



ANNUAL STATEMENT

For the Year Ended December 31, 2016
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

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... September 6, 1889

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)

Main Administrative 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)

Mail Address

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)

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

Statutory Statement Contact

Lynn Kosin
(Name)

440-777-7114
(Area Code) (Telephone Number) (Extension)

naswiss@sbcglobal.net
(E-Mail Address)

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Alois Wendelin Amstutz	President	2. Jan Markowski	Secretary
3. Jan Markowski	Treasurer	4.	

OTHER

Donald Phillips Robison Vice-President

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)	(Signature)	(Signature)
Alois Wendelin Amstutz	Jan Markowski	Jan Markowski
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 13 day of January 2017

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



LYNN M. KOSIN
Notary Public
In and for the State of Ohio
My Commission Expires
October 6, 2017

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	3,116,058		3,116,058	3,399,859
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	243,889		243,889	168,889
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (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 (\$.....64,299, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	64,299		64,299	43,291
6. Contract loans (including \$.....0 premium notes).....	4,917		4,917	5,552
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,429,163	0	3,429,163	3,617,591
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	45,267		45,267	49,143
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) and contracts subject to redetermination (\$.....0).....			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 to 25).....	3,474,430	0	3,474,430	3,666,734
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	3,474,430	0	3,474,430	3,666,734
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 through 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 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	2,590,000	2,570,000
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	5,000	5,000
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	10,000	10,000
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....		
8.3 Interest Maintenance Reserve (IMR, Line 6).....	138,223	149,503
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....		1,324
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	114	114
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	1,200	209,599
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....0 and interest thereon \$.....0.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	16,076	15,763
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.....	500	500
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.....	0	0
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	2,761,113	2,961,803
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	2,761,113	2,961,803
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	33,673	33,673
29. Unassigned funds.....	679,644	671,258
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	713,317	704,931
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	3,474,430	3,666,734

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

North American Swiss Alliance
SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	17,732	26,285
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	166,166	165,666
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	31,174	35,672
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	0	0
9. Totals (Lines 1 to 8.3).....	215,072	227,623
10. Death benefits.....	46,721	45,447
11. Matured endowments (excluding guaranteed annual pure endowments).....	10,990	777
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.....	19,373	8,141
15. Interest and adjustments on contract or deposit-type contracts funds.....	4,918	6,565
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	20,000	(17,000)
18. Totals (Lines 10 to 17).....	102,002	43,930
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....		
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	91,822	102,261
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	4,666	4,128
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
26. Totals (Lines 18 to 25).....	198,490	150,319
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	16,582	77,304
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	7,883	7,929
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	8,699	69,375
30. Net realized capital gains (losses) less capital gains tax of \$ 0 (excluding \$ 19,894 transferred to the IMR).....		
31. Net income (Lines 29 + 30).....	8,699	69,375
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	704,931	637,239
33. Net income from operations (Line 31).....	8,699	69,375
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.....	(313)	(1,684)
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	1
46. Net change in surplus for the year (Lines 33 through 45).....	8,386	67,692
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	713,317	704,931
DETAILS OF WRITE-INS		
08.301.		
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	0	0
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0
4501. Balance Adjustment.....		1
4502. Change in Asset Adequacy Reserve.....		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above).....	0	1

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	17,732	26,285
2. Net investment income.....	190,638	184,622
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	208,370	210,907
5. Benefit and loss related payments.....	82,002	60,930
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	97,812	107,581
8. Dividends paid to policyholders.....	7,883	7,929
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	187,697	176,440
11. Net cash from operations (Line 4 minus Line 10).....	20,673	34,467
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	490,447	345,632
12.2 Stocks.....	10,000	
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).....	500,447	345,632
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	207,348	373,797
13.2 Stocks.....	85,000	15,139
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).....	292,348	388,935
14. Net increase (decrease) in contract loans and premium notes.....	(635)	195
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	208,734	(43,498)
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).....	(208,399)	6,685
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(208,399)	6,685
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	21,008	(2,346)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	43,291	45,637
19.2 End of year (Line 18 plus Line 19.1).....	64,299	43,291
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001 .....	.....	.....

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	2,570,000	2,570,000		
2. Tabular net premiums or considerations.....	17,685	17,685		
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	71,844	71,844		
5. Tabular less actual reserve released.....	0			
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	2,659,529	2,659,529	0	0
9. Tabular cost.....	21,213	21,213		XXX
10. Reserves released by death.....	28,943	28,943	XXX	XXX
11. Reserves released by other terminations (net).....	19,373	19,373		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	0			
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	69,529	69,529	0	0
15. Reserve December 31, current year.....	2,590,000	2,590,000	0	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....1,225	.....1,225
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....156,338	.....152,462
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....11,043	.....11,043
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....428	.....428
6. Cash, cash equivalents and short-term investments.....	(e).....1,008	.....1,008
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....170,042	.....166,166
11. Investment expenses.....		(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....
13. Interest expense.....		(h).....
14. Depreciation on real estate and other invested assets.....		(i).....0
15. Aggregate write-ins for deductions from investment income.....		.....0
16. Total deductions (Lines 11 through 15).....		.....0
17. Net investment income (Line 10 minus Line 16).....		.....166,166

