
AMENDED FILING EXPLANATION

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

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	(Signature) Monica Marie Weber	(Signature) Denise Aeling Crawford
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) 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	

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	84,414,590		84,414,590
2. Reinsurance (Line 16).....			0
3. Premiums and considerations (Line 15).....	3,927		3,927
4. Net credit for ceded reinsurance.....	XXX	935	935
5. All other admitted assets (balance).....	1,129,110		1,129,110
6. Total assets excluding separate accounts (Line 26).....	85,547,627	935	85,548,562
7. Separate account assets (Line 27).....			0
8. Total assets (Line 28).....	85,547,627	935	85,548,562
LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	65,691,717	935	65,692,652
10. Liability for deposit-type contracts (Line 3).....	8,476,688		8,476,688
11. Claim reserves (Line 4).....	1,406,548		1,406,548
12. Member refunds/reserves (Lines 5 through 6).....	55,000		55,000
13. Premium & annuity considerations received in advance (Line 7).....	1,585		1,585
14. Other contract liabilities (Line 8).....	108,092		108,092
15. Reinsurance in unauthorized companies (Line 21.2 minus inset amount).....			0
16. Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.2 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount).....			0
19. All other liabilities (balance).....	1,148,299		1,148,299
20. Total liabilities excluding Separate Accounts (Line 23).....	76,887,929	935	76,888,864
21. Separate Account liabilities (Line 24).....			0
22. Total liabilities (Line 25).....	76,887,929	935	76,888,864
23. Capital & surplus (Line 30).....	8,659,698	XXX	8,659,698
24. Total liabilities, capital & surplus (Line 31).....	85,547,627	935	85,548,562
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	935		
26. Claim reserves.....	0		
27. Member refunds/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	935		
34. Premiums and considerations.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	0		
41. Total net credit for ceded reinsurance.....	935		

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