..... | 8,396,866 | 7,992,226 | 8,089,726 |
| DETAILS OF WRITE-INS | | | |
| 08.301. Miscellaneous..... | 8,032 | 18,040 | 24,213 |
| 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)..... | 8,032 | 18,040 | 24,213 |
| 2501. | | | |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 |
| 4501. 2003 Audit Adjustment..... | | | |
| 4502. Codification Adjustment..... | | | |
| 4503. Prior period bond adjustment..... | | | |
| 4598. Summary of remaining write-ins for Line 45 from overflow page..... | 0 | 0 | 0 |
| 4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)..... | 0 | 0 | 0 |

CASH FLOW

| | 1 Current Year to Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS | | | |
| 1. Premiums collected net of reinsurance..... | 2,393,159 | 1,740,996 | 2,250,551 |
| 2. Net investment income..... | 3,136,696 | 3,041,755 | 4,076,383 |
| 3. Miscellaneous income..... | 8,032 | 18,040 | 24,213 |
| 4. Total (Lines 1 through 3)..... | 5,537,887 | 4,800,791 | 6,351,147 |
| 5. Benefit and loss related payments..... | 2,620,046 | 2,492,386 | 3,377,101 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 633,186 | 541,618 | 742,857 |
| 8. Dividends paid to policyholders..... | 37,305 | 32,000 | 50,686 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | | |
| 10. Total (Lines 5 through 9)..... | 3,290,537 | 3,066,004 | 4,170,644 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 2,247,350 | 1,734,787 | 2,180,503 |
| CASH FROM INVESTMENTS | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 952,735 | 547,757 | 1,215,370 |
| 12.2 Stocks..... | 34,735 | 84,469 | 84,469 |
| 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)..... | 987,470 | 632,226 | 1,299,839 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 2,579,690 | 4,484,315 | 6,007,840 |
| 13.2 Stocks..... | 109,364 | 99,220 | 225,710 |
| 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)..... | 2,689,054 | 4,583,535 | 6,233,550 |
| 14. Net increase or (decrease) in contract loans and premium notes..... | (4,041) | (18) | 4,938 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | (1,697,543) | (3,951,291) | (4,938,649) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | | |
| 16.3 Borrowed funds..... | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | |
| 16.5 Dividends to stockholders..... | | | |
| 16.6 Other cash provided (applied)..... | 367,161 | (184,811) | (77,154) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | 367,161 | (184,811) | (77,154) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | 916,968 | (2,401,315) | (2,835,300) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 12,665,763 | 15,501,063 | 15,501,063 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 13,582,731 | 13,099,748 | 12,665,763 |

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

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

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| 1. Life Insurance..... | 65,087 | 58,306 | 85,728 |
| 2. Individual annuities..... | 2,329,063 | 1,681,616 | 2,165,161 |
| 3. Accident and Health..... | | | |
| 4. Aggregate of all other lines of business..... | .0 | .0 | .0 |
| 5. Subtotal (Lines 1 through 4)..... | 2,394,150 | 1,739,922 | 2,250,889 |
| 6. Fraternal..... | | | |
| 7. Expenses..... | | | |
| 8. Subtotal (Lines 5 through 7)..... | 2,394,150 | 1,739,922 | 2,250,889 |
| 9. Deposit-type contracts..... | 11,092 | 9,292 | 15,879 |
| 10. Total..... | 2,405,242 | 1,749,214 | 2,266,768 |

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 |
|---|-------------------|-----------|-----------|
| NET INCOME | | | |
| (1) Alliance Of Transylvanian Saxons state basis (Page 4, Line 31, Columns 1 & 2) | OH | 472,611 | 759,736 |
| (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 | 472,611 | 759,736 |
| SURPLUS | | | |
| (5) Alliance Of Transylvanian Saxons state basis (Page 3, line 30, Columns 1 & 2) | OH | 8,396,866 | 8,089,724 |
| (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 | 8,396,866 | 8,089,724 |

C. Accounting Policies

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

D. Loan-Backed Securities

(1)