DETAILS OF WRITE-INS		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....		.....
1502. ....		.....
1503. ....		.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....		.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		.....0
(a) Includes \$.....779 accrual of discount less \$.....21,375 amortization of premium and less \$.....3,231 paid for accrued interest on purchases.		
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			.....0		
1.1 Bonds exempt from U.S. tax.....			.....0		
1.2 Other bonds (unaffiliated).....	.....19,894		.....19,894		
1.3 Bonds of affiliates.....			.....0		
2.1 Preferred stocks (unaffiliated).....			.....0		
2.11 Preferred stocks of affiliates.....			.....0		
2.2 Common stocks (unaffiliated).....			.....0		
2.21 Common stocks of affiliates.....			.....0		
3. Mortgage loans.....			.....0		
4. Real estate.....			.....0		
5. Contract loans.....			.....0		
6. Cash, cash equivalents and short-term investments.....			.....0		
7. Derivative instruments.....			.....0		
8. Other invested assets.....			.....0		
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....19,894	.....0	.....19,894	.....0	.....0

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

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

	1	Insurance				6	7	8
	Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
FIRST YEAR (other than single)								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	0					0		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	0					0		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct.....	0					0		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	0	0	0	0	0	0	0	0
7. Line 5 + Line 6.4.....	0	0	0	0	0	0	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	0					0		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	0	0	0	0	0	0	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	12,989	12,989				12,989		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	12,989	12,989	0	0	0	12,989	0	0
RENEWAL								
11. Uncollected.....	0					0		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	0					0		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	0	0	0	0	0	0	0	0
14. Advance.....	0					0		
15. Line 13.4 - Line 14.....	0	0	0	0	0	0	0	0
16. Collected during year:								
16.1 Direct.....	4,743	4,743				4,743		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	0					0		
16.4 Net.....	4,743	4,743	0	0	0	4,743	0	0
17. Line 15 + Line 16.4.....	4,743	4,743	0	0	0	4,743	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	0					0		
19. Renewal premiums and considerations:								
19.1 Direct.....	4,743	4,743				4,743		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	0					0		
19.4 Net (Line 17 - Line 18).....	4,743	4,743	0	0	0	4,743	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	17,732	17,732	0	0	0	17,732	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	17,732	17,732	0	0	0	17,732	0	0

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

	1	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	0					0		
22. All other.....	7,883	7,883				7,883		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	0					0		
23.2 Reinsurance assumed.....	0					0		
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....	0					0		
24.2 Reinsurance assumed.....	0					0		
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....	0					0		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	0					0		
28. Single.....	0					0		
29. Renewal.....	0					0		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	0	0	0	0	0	0	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2 Cost Containment	3 All Other					Aggregate of All Other Lines of Business
		Life				Investment	Fraternal	Total
1.	Rent.....	5,657					628	6,285
2.	Salaries and wages.....	31,870					7,968	39,838
3.11	Insured benefit plans for employees.....							0
3.12	Insured benefit plans for fieldworkers.....							0
3.21	Uninsured benefit plans for employees.....							0
3.22	Uninsured benefit plans for fieldworkers.....							0
3.31	Other employee welfare.....							0
3.32	Other fieldworker welfare.....							0
4.1	Legal fees and expenses.....							0
4.2	Medical examination fees.....							0
4.3	Inspection report fees.....							0
4.4	Fees of public accountants and consulting actuaries.....	27,759						27,759
4.5	Expense of investigation and settlement of certificate claims.....							0
5.1	Traveling expenses.....							0
5.2	Advertising.....	284						284
5.3	Postage, express, telegraph and telephone.....	3,354					372	3,726
5.4	Printing and stationery.....							0
5.5	Cost or depreciation of furniture and equipment.....							0
5.6	Rental of equipment.....							0
5.7	Cost or depreciation of EDP equipment and software.....							0
5.8	Lodge supplies less \$.....0 from sales.....							0
6.1	Books and periodicals.....							0
6.2	Bureau and association dues.....						235	235
6.3	Insurance, except on real estate.....	475						475
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....							0
6.6	Sundry general expenses.....	334					37	371
7.1	Field expense allowance.....							0
7.2	Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3	Field conferences other than local meetings.....							0
8.1	Official publications.....						1,350	1,350
8.2	Expense of supreme lodge meetings.....	9,173					516	9,689
9.1	Real estate expenses.....							0
9.2	Investment expenses not included elsewhere.....							0
9.3	Aggregate write-ins for expenses.....	1,810	0	0	0	0	0	1,810
10.	General expenses incurred.....	80,716	0	0	0	0	(a).....11,106	(b).....91,822
11.	General expenses unpaid December 31, prior year.....	1,324						1,324
12.	General expenses unpaid December 31, current year.....							0
13.	General expenses paid during year (Lines 10 + 11 - 12).....	82,040	0	0	0	0	11,106	93,146

