



QUARTERLY STATEMENT

As of September 30, 2017
of the Condition and Affairs of the

Alliance Of Transylvanian Saxons

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

OFFICERS

Name	Title	Name	Title
1. Joan Annette Miller-Malue	President	2. Monica Frances Gilles	Secretary
3. Denise Aeling Crawford	Treasurer	4. Miller & Newberg #	Consulting Actuary
OTHER			
Robert Burns Cunningham, III	First Vice President	Monica Marie Weber	Second Vice President
John Boehm, Jr.	Third Vice President		

DIRECTORS OR TRUSTEES

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

State of..... Ohio
County of..... Cuyahoga

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

(Signature) Joan Annette Miller-Malue 1. (Printed Name) President (Title)	(Signature) Monica Frances Gilles 2. (Printed Name) Secretary (Title)	(Signature) Denise Aeling Crawford 3. (Printed Name) Treasurer (Title)
Subscribed and sworn to before me This _____ day of _____	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [X] No [] _____ _____ _____

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	72,092,481		72,092,481	67,127,860
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	1,262,366		1,262,366	1,159,251
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	7,950		7,950	7,950
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....211,487), cash equivalents (\$.....0) and short-term investments (\$....11,652,851).....	11,864,338		11,864,338	15,596,219
6. Contract loans (including \$.....0 premium notes).....	198,192		198,192	164,434
7. Derivatives.....			0	
8. Other invested assets.....	2,082,619		2,082,619	2,082,619
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	87,507,946	0	87,507,946	86,138,333
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,292,639		1,292,639	1,098,491
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).....	5,257		5,257	3,711
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.....	7,763		7,763	12,745
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	59,900
25. Aggregate write-ins for other than invested assets.....	560,446	554,526	5,920	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	89,374,051	554,526	88,819,525	87,313,180
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	89,374,051	554,526	88,819,525	87,313,180

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Retirement Funds.....	554,526	554,526	0	
2502. Deposit.....			0	
2503. Prepaid Assets.....	5,920		5,920	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	560,446	554,526	5,920	0

Alliance Of Transylvanian Saxons

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve).....	67,821,956	66,979,971
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....	8,364,357	7,876,822
4. Contract claims:		
4.1 Life.....	1,275,949	1,726,315
4.2 Accident and health.....		
5. Refunds due and unpaid.....		
6. Provisions for refunds payable in following calendar year - estimated amounts:		
6.1 Apportioned for payment.....		
6.2 Not yet apportioned.....	55,000	55,000
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums.....	2,212	1,539
8. Certificate and contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....		
8.3 Interest maintenance reserve (IMR).....	11,482	13,366
9. Commissions to fieldworkers due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....	29	118
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued.....	14,200	38,262
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued.....		4,220
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....		
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....0 and interest thereon \$.....0.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve.....	579,483	567,873
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....		
21.6 Funds held under coinsurance.....		
21.7 Derivatives.....		
21.8 Payable for securities.....		
21.9 Payable for securities lending.....		
22. Aggregate write-ins for liabilities.....	473,768	530,274
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	78,598,436	77,793,760
24. From Separate Accounts Statement.....		
25. Total liabilities (Lines 23 to 24).....	78,598,436	77,793,760
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	10,221,089	9,519,420
30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement).....	10,221,089	9,519,420
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	88,819,525	87,313,180

DETAILS OF WRITE-INS		
2201. Scholarship Fund.....	508,799	507,792
2202. Payroll Withholdings.....	(35,031)	22,482
2203.		
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	473,768	530,274
2601.		
2602.		
2603.		
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801.		
2802.		
2803.		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	0	0