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

(3) Recognized OTTI securities

NOTES TO FINANCIAL STATEMENTS

| CUSIP | Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI | Present Value of Projected Cash Flows | Recognized Other-Than-Temporary Impairment | Amortized Cost After Other-Than-Temporary Impairment | Fair Value at Time of OTTI | Date of Financial Statement Where Reported |
|-------|--|---------------------------------------|--|--|----------------------------|--|
| Total | | | | | | |

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

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

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

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

I. Working Capital Finance Investments

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

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

(3)

J. Offsetting and Netting of Assets and Liabilities

| (1) Assets | Gross Amount Recognized | Amount Offset* | Net Amount Presented on Financial Statements |
|-----------------|-------------------------|----------------|--|
| (2) Liabilities | | | |

* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D-Section 1.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

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

No significant change.

Note 11 - Debt

B. FHLB (Federal Home Loan Bank) Agreements

(1)

(2) a. FHLB Capital Stock – Aggregate Totals

1. Current Year

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

NOTES TO FINANCIAL STATEMENTS

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

2. Prior Year End

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

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

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

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

1. Current Year Total General and Separate Accounts

| | Fair Value | Carrying Value | Aggregate Total Borrowing |
|--------------------------|------------|----------------|---------------------------|
| Total Collateral Pledged | | | |

2. Current Year General Account

| | Fair Value | Carrying Value | Aggregate Total Borrowing |
|--------------------------|------------|----------------|---------------------------|
| Total Collateral Pledged | | | |

3. Current Year Separate Accounts

| | Fair Value | Carrying Value | Aggregate Total Borrowing |
|--------------------------|------------|----------------|---------------------------|
| Total Collateral Pledged | | | |

4. Prior Year End Total General and Separate Accounts

| | Fair Value | Carrying Value | Aggregate Total Borrowing |
|--------------------------|------------|----------------|---------------------------|
| Total Collateral Pledged | | | |

b. Maximum Amount Pledged During Reporting Period

1. Current Year Total General and Separate Accounts

| | Fair Value | Carrying Value | Amount of Borrowed at Time of Maximum Collateral |
|----------------------------|------------|----------------|---|
| Maximum Collateral Pledged | | | |

2. Current Year General Account

| | Fair Value | Carrying Value | Amount of Borrowed at Time of Maximum Collateral |
|----------------------------|------------|----------------|---|
| Maximum Collateral Pledged | | | |

3. Current Year Separate Accounts

| | Fair Value | Carrying Value | Amount of Borrowed at Time of Maximum Collateral |
|----------------------------|------------|----------------|---|
| Maximum Collateral Pledged | | | |

4. Prior Year End Total General Separate Accounts

| | Fair Value | Carrying Value | Amount of Borrowed at Time of Maximum Collateral |
|----------------------------|------------|----------------|---|
| Maximum Collateral Pledged | | | |

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

| | | 1 Total 2 + 3 | 2 General Account | 3 Separate ccount | 4 Funding Agreements Established |
|-----|--------------------|---------------------|-------------------------|-------------------------|--|
| (a) | Debt | | | | XXX |
| (b) | Funding Agreements | | | | |
| (c) | Other | | | | XXX |
| (d) | Aggregate Total | | | | |

2. Prior Year End

NOTES TO FINANCIAL STATEMENTS

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

b. Maximum Amount During Reporting Period (Current Year)

| | | 1 Total 2 + 3 | 2 General Account | 3 Separate Account |
|----|--------------------|---------------------|-------------------------|--------------------------|
| 1. | Debt | | | |
| 2. | Funding Agreements | | | |
| 3. | Other | | | |
| 4. | Aggregate Total | | | |

c. FHLB Prepayment Obligations

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

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

A. Defined Benefit Plan

| (4) | Components of net periodic benefit cost | Pension Benefits | | Postretirement Benefits | | Postemployment | |
|-----|--|------------------|------|-------------------------|------|----------------|------|
| | | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 |
| a. | Service cost | | | | | | |
| b. | Interest cost | | | | | | |
| c. | Expected return on plan assets | | | | | | |
| d. | Transition asset or obligation | | | | | | |
| e. | Gains and losses | | | | | | |
| f. | Prior service cost or credit | | | | | | |
| g. | Gain or loss recognized due to a settlements curtailment | | | | | | |
| h. | Total net periodic benefit cost | | | | | | |

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

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

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

No significant change.