DETAILS OF WRITE-INS							
09.301	Data Processing.....	1,810					1,810
09.302	.....						0
09.303	.....						0
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	1,810	0	0	0	0	1,810

(a) Show the distribution of this amount in the following categories:
1. Charitable \$.....0; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0
5. Religious \$.....0; 6. Membership \$.....1,350; 7. Other \$.....90,472; 8. Total \$.....91,822
(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health		Investment	Fraternal	Total
1.	Real estate taxes.....						.....0
2.	State insurance department licenses and fees.....	.....924					.....924
3.	Other state taxes, including \$.....0 for employee benefits.....	.....430					.....430
4.	U.S. Social Security taxes.....	.....2,479					.....2,479
5.	All other taxes.....	.....833					.....833
6.	Taxes, licenses and fees Incurred.....	.....4,666	.....0	.....0	.....0	.....0	.....4,666
7.	Taxes, licenses and fees unpaid December 31, prior year.....	.....114					.....114
8.	Taxes, licenses and fees unpaid December 31, current year.....	.....114					.....114
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	.....4,666	.....0	.....0	.....0	.....0	.....4,666

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums.....		
2.	Applied to shorten the endowment or premium-paying period.....		
3.	Applied to provide paid-up additions.....	7,883	
4.	Applied to provide paid-up annuities.....		
5.	Total (Lines 1 to 4).....	7,883	0
6.	Paid in cash.....		
7.	Left on deposit.....		
8.	Aggregate write-ins for dividend or refund.....	0	0
9.	Total (Lines 5 to 8).....	7,883	0
10.	Amount due and unpaid.....		
11.	Provision for dividends or refunds payable in the following calendar year.....	10,000	
12.	Terminal dividends.....		
13.	Provision for deferred dividend contracts.....		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15.	Total (Line 10 through Line 14).....	10,000	0
16.	Total from prior year.....	10,000	
17.	Total dividends or refunds (Line 9 + 15 - 16).....	7,883	0

DETAILS OF WRITE-INS			
0801.	.....	
0802.	.....	
0803.	.....	
0898.	Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899.	Totals (Line 0801 through 0803 plus 0898) (Line 8 above).....	0	0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. Am Exp 3%.....	853,946		853,946		
0100002. Am Exp 3% ETI.....	13,562		13,562		
0100003. Am Exp 3.5%.....	56,261		56,261		
0100004. 58 CSO 4%.....	111,138		111,138		
0100005. 80 CSO 4%.....	298,915		298,915		
0100006. 80 CSO 4% PUAs.....	681,153		681,153		
0100007. 2001 CSO 4%	44,693		44,693		
0100008. 2001 CSO 3.5%	29,933		29,933		
0100009. C2 & MISC.....	399		399		
0100010. Asset Adequacy Reserve.....	500,000		500,000		
0199997. Totals (Gross).....	2,590,000	0	2,590,000	0	0
0199999. Totals (Net).....	2,590,000	0	2,590,000	0	0
9999999. Totals (Net) - Page 3, Line 1.....	2,590,000	0	2,590,000	0	0

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?

Yes [☐]No [☒]

1.2

If not, state which kind is issued
Participating

2.1

Does the reporting entity at present issue both participating and non-participating contracts?

Yes [☐]No [☒]

2.2

If not, state which kind is issued
Participating

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes [☒]No [☐]

4.

Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:

Yes [☐]No [☒]

4.1

Amount of insurance:

\$.....

4.2

Amount of reserve:

\$.....

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during year:

\$.....

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [☐]No [☒]

6.1

If so, state the amount of reserve on such contracts on the basis actually held:

\$.....

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation.

\$.....

7.

Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [☐]No [☒]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements:

\$.....

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3

State the amount of reserves established for this business:

\$.....

7.4

Identify where the reserves are reported in the blank.

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?

Yes [☐]No [☒]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements.

\$.....

8.2

State the amount of reserves established for this business.

\$.....

8.3

Identify where the reserves are reported in the blank.

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [☐]No [☒]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders.

\$.....

9.2

State the amount of reserves established for this business.

\$.....

9.3

Identify where the reserves are reported in the blank.