SUMMARY OF OPERATIONS

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1.	Premiums and annuity considerations for life and accident and health contracts.....	2,165,712	2,047,693	2,772,768
2.	Considerations for supplementary contracts with life contingencies.....			
3.	Net investment income.....	3,404,854	3,278,433	4,277,835
4.	Amortization of Interest Maintenance Reserve (IMR).....	1,884	20,364	29,367
5.	Separate Accounts net gain from operations excluding unrealized gains and losses.....			
6.	Commissions and expense allowances on reinsurance ceded.....			
7.	Reserve adjustments on reinsurance ceded.....			
8.	Miscellaneous income:			
8.1	Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2	Charges and fees for deposit-type contracts.....			
8.3	Aggregate write-ins for miscellaneous income.....	878	23,536	13,241
9.	Totals (Lines 1 to 8.3).....	5,573,328	5,370,026	7,093,211
10.	Death benefits.....	238,622	167,574	218,942
11.	Matured endowments (excluding guaranteed annual pure endowments).....		10,000	20,000
12.	Annuity benefits.....	2,942,664	2,569,558	3,646,744
13.	Disability benefits and benefits under accident and health contracts including premiums waived \$.....0.....			
14.	Surrender benefits and withdrawals for life contracts.....	23,765	52,676	61,488
15.	Interest and adjustments on contract or deposit-type contract funds.....	209,750	207,664	277,563
16.	Payments on supplementary contracts with life contingencies.....			
17.	Increase in aggregate reserve for life and accident and health contracts.....	841,985	1,128,035	1,288,255
18.	Totals (Lines 10 to 17).....	4,256,786	4,135,507	5,512,992
19.	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	3,206	2,631	4,382
20.	Commissions and expense allowances on reinsurance assumed.....			
21.	General insurance expenses and fraternal expenses.....	610,547	608,617	843,539
22.	Insurance taxes, licenses and fees.....	20,337	17,385	23,414
23.	Increase in loading on deferred and uncollected premiums.....	153	134	176
24.	Net transfers to or (from) Separate Accounts net of reinsurance.....			
25.	Aggregate write-ins for deductions.....	0	0	0
26.	Totals (Lines 18 to 25).....	4,891,029	4,764,274	6,384,503
27.	Net gain from operations before refunds to members (Line 9 minus Line 26).....	682,299	605,752	708,708
28.	Refunds to members.....	33,175	33,256	51,943
29.	Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	649,124	572,496	656,765
30.	Net realized capital gains (losses) less capital gains tax of0 (excluding \$.....0 transferred to the IMR).....	(66,957)	(67,525)	41,773
31.	Net income (Lines 29 + 30).....	582,167	504,971	698,538
SURPLUS ACCOUNT				
32.	Surplus, December 31, prior year.....	9,519,420	8,659,698	8,659,698
33.	Net income from operations (Line 31).....	582,167	504,971	698,538
34.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	131,037	107,741	114,054
35.	Change in net unrealized foreign exchange capital gain (loss).....			
36.	Change in nonadmitted assets.....	75		(18,815)
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.....	(11,610)	(30,498)	47,130
40.	Surplus (contributed to) withdrawn from Separate Accounts during period.....			
41.	Other changes in surplus in Separate Accounts Statement.....			
42.	Change in surplus notes.....			
43.	Cumulative effect of changes in accounting principles.....			
44.	Change in surplus as a result of reinsurance.....			
45.	Aggregate write-ins for gains and losses in surplus.....	0	0	18,815
46.	Net change in surplus for the year (Lines 33 through 45).....	701,669	582,214	859,722
47.	Surplus as of statement date (Lines 32 + 46).....	10,221,089	9,241,912	9,519,420

DETAILS OF WRITE-INS

08.301.	Miscellaneous Income.....	878	23,536	13,241
08.302.				
08.303.				
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399.	Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	878	23,536	13,241
2501.				
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0
4501.	Retirement Funds Adjusment.....			18,815
4502.				
4503.				
4598.	Summary of remaining write-ins for Line 45 from overflow page.....	0	0	0
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0	18,815