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

B. Transfer and Servicing of Financial Assets

(2)

- a.
- b.
- c.

(4)

- a.
- b.

C. Wash Sales

NOTES TO FINANCIAL STATEMENTS

(1)

(2) The details by NAIC designation 3 or below, or unrated of securities sold during current quarter, 2015 and reacquired within 30 days of the sale date are:

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

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

No significant change.

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

No significant change.

Note 20 - Fair Value

A.

(1) Fair Value Measurements at Reporting Date

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

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

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

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

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

(3)

(4)

(5)

B.

C.

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

D. Not Practicable to Estimate Fair Value

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

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

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

| a. Permanent ACA Risk Adjustment Program | | AMOUNT |
|--|---|--------|
| Assets | | |
| 1. | Premium adjustments receivable due to ACA Risk Adjustment | |
| Liabilities | | |
| 2. | Risk adjustment user fees payable for ACA Risk Adjustment | |
| 3. | Premium adjustments payable due to ACA Risk Adjustment | |
| Operations (Revenue & Expenses) | | |
| 4. | Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | |
| 5. | Reported in expenses as ACA Risk Adjustment user fees (incurred/paid) | |
| b. Transitional ACA Reinsurance Program | | |
| Assets | | |
| 1. | Amounts recoverable for claims paid due to ACA Reinsurance | |
| 2. | Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability) | |
| 3. | Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance | |
| Liabilities | | |
| 4. | Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium | |
| 5. | Ceded reinsurance premiums payable due to ACA Reinsurance | |
| 6. | Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | |
| Operations (Revenue & Expenses) | | |
| 7. | Ceded reinsurance premiums due to ACA Reinsurance | |
| 8. | Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | |
| 9. | ACA Reinsurance contributions – not reported as ceded premium | |
| c. Temporary ACA Risk Corridors Program | | |
| Assets | | |
| 1. | Accrued retrospective premium due to ACA Risk Corridors | |
| Liabilities | | |
| 2. | Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | |
| Operations (Revenue & Expenses) | | |
| 3. | Effect of ACA Risk Corridors on net premium income (paid/received) | |
| 4. | Effect of ACA Risk Corridors on change in reserves for rate credits | |

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

| | | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | Unsettled Balances as of the Reporting Date | |
|----|---|--|-----------|--|-----------|---|---|------------------------|------------------------|--|--|
| | | 1 | 2 | 3 | 4 | Prior Year Accrued Less Payments (Col. 1-3) | Prior Year Accrued Less Payments (Col. 2-4) | To Prior Year Balances | To Prior Year Balances | Cumulative Balance from Prior Years (Col. 1-3+7) | Cumulative Balance from Prior Years (Col. 2-4+8) |
| | | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| a. | Permanent ACA Risk Adjustment Program | | | | | | | | | | |
| 1. | Premium adjustments receivable | | | | | | | | | A | |
| 2. | Premium adjustments (payable) | | | | | | | | | B | |
| 3. | Subtotal ACA Permanent Risk Adjustment Program | | | | | | | | | | |
| b. | Transitional ACA Reinsurance Program | | | | | | | | | | |
| 1. | Amounts recoverable for claims paid | | | | | | | | | C | |
| 2. | Amounts recoverable for claims unpaid (contra liability) | | | | | | | | | D | |
| 3. | Amounts receivable relating to uninsured plans | | | | | | | | | E | |
| 4. | Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums | | | | | | | | | F | |
| 5. | Ceded reinsurance premiums payable | | | | | | | | | G | |
| 6. | Liability for amounts held under uninsured plans | | | | | | | | | H | |
| 7. | Subtotal ACA Transitional Reinsurance Program | | | | | | | | | | |
| c. | Temporary ACA Risk Corridors Program | | | | | | | | | | |
| 1. | Accrued retrospective premium | | | | | | | | | I | |
| 2. | Reserve for rate credits or policy experience rating refunds | | | | | | | | | J | |
| 3. | Subtotal ACA Risk Corridors Program | | | | | | | | | | |
| d. | Total for ACA Risk Sharing Provisions | | | | | | | | | | |

Explanations of Adjustments

- A.
- B.
- C.
- D.