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1	2	Other Individual Contracts				
	Total	Collectively Renewable	3 Non-Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	.....0						
2. Additional contract reserves (a).....	.....0						
3. Additional actuarial reserves-Asset/Liability analysis.....	.....0						
4. Reserve for future contingent benefits.....	.....0						
5. Aggregate write-ins for reserves.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. Totals (Gross).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. Reinsurance ceded.....	.....0						
8. Totals (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	.....0						
10. Additional actuarial reserves-Asset/Liability analysis.....	.....0						
11. Reserve for future contingent benefits.....	.....0						
12. Aggregate write-ins for reserves.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
13. Totals (Gross).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
14. Reinsurance ceded.....							
15. Totals (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16. TOTAL (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
17. TABULAR FUND INTEREST.....	.....0						

NONE

DETAILS OF WRITE-INS							
0501. ....	.....0						
0502. ....	.....0						
0503. ....	.....0						
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
0599. Totals (Lines 0501 through 0503+0598) (Line 5 above)	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1201. ....	.....0						
1202. ....	.....0						
1203. ....	.....0						
1298. Summary of remaining write-ins for Line 12 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1299. Totals (Lines 1201 through 1203+1298) (Line 12 above)	.....0	.....0	.....0	.....0	.....0	.....0	.....0

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	.....0					
2. Deposits received during the year.....	.....0					
3. Investment earnings credited to the account.....	.....0					
4. Other net change in reserves.....	.....0					
5. Fees and other charges assessed.....	.....0					
6. Surrender charges.....	.....0					
7. Net surrender or withdrawal payments.....						
8. Other net transfers to or (from) Separate Accounts.....	.....0					
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....0	.....0	.....0	.....0	.....0	.....0
10. Reinsurance balance at the beginning of the year.....	.....0					
11. Net change in reinsurance assumed.....	.....0					
12. Net change in reinsurance ceded.....	.....0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	.....0	.....0	.....0	.....0	.....0	.....0

NONE

EXHIBIT 8 - PART 1 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	1,000		1,000								
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	1,000	0	(b).....1,000	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	4,000		4,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	4,000	0	(b).....4,000	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	5,000	0	5,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	5,000	(a).....0	(a).....5,000	0	0	0	(a).....0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - PART 2 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	57,711		57,711								
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 57,711	0	57,711	0	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	5,000	0	5,000	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	5,000	0	5,000	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	5,000		5,000								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	5,000	0	5,000	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	57,711	0	57,711	0	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0		0	0	0	0	0	0	0	0	0
6.4 Net.....	57,711	0	57,711	0	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....10,990 in Line 1.1, \$.....10,990 in Line 1.4, \$.....10,990 in Line 6.1 and \$.....10,990 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

DETAILS OF WRITE-INS

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

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) North American Swiss Alliance state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,699	\$ 69,375
(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)	XXX	XXX	XXX	\$ 8,699	\$ 69,375
SURPLUS					
(5) North American Swiss Alliance state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 713,317	\$ 704,931
(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)	XXX	XXX	XXX	\$ 713,317	\$ 704,931

The financial statements of **North American Swiss Alliance** are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of a Fraternal Benefit Society, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, 1) goodwill arising from the purchase of a subsidiary, controlled or affiliated entity is written off directly to surplus in the year it originates by Ohio domiciled companies. In NAIC SAP, goodwill in amounts not to exceed 10% of an insurer's capital and surplus may be capitalized and all amounts of goodwill are amortized to unrealized gains and losses on investments over periods not to exceed 10 years, and, 2) 100% of all fixed assets are admitted by Ohio domiciled Fraternal Benefit Societies. In NAIC SAP, fixed assets are not admitted. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Society's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio results in no change.

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. If applicable, annuity considerations are recognized as revenue when received. If applicable, health premiums are earned ratable, over the term of the related insurance policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The amount of dividends to be paid to policyholders is determined annually by the Society's Board of Directors. The aggregate amount of policyholders' dividends is related to actual interest, mortality, morbidity, and expense experience for the year and judgment as to the appropriate level of statutory surplus to be retained by the Society.

In addition, the society uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds: Not backed by other loans at amortized cost using the interest method:
loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (3) Common Stock: None
- (4) Preferred Stock: Cost or Amortized Value in accordance with NAIC procedure.
- (5) Mortgage Loan on Real Estate: None
Other Investments: None
- (6) Loan backed securities are handled the same as bonds as described in in item C(2) above.
- (7) The Society has no subsidiary.

NOTES TO FINANCIAL STATEMENTS

- (8) The Society has no ownership interests in joint ventures.
- (9) The Society has no derivatives.
- (10)The Society has neither Individual Accident and Health Contracts;nor Group Accident and Health Contracts.
- (11)Unpaid losses and loss adjustment: None
- (12)The Society has not modified its capitalization policy from the prior period.
- (13)The Society has no pharmaceutical rebates.

D. Going Concern

After carefully evaluating the Alliance's ability to continue as a a going concern, Alliance management is not aware of any conditions or events which raised substantial doubts concerning the Alliance's ability as a going concern as of the date of this filing.

Note 2 – Accounting Changes and Corrections of Errors

During the current year's financial statement preparation, the Society made no adjustment for error in the prior year.

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

The Alliance had no mortgage loans during 2016

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 7 – Investment Income

- A. Due and accrued income was excluded from unassigned funds on the following basis:

Bonds and other invested assets: Where collection of interest is uncertain and/or the bond is in default.

- B. Total Amount Excluded: \$0.

Note 8 – Derivative Instruments

Not Applicable

Note 9 – Income Taxes

The Society, as a Fraternal Benefit Society, is not subject to income taxes.

