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## AMENDED FILING EXPLANATION

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During an audit, the SPIA annuities in Exhibit 5 Part B inventory was not updated from 3rd quarter to year-end 2015. This update required changes to the following pages: Page 3, 4, 6, 7, 12, 18, 21, 22, and 45.

This change also required an update to the Actuarial Opinion filed with the Annual statement.

In addition, there was a correction on Page 24 for the paid-up insurance certificate count.



ANNUAL STATEMENT

For the Year Ended December 31, 2015  
of the Condition and Affairs of the

Alliance Of Transylvanian Saxons

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

John Boehm Jr.	Denise Aeling Crawford	Robert Burns Cunningham, III	Hanz G. Hermann
Peter Karsti, II	Joan Annette Miller-Malue	Thomas Joseph Manning	Barbara A. Spack
Jacob F. Spor	Monica Marie Weber	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)	(Signature)	(Signature)
Thomas Joseph Manning	Monica Marie Weber	Denise Aeling Crawford
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [ ] No [X]
This _____ day of _____ 2016	b. If no	1
	1. State the amendment number	3/16/2016
	2. Date filed	18
	3. Number of pages attached	

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