NOTES TO FINANCIAL STATEMENTS

E.
F.
G.
H.
I.
J.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

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

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Reserves for Life Contracts and Annuity Contracts

No significant change.

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

No significant change.

Note 33 - Premiums and Annuity Considerations Deferred and Uncollected

No significant change.

Note 34 - Separate Accounts

No significant change.

Note 35 - Loss/Claim Adjustment Expenses

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] 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 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------------|---------------------------|
| | 0 | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [X] N/A []
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 05/23/2013
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/12/2013
- 6.4 By what department or departments?
- 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: \$ 0

INVESTMENT

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [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: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

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

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

| 1 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? Yes [] No [X]
- 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 |
|--------------------------------------|--------------|--------------|
| | | |

- 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:

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:

| | Reponses |
|---|----------|
| 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 entiy have outstanding assessments in the form of liens against policy benefits that have increased surplus?..... Yes [] No [X]

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

| Date | Outstanding Lien Amounts |
|------|--------------------------|
| | |

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

Alliance Of Transylvanian Saxons SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | 1 | Direct Business Only | | | | | |
|--|-----|------------------------------|-----------------------------|--|---------------------------|--------------------------------|-----------------------------|
| | | Life Contracts | | 4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | 5 Other Considerations | 6 Total Columns 2 through 5 | 7 Deposit-Type Contracts |
| | | 2 Life Insurance Premiums | 3 Annuity Considerations | | | | |
| 1. Alabama.....AL | N | | | | | 0 | |
| 2. Alaska.....AK | N | | | | | 0 | |
| 3. Arizona.....AZ | N | | | | | 0 | |
| 4. Arkansas.....AR | N | | | | | 0 | |
| 5. California.....CA | 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 | 1,525 | 214,501 | | | 216,026 | |
| 15. Indiana.....IN | L | | 2,625 | | | 2,625 | |
| 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 | 664 | 40,657 | | | 41,321 | 3,245 |
| 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 | 23,068 | 1,860,511 | | | 1,883,579 | 7,847 |
| 37. Oklahoma.....OK | N | | | | | 0 | |
| 38. Oregon.....OR | N | | | | | 0 | |
| 39. Pennsylvania.....PA | L | 12,626 | 210,769 | | | 223,395 | |
| 40. Rhode Island.....RI | N | | | | | 0 | |
| 41. South Carolina.....SC | N | | | | | 0 | |
| 42. South Dakota.....SD | N | | | | | 0 | |
| 43. Tennessee.....TN | N | | | | | 0 | |
| 44. Texas.....TX | N | | | | | 0 | |
| 45. Utah.....UT | N | | | | | 0 | |
| 46. Vermont.....VT | N | | | | | 0 | |
| 47. Virginia.....VA | N | | | | | 0 | |
| 48. Washington.....WA | N | | | | | 0 | |
| 49. West Virginia.....WV | N | | | | | 0 | |
| 50. Wisconsin.....WI | N | | | | | 0 | |
| 51. Wyoming.....WY | N | | | | | 0 | |
| 52. American Samoa.....AS | N | | | | | 0 | |
| 53. Guam.....GU | N | | | | | 0 | |
| 54. Puerto Rico.....PR | N | | | | | 0 | |
| 55. US Virgin Islands.....VI | N | | | | | 0 | |
| 56. Northern Mariana Islands.....MP | N | | | | | 0 | |
| 57. Canada.....CAN | N | | | | | 0 | |
| 58. Aggregate Other Alien.....OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotals.....5 | (a) | 37,882 | 2,329,063 | 0 | 0 | 2,366,945 | 11,092 |
| 90. Reporting entity contributions for employee benefit plans.....XXX | | | | | | 0 | |
| 91. Dividends or refunds applied to purchase paid-up additions and annuities.....XXX | | 26,213 | | | | 26,213 | |
| 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 | | 64,095 | 2,329,063 | 0 | 0 | 2,393,158 | 11,092 |
| 96. Plus reinsurance assumed.....XXX | | | | | | 0 | |
| 97. Totals (All Business).....XXX | | 64,095 | 2,329,063 | 0 | 0 | 2,393,158 | 11,092 |
| 98. Less reinsurance ceded.....XXX | | | | | | 0 | |
| 99. Totals (All Business) less reinsurance ceded.....XXX | | 64,095 | 2,329,063 | 0 | 0 | 2,393,158 | 11,092 |