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

A. The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.

B. The Society does not have an affiliate or subsidiary.

C-L. Not Applicable.

Note 11 – Debt

Not Applicable

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

The Society does not have Defined Benefit Plan for its officers and employees.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

Not Applicable

Note 14 – Liabilities, Contingencies and Assessments

Note Applicable

NOTES TO FINANCIAL STATEMENTS

Note 15 – Leases

Current rent lease expires 8/31/2016. Current rent is \$6,231 per year. No other leases.

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

The Society has no Financial Instruments with Off-Balance Sheet Risk or Concentrations of Risk.

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

The Society had no sales, transfers, etc.

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

Not Applicable to the Society.

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

Not Applicable

Note 20 – Fair Value Measurements

The Society has no assets valued at Fair Value.

Note 21 – Other Items

The Society has no Other Items to report.

Note 22 – Events Subsequent

Not Applicable.

A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?			Yes []	No [X]
B.	ACA fee assessment payable for the upcoming year	\$		\$	
C.	ACA fee assessment paid				
D.	Premium written subject to ACA 9010 assessment				
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 17)		734,393		
F.	Total adjusted capital (Five-Year Historical Line 17 minus 22B above)		734,393		
G.	Authorized control level	\$			
H.	Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?			Yes []	No [X]

Note 23 – Reinsurance

The Society does not use reinsurance.

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1)

Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

a.

If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$_____

b.

What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$_____
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$_____
- (2)

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$_____

NOTES TO FINANCIAL STATEMENTS

B. Uncollectible Reinsurance

(1) North American Swiss Alliance has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

a.	Claims incurred	\$
b.	Claims adjustment expenses incurred	
c.	Premiums earned	
d.	Other	
	Entity	Amount
		\$

C. Commutation of Ceded Reinsurance

North American Swiss Alliance has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Claims incurred	\$
(2)	Claims adjustment expenses incurred	
(3)	Premiums earned	
(4)	Other	
	Entity	Amount

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a.

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				%	%	\$	\$

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		%	%	\$	\$

E.

F.

G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework

(1) Captive Reinsurers in Which a Risk-Based Capital Shortfall Exists per the Risk-Based Capital XXX/AXXX Captive Reinsurance Consolidated Exhibit:

a. Captives with Risk-Based Capital Shortfall

Cession ID	NAIC Company Code	ID Number	Name of Captive Reinsurer	Amount of Risk-Based Capital Shortfall
0	0			
Total	XXX	XXX	XXX	\$

b. Effect of Risk-Based Capital Shortfall on Total Adjusted Capital (TAC)

1.	Total Adjusted Capital (TAC)	(Five-Year Historical Line 30)	\$	<u>734.393</u>
2.	Risk-Based Capital Shortfall	(Sum of G(1)a1 Column 5)	\$	
3.	Total Adjusted Capital (TAC) Before Risk-Based Capital Shortfall	(G(1)b1 + G(1)b2)	\$	<u>734.393</u>

(2) Captive Reinsurers for Which a Non-Zero Primary Security Shortfall is Shown on the Risk-Based Capital XXX/AXXX Reinsurance Primary Security Shortfall by Cession Exhibit

Cession ID	NAIC Company Code	ID Number	Name of Captive Reinsurer	Amount of Risk-Based Capital Shortfall
0	0			
Total	XXX	XXX	XXX	\$

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Society has no retrospectively rated contracts or contracts subject to redetermination.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The Society has had no incurred losses or loss adjustment expenses.

Note 26 – Intercompany Pooling Arrangements

The Society has no Intercompany Pooling Arrangements.

Note 27 – Structured Settlements

NOTES TO FINANCIAL STATEMENTS

The Society has no Structured Settlements.

Note 28 – Health Care Receivables

The Society has no Pharmaceutical Rebate Receivables.

Note 29 – Participating Policies

- A. 100% of life insurance issued is participating.
- B. The portfolio average method is applied, recognizing plan of insurance, amount of insurance, year of issue and age at issue.
- c. The Society paid dividends in the amount shown on Exhibit 4 to policyholders.
- D. The Society did not allocate any additional income to its policyholders.

Note 30 – Premium Deficiency Reserves

The Society had no Deficiency Reserves.

1. Liability carried for premium deficiency reserve: \$
2. Date of most recent evaluation of this liability:
3. Was anticipated investment income utilized in the calculation? Yes [] No []

Note 31 – Reserves for Life Contracts and Deposit-Ttype Contracts

(1) The Society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computer reserves.

(2) Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age.

Regular reserves are computer by the regular reserve for the plan at a rated age and holding in addition one-half of the extra premium charge for one year.

(3) As of December 31st of the current year, the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set by the State of Ohio.

(4) The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 by formula.

(5) The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7. For the determination of Tabular Interest on funds not involving life contingencies under Page7, Annuity, Line 3, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation. The total amount of all such products is entered under Page 7, Line 3.