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	2,165,551	2,048,660	2,772,762
2. Net investment income.....	3,222,541	3,227,515	4,287,104
3. Miscellaneous income.....	878	23,536	13,241
4. Total (Lines 1 through 3).....	5,388,970	5,299,711	7,073,107
5. Benefit and loss related payments.....	3,864,419	2,637,843	3,905,652
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	634,090	630,316	868,796
8. Dividends paid to policyholders.....	33,175	33,256	51,943
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	4,531,684	3,301,415	4,826,391
11. Net cash from operations (Line 4 minus Line 10).....	857,286	1,998,296	2,246,716
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,093,625	1,217,139	1,584,106
12.2 Stocks.....	12,573	22,775	82,675
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).....	1,106,198	1,239,914	1,666,781
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	6,106,605	1,849,025	1,849,025
13.2 Stocks.....		26,220	26,220
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).....	6,106,605	1,875,245	1,875,245
14. Net increase or (decrease) in contract loans and premium notes.....	33,758	(1,586)	84
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(5,034,165)	(633,745)	(208,548)
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).....	444,998	(471,252)	(415,406)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	444,998	(471,252)	(415,406)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(3,731,881)	893,299	1,622,762
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	15,596,219	13,973,457	13,973,457
19.2 End of period (Line 18 plus Line 19.1).....	11,864,338	14,866,756	15,596,219

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

20.0001			
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EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Life Insurance.....	61,084	47,226	72,547
2. Individual annuities.....	2,106,446	2,000,467	2,701,897
3. Accident and Health.....			
4. Aggregate of all other lines of business.....	0	0	0
5. Subtotal (Lines 1 through 4).....	2,167,530	2,047,693	2,774,444
6. Fraternal.....			
7. Expenses.....			
8. Subtotal (Lines 5 through 7).....	2,167,530	2,047,693	2,774,444
9. Deposit-type contracts.....	6,129	24,412	39,648
10. Total.....	2,173,659	2,072,105	2,814,092

DETAILS OF WRITE-INS

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	Current Period	2016
NET INCOME					
(1) Alliance Of Transylvanian Saxons state basis (Page 4, Line 31, Columns 1 & 2)	XXX	XXX	XXX	\$ 582,167	\$ 698,538
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 582,167	\$ 698,538
SURPLUS					
(5) Alliance Of Transylvanian Saxons state basis (Page 3, line 30, Columns 1 & 2)	XXX	XXX	XXX	\$ 10,221,089	\$ 9,519,420
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 10,221,089	\$ 9,519,420

C. Accounting Policy

(6)

D. Going Concern

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

D. Loan-Backed Securities

(1)

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

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value	Present Value of Projected Cash Flows	Recognized Other-Than-	Amortized Cost After Other-Than-	Fair Value at Time of OTTI	Date of Financial Statement Where
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NOTES TO FINANCIAL STATEMENTS

	Amortized Cost Before Current Period OTTI		Temporary Impairment	Temporary Impairment		Reported
	\$	\$	\$	\$	\$	
Total			\$			

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

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

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

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

I. Working Capital Finance Investments

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

	Book/Adjusting Carrying Value
a. Up to 180 Days	\$
b. 181 to 365 Days	
c. Total	\$

(3)

J. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
(1) Assets			
	\$	\$	\$
(2) Liabilities			
	\$	\$	\$

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

No significant changes

Note 9 – Income Taxes

No significant changes

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

No significant changes

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements

(1)

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Period

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

NOTES TO FINANCIAL STATEMENTS

2. Prior Year

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

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

Membership Stock	1 Current Period Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	\$	\$	\$	\$	\$	\$
2. Class B	\$	\$	\$	\$	\$	\$

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
Current Period Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	\$	\$	\$
Current Period General Account Total Collateral Pledged			
Current Period Separate Accounts Total Collateral Pledged			
Prior Year Total General and Separate Accounts Total Collateral Pledged	\$	\$	\$

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount of Borrowed at Time of Maximum Collateral
Current Period Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	\$	\$	\$
Current Period General Account Total Collateral Pledged			
Current Period Separate Accounts Total Collateral Pledged			
Prior Year Total General and Separate Accounts Total Collateral Pledged	\$	\$	\$

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Period

	1 Total 2 + 3	2 General Account	3 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

2. Prior Year

	1 Total 2 + 3	2 General Account	3 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

b. Maximum Amount During Reporting Period (Current Period)