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**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

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

Bar Code:



Alliance Of Transylvanian Saxons Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

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

Alliance Of Transylvanian Saxons 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..... | 7,950 | 7,950 |
| 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)..... | 7,950 | 7,950 |
| 10. Deduct total nonadmitted amounts..... | | |
| 11. Statement value at end of current period (Line 9 minus Line 10)..... | 7,950 | 7,950 |

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 |

NONE

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 66,456,138 | 61,529,969 |
| 2. Cost of bonds and stocks acquired..... | 2,689,054 | 6,233,550 |
| 3. Accrual of discount..... | | 27,661 |
| 4. Unrealized valuation increase (decrease)..... | (149,116) | 13,219 |
| 5. Total gain (loss) on disposals..... | 35,136 | 159,754 |
| 6. Deduct consideration for bonds and stocks disposed of..... | 987,470 | 1,299,839 |
| 7. Deduct amortization of premium..... | | 208,176 |
| 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)..... | 68,043,742 | 66,456,138 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 68,043,742 | 66,456,138 |

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 |
|--|--|--|--|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 59,789,162 | 9,776,537 | 8,262,639 | | 58,781,263 | 59,789,162 | 61,303,060 | 58,083,457 |
| 2. NAIC 2 (a)..... | 18,836,358 | | 475,500 | | 18,836,358 | 18,836,358 | 18,360,858 | 18,836,358 |
| 3. NAIC 3 (a)..... | 963,685 | | | | 963,685 | 963,685 | 963,685 | 963,685 |
| 4. NAIC 4 (a)..... | | | | | | | 0 | |
| 5. NAIC 5 (a)..... | | | | | | | 0 | |
| 6. NAIC 6 (a)..... | | | | | | | 0 | |
| 7. Total Bonds..... | 79,589,205 | 9,776,537 | 8,738,139 | 0 | 78,581,306 | 79,589,205 | 80,627,603 | 77,883,500 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | | | | | | | 0 | |
| 9. NAIC 2..... | | | | | | | 0 | |
| 10. NAIC 3..... | | | | | | | 0 | |
| 11. NAIC 4..... | | | | | | | 0 | |
| 12. NAIC 5..... | | | | | | | 0 | |
| 13. NAIC 6..... | | | | | | | 0 | |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock..... | 79,589,205 | 9,776,537 | 8,738,139 | 0 | 78,581,306 | 79,589,205 | 80,627,603 | 77,883,500 |

QS102

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

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|--------------|--------------------------------------|----------------|---------------------|---|--|
| 9199999..... | 13,582,259 | XXX..... | 13,582,259 | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 12,468,627 | 15,638,918 |
| 2. Cost of short-term investments acquired..... | 31,403,702 | 34,596,797 |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | 30,290,070 | 37,767,088 |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | |
| 9. Deduct current year's other than temporary impairment recognized..... | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 13,582,259 | 12,468,627 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 13,582,259 | 12,468,627 |