(6) The details for "Other Increases" (net) under Page 7, Line 7, are: The Life reserve calculation process was changed from KARWP to individual reserve calculation based on Mid-Terminal reserve factors within the appropriate mortality table. A portion of the 2008 reserve increase was attributed to the change in calculation procedures.

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

The Society has not written Annuities.

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

The Society had no Deferred and Uncollected Premium to report.

Note 34 – Separate Accounts

The Society does not have any separate accounts.

Note 35 – Loss/Claim Adjustment Expenses

The Society had no Loss/Claim Adjustment Expenses.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [☐] No [☒]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [☐] No [☐] N/A [☒]

1.3

State regulating?

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014

3.2

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.

12/31/2014

3.3

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

05/18/2015

3.4

By what department or departments?
OHIO DEPARTMENT OF INSURANCE

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [☒] No [☐] N/A [☐]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒] No [☐] N/A [☐]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [☐] No [☒]

4.12

renewals?

Yes [☐] No [☒]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [☐] No [☒]

4.22

renewals?

Yes [☐] No [☒]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒]

5.2

If yes, provide the 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	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [☐] No [☒]

7.2

If yes,

7.21

State the percentage of foreign control

%

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [☐] No [☒]

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 [☒]

8.4

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

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

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
James G. Zupka, CPA, Inc. - 5240 East 98th Street, Garfield Heights, Ohio 44125 Balance Sheet Audit Only

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [☐] No [☒]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [☐] No [☒]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [☒] No [☐] N/A [☐]

10.6

If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Grant Hemphill, F.S.A, M.A.A.A., C.L.U., 916 SHERWOOD DRIVE, LAKE BLUFF, IL, 60044, BRUCE AND BRUCE COMPANY, CONSULTING ACTUARIES
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐] No [☒]

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$ 0

12.2

If yes, provide explanation

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☐] No [☒]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐] No [☒]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐] No [☐] N/A [☒]

14.1

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

Yes [☒] No [☐]

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [☐] No [☒]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes [☒] No [☐]

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [☒] No [☐]

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [☒] No [☐]

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [☐] No [☒]

20.1

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

20.11

To directors or other officers

\$ 0

20.12

To stockholders not officers

\$ 0

20.13

Trustees, supreme or grand (Fraternal only)

\$ 0

20.2

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

20.21

To directors or other officers

\$ 0

20.22

To stockholders not officers

\$ 0

20.23

Trustees, supreme or grand (Fraternal only)

\$ 0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes [☐] No [☒]

21.2

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

21.21

Rented from others

\$

21.22

Borrowed from others

\$

21.23

Leased from others

\$

21.24

Other

\$

22.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [☐] No [☒]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$

22.22

Amount paid as expenses

\$

22.23

Other amounts paid

\$

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [☐] No [☒]

23.2

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

\$ 0

19.1

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01

Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [☐] No [☒ X]

24.02

If no, give full and complete information, relating thereto:

24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*?

Yes [☐] No [☐] N/A [☒ X]

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$ _____

24.06

If answer to 24.04 is no, report amount of collateral for other programs

\$ _____

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [☐] No [☐] N/A [☒ X]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [☐] No [☐] N/A [☒ X]

24.09.

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes [☐] No [☐] N/A [☒ X]

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

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

\$ _____ 0

24.102

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

\$ _____ 0

24.103

Total payable for securities lending reported on the liability page:

\$ _____ 0

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes [☐] No [☒ X]

25.2

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

25.21

Subject to repurchase agreements

\$ _____ 0

25.22

Subject to reverse repurchase agreements

\$ _____ 0

25.23

Subject to dollar repurchase agreements

\$ _____ 0

25.24

Subject to reverse dollar repurchase agreements

\$ _____ 0

25.25

Placed under option agreements

\$ _____ 0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$ _____ 0

25.27

FHLB Capital Stock

\$ _____ 0

25.28

On deposit with states

\$ _____ 0

25.29

On deposit with other regulatory bodies

\$ _____ 0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$ _____ 0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$ _____ 0

25.32

Other

\$ _____ 0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [☐] No [☒ X]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [☐] No [☐] N/A [☒ X]

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [☐] No [☒ X]

27.2

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

\$ _____

28.

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

Yes [☐] No [☒ X]

28.01

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

1 Name of Custodian(s)	2 Custodian's Address

28.02

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

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

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [☐] No [☒ X]

28.04

If yes, give full and complete information relating thereto:

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

28.05

Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

1 Name of Firm or Individual	2 Affiliation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [☐] No [☒]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [☐] No [☒]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
249	Oppenheimer			

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [☐] No [☒]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1	2	3
		Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	3,116,058	3,136,931	20,873
30.2	Preferred Stocks	243,889	247,851	3,962
30.3	Totals	3,359,947	3,384,782	24,835

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [☒] No [☐]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [☒] No [☐]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [☒] No [☐]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any?

\$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	
1.62	Total incurred claims	\$	
1.63	Number of covered lives	\$	
	All years prior to most current three years:		
1.64	Total premium earned	\$	
1.65	Total incurred claims	\$	
1.66	Number of covered lives	\$	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	
1.72	Total incurred claims	\$	
1.73	Number of covered lives	\$	
	All years prior to most current three years:		
1.74	Total premium earned	\$	
1.75	Total incurred claims	\$	
1.76	Number of covered lives	\$	
2.1	Does the reporting entity have Separate Accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A[<input checked="" type="checkbox"/>]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$	
2.4	State the authority under which Separate Accounts are maintained:		
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"	\$	
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
4.	How often are meetings of the subordinate branches required to be held? MONTHLY		
5.	How are the subordinate branches represented in the supreme or governing body? DELEGATES		
6.	What is the basis of representation in the governing body? ONE DELEGATE PER 150 MEMBERS OR FRACTION & ONE DELEGATE FOR EACH ADDITIONAL 150 MEMBERS OR FRACTION 150		
7.1	How often are regular meetings of the governing body held? EVERY FOUR YEARS		
7.2	When was the last regular meeting of the governing body held?	05/01/2014	
7.3	When and where will the next regular or special meeting of the governing body be held? MAY 2018 NORTH OLMSTED, OHIO		
7.4	How many members of the governing body attended the last regular meeting?		12
7.5	How many of the same were delegates of the subordinate branches?		5
8.	How are the expenses of the governing body defrayed? GENERAL FUND		
9.	When and by whom are the officers and directors elected? AT CONVENTION BY DELEGATES		
10.	What are the qualifications for membership? GOOD MORAL CHARACTER, GOOD HEALTH		
11.	What are the limiting ages for admission? 0-60		
12.	What is the minimum and maximum insurance that may be issued on any one life? MINIMUM = \$1,000; MAXIMUM = \$10,000		

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

13.

Is a medical examination required before issuing a benefit certificate to applicants?

Yes ☐ No ☒

14.

Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?

Yes ☐ No ☐

15.1

Are notices of the payments required sent to the members?

Yes ☐ No ☐ N/A ☒

15.2

If yes, do the notices state the purpose for which the money is to be used?

Yes ☐ No ☒

16.

What proportion of first and subsequent year’s payments may be used for management expenses?

16.11

First Year

80.000

%

16.12

Subsequent Years

20.000

%

17.1

Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?

Yes ☐ No ☐

17.2

If so, what amount and for what purpose?

\$

18.1

Does the reporting entity pay an old age disability benefit?

Yes ☐ No ☒

18.2

If yes, at what age does the benefit commence?

19.1

Has the constitution or have the laws of the reporting entity been amended during the year?

Yes ☐ No ☐

19.2

If yes, when?

20.

Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time?

Yes ☒ No ☐

21.1

State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements?

Yes ☐ No ☒

21.2

If so, was an additional reserve included in Exhibit 5?

Yes ☐ No ☒ N/A ☐

21.3

If yes, explain

22.1

Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year?

Yes ☐ No ☒

22.2

If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds?

Yes ☐ No ☒ N/A ☐

23.

Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement?

Yes ☐ No ☒

24.1

Does the reporting entity have variable annuities with guaranteed benefits?

Yes ☐ No ☒

24.2

If 24.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1	2	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
Guaranteed Death Benefit	Guaranteed Living Benefit							

25.

For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

25.1

Amount of loss reserves established by these annuities during the current year:

\$

25.2

List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

26.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

26.2

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

\$

26.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

26.4

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

\$

27.1

Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?

Yes ☐ No ☒

27.2

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

Date	Outstanding Lien Amount
	\$

28.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ☐ No ☐ N/A ☒

28.2

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

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

29.

Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

29.1

Direct Premiums Written

\$

4,743

29.2

Total Incurred Claims

\$

57,711

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

29.3	Number of Covered Lives		2,167
*Ordinary Life Insurance Includes			
Term (whether full underwriting, limited underwriting, jet issue, "short form app")			
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")			
Variable Life (with or without secondary guarantee)			
Universal Life (with or without secondary guarantee)			
Variable Universal Life (with or without secondary guarantee)			

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
Amounts of life insurance in this exhibit should be shown in thousands (OMIT 000).