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

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

| 1 Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation or Market Indicator (a) |
|---|---|--------------|--------------------|---------------------|--------------------------------|------------------|----------------|--|--|
| Bonds - U.S. States, Territories and Possessions | | | | | | | | | |
| 651779 BZ 2 | NEWPORT BEACH CALIF CTFS PARTN..... | | 07/20/2015 | William Blair..... | | 632,500 | 500,000 | 2,190 | 1Z..... |
| 1799999 | Total Bonds - U.S. States, Territories and Possessions..... | | | | | 632,500 | 500,000 | 2,190 | XXX |
| 8399997 | Total Bonds - Part 3..... | | | | | 632,500 | 500,000 | 2,190 | XXX |
| 8399999 | Total Bonds..... | | | | | 632,500 | 500,000 | 2,190 | XXX |
| Common Stocks - Mutual Funds | | | | | | | | | |
| 92204A 50 4 | Vanguard Health Care..... | | 08/24/2015 | William Blair..... | 500.000 | 64,918 | XXX | | L..... |
| 9299999 | Total Common Stocks - Mutual Funds..... | | | | | 64,918 | XXX | 0 | XXX |
| 9799997 | Total Common Stocks - Part 3..... | | | | | 64,918 | XXX | 0 | XXX |
| 9799999 | Total Common Stocks..... | | | | | 64,918 | XXX | 0 | XXX |
| 9899999 | Total Preferred and Common Stocks..... | | | | | 64,918 | XXX | 0 | XXX |
| 9999999 | Total Bonds, Preferred and Common Stocks..... | | | | | 697,418 | XXX | 2,190 | XXX |

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

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
|---|-----------------|---------|---------------|-------------------|---------------------------|---------------|-----------|-------------|---|--|---|---|--------------------------------------|--|---|--|----------------------------------|-------------------------------|--|----------------------------------|--|----|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's (Amortization)/Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in B./A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | Book/Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation or Market Indicator (a) | |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | | | | | | | | | | | | | |
| 360008 AA 4 | Fulton Cap TR 1 | | 07/11/2015 | Called | | 496,250 | 500,000 | 475,500 | 482,279 | | | | 0 | | 482,279 | | 24,500 | 24,500 | | | 02/01/2036 | 2Z |
| 3899999. Total Bonds - Industrial and Miscellaneous | | | | | | 496,250 | 500,000 | 475,500 | 482,279 | 0 | 0 | 0 | 0 | 0 | 482,279 | 0 | 24,500 | 24,500 | 0 | XXX | XXX | |
| 8399997. Total Bonds - Part 4 | | | | | | 496,250 | 500,000 | 475,500 | 482,279 | 0 | 0 | 0 | 0 | 0 | 482,279 | 0 | 24,500 | 24,500 | 0 | XXX | XXX | |
| 8399999. Total Bonds | | | | | | 496,250 | 500,000 | 475,500 | 482,279 | 0 | 0 | 0 | 0 | 0 | 482,279 | 0 | 24,500 | 24,500 | 0 | XXX | XXX | |
| 9999999. Total Bonds, Preferred and Common Stocks | | | | | | 496,250 | XXX | 475,500 | 482,279 | 0 | 0 | 0 | 0 | 0 | 482,279 | 0 | 24,500 | 24,500 | 0 | XXX | XXX | |

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

QE05

**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**

Alliance Of Transylvanian Saxons

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 | |
| Open Depositories | | | | | | | | |
| Key Bank - Checking..... | 127 Public Square Cleveland, Ohio 44114 | | | | 94,315 | 89,839 | (10,372) | XXX |
| Key Bank - Reward Checking..... | 127 Public Square Cleveland, Ohio 44114 | | | | 9,926 | 10,390 | 10,819 | XXX |
| 0199999. Total Open Depositories..... | XXX | XXX | 0 | 0 | 104,241 | 100,229 | 447 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX | 0 | 0 | 104,241 | 100,229 | 447 | XXX |
| 0499999. Cash in Society's Office..... | XXX | XXX | XXX | XXX | 25 | 25 | 25 | XXX |
| 0599999. Total Cash..... | XXX | XXX | 0 | 0 | 104,266 | 100,254 | 472 | 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