	1 2016	2 2015	3 2014	4 2013	5 2012
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	4,687	4,725	4,647	4,713	4,725
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	56	120	38	41	77
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....					
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	17,732	26,285	17,269	20,739	28,523
5. Annuity (Line 20.4, Column 3).....					
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	17,732	26,285	17,269	20,739	28,523
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	3,474,430	3,666,734	3,643,906	3,505,939	3,499,212
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	2,761,113	2,961,803	3,006,666	2,692,393	3,019,721
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	2,590,000	2,570,000	2,587,000	2,424,000	2,715,000
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....					
14. Asset valuation reserve (Page 3, Line 21.1).....	16,076	15,763	14,079	11,885	8,739
15. Surplus (Page 3, Line 30).....	713,317	704,931	637,240	813,546	479,491
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	20,673	34,467	(31,245)	5,160	(22,308)
Risk-Based Capital Analysis					
17. Total adjusted capital.....	734,393	725,694	656,319	825,431	493,230
18. 50% of the calculated RBC amount.....	25,703	23,984	24,020	25,616	26,398
Percentage Distribution of Cash, Cash Equivalent and Invested Assets (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	90.9	94.0	94.3	94.1	96.3
20. Stocks (Lines 2.1 and 2.2).....	7.1	4.7	4.3	3.9	
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....	1.9	1.2	1.3	1.8	3.4
24. Contract loans (Line 6).....	0.1	0.2	0.1	0.2	0.3
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....					
40. Total admitted assets (Page 2, Line 28, Col. 3).....	3,474,430	3,666,734	3,643,906	3,505,939	3,499,212
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	166,166	165,666	155,645	149,644	103,952
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....					
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total of above Lines 41, 42 and 43.....	166,166	165,666	155,645	149,644	103,952

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2016	2 2015	3 2014	4 2013	5 2012
Benefits and Reserve Increases (Page 6)					
45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	77,084	54,365	106,269	60,749	49,461
46. Total certificate benefits - accident and health (Line 13, Column 5).....					
47. Increase in life reserves (Line 17, Column 2).....	20,000	(17,000)	(37,000)	9,000	11,000
48. Increase in accident and health reserves (Line 17, Column 5).....					
49. Refunds to members (Line 28, Column 1).....	7,883	7,929	8,033	8,200	8,190
Operating Percentages					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	517.8	389.0	605.2	461.9	377.8
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	0.9	0.3	0.6	0.5	0.3
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	8,699	80,138	37,621	48,961	9,174
58. Annuity (Column 3).....					
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....					
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....		(10,763)	(11,734)	(11,760)	(10,874)
63. Expense (Column 9).....					
64. Total (Column 1).....	8,699	69,375	25,887	37,201	(1,700)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

Annual Statement for the year 2016 of the

North American Swiss Alliance

EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	2,201	4,725
2. Issued during year.....	26	56
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....		5
6. Subtotals, Lines 2 to 5.....	26	61
7. Additions by refunds during year.....	XXX	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	2,227	4,786
Deductions During Year:		
10. Death.....	25	47
11. Maturity.....	9	11
12. Disability.....		
13. Expiry.....		
14. Surrender.....	23	36
15. Lapse.....	3	5
16. Conversion.....		
17. Decreased (net).....		
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	60	99
21. In force end of year (b) (Line 9 minus Line 20).....	2,167	4,687
22. Reinsurance ceded end of year.....	XXX	
23. Line 21 minus Line 22.....	XXX	4,687

DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above).....	0	0
1901.		
1902.		
1903.		
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above).....	0	0

- (a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).
- (b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....1,736 , amount, \$.....4,118.
- Additional accidental death benefits included in life certificates were in amount \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]
- If not, how are such expenses met?.....Excess interest and mortality savings

EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS,

ANNUITIES AND ACCIDENT AND HEALTH INSURANCE

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Totals (Lines 1 to 4).....	0	0	0	0
Deduction during year:				
6. Decreased during year (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	0	0	0
9. In force end of year (Line 5 minus Line 8).....	0	0	0	0
10. Amount on deposit.....				XXX
Income now payable:				
11. Amount of income payable.....				XXX
Deferred fully paid:				
12. Account balance.....	XXX	XXX		XXX
Deferred not fully paid:				
13. Account balance.....	XXX	XXX		XXX

North American Swiss Alliance
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.			1	Direct Business					
			Active Status	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	.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	9,849				9,849	
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	.0
59.	Subtotal.....	(a).....2		9,849	.0	.0	.0	9,849	.0
90.	Reporting entity contributions for employee benefit plans	.XXX						.0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	.XXX		7,883				7,883	
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		17,732	.0	.0	.0	17,732	.0
96.	Plus reinsurance assumed.....	.XXX						.0	
97.	Totals (All Business).....	.XXX		17,732	.0	.0	.0	17,732	.0
98.	Less reinsurance ceded.....	.XXX						.0	
99.	Totals (All Business) less reinsurance ceded.....	.XXX		17,732	.0	(b).....0	.0	17,732	.0
DETAILS OF WRITE-INS									
58001.	.....	.XXX						.0	
58002.	.....	.XXX						.0	
58003.	.....	.XXX						.0	
58998.	Summ. of remaining write-ins for line 58 from overflow	.XXX		.0	.0	.0	.0	.0	.0
58999.	Total (Lines 58001 through 58003 plus 58998) (Line 58)	.XXX		.0	.0	.0	.0	.0	.0
9401.	.....	.XXX						.0	
9402.	.....	.XXX						.0	
9403.	.....	.XXX						.0	
9498.	Summ. of remaining write-ins for line 94 from overflow	.XXX		.0	.0	.0	.0	.0	.0
9499.	Total (Lines 9401 through 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.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

(a) Insert the number of L responses except for Canada and Other Alien.
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which: N/A

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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