	1 Total 2 + 3	2 General Account	3 Separate Accounts
1. Debt	\$	\$	\$
2. Funding Agreements			
3. Other			
4. Aggregate Total (Lines 1+2+3)	\$	\$	\$

c. FHLB – Prepayment Obligations

NOTES TO FINANCIAL STATEMENTS

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	
2. Funding Agreements	
3. Other	

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

A. Defined Benefit Plan

(4) Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	Current Period	Prior Year	Current Period	Prior Year	Current Period	Prior Year
a. Service cost	\$	\$	\$	\$	\$	\$
b. Interest cost						
c. Expected return on plan assets						
d. Transition asset or obligation						
e. Gains and losses						
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment						
h. Total net periodic benefit cost	\$	\$	\$	\$	\$	\$

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

- (1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$.
- (2) Detail of other contingent commitments

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception Allowed Under SSAP No. 5R)	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted
	\$		\$	
Total	\$	XXX	\$	XXX

(3)

a. Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of column 4 for (2) above.	\$
b. Contingent liabilities recognized in F/S.	
1. Noncontingent liabilities	\$
2. Contingent liabilities	\$
c. Ultimate financial statement impact if action under the guarantee is required.	
1. Investments in SCA	\$
2. Joint Venture	
3. Dividends to stockholders (capital contribution)	
4. Expense	
5. Other	
6. Total (should equal (3)a)	\$

B. Assessments

(1) Where Amount is Unknown

Where Amount is Known

(2)

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year –end	\$
b. Decreases current period:	

NOTES TO FINANCIAL STATEMENTS

c.	Increases current period:	
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current period	\$

- C. Gain Contingencies
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Alliance Of Transylvanian Saxons paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period:

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant:

- (f) Per Claim []
- (g) Per Claimant []

- E. Joint and Several Liabilities
- F. All Other Contingencies

Note 15 – Leases

No significant changes

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

No significant changes

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

- B. Transfer and Servicing of Financial Assets

- (2)
- (4)
- (a)
- (b)

- C. Wash Sales

- (1)
- (2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2017 and reacquired within 30 days of the sale date are:

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

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

No significant changes

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

No significant changes

Note 20 – Fair Value Measurements

- A.
- (1) Fair Value Measurements at Reporting Date
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

	Level 1	Level 2	Level 3	Total
Assets at Fair Value				
	\$	\$	\$	\$
Total	\$	\$	\$	\$
Liabilities at Fair Value				
	\$	\$	\$	\$
Total	\$	\$	\$	\$

	Ending Balance as of Prior Quarter End	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net	Total Gains and (Losses) Included in	Purchases	Issuances	Sales	Settle-ments	Ending Balance for Current Quarter End
--	--	------------------------	--------------------------	--	--------------------------------------	-----------	-----------	-------	--------------	--

NOTES TO FINANCIAL STATEMENTS

				Income	Surplus					
a. Assets										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3)
- (4)
- (5)

B.

C.

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

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

No significant changes

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act

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

Yes [] No [X]

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

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$
3. Premium adjustments payable due to ACA Risk Adjustment	\$
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9. ACA Reinsurance contributions – not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

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

NOTES TO FINANCIAL STATEMENTS

	Accrued During the Prior Year on Business Written Before Dec. 31 of The Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments (payable)	\$								B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
6. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA Risk Sharing Provisions	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

Explanations of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before Dec. 31 of The Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled as of the		Balances Reporting Date
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	B	\$	\$
b. 2016											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Reserve for rate	\$	\$	\$	\$	\$	\$	\$	\$	D	\$	\$

NOTES TO FINANCIAL STATEMENTS

	Accrued Prior Year Written Before The Prior	During the on Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec 31 of Year						
					Differences		Adjustments		Unsettled as of the	Balances Reporting Date
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
credits for policy experience rating refunds										
c. 2017										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E \$	\$
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

A.
B.
C.
D.
E.
F.

(5) ACA Risk Corridors Receivable as of Reporting Date

	1	2	3	4	5	5
Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance (Gross of Non-Admissions) (1-2-3)	Non-Admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2016						
c. 2017						
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

No significant changes

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

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

No significant changes

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

No significant changes

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

No significant changes

Note 34 – Separate Accounts

No significant changes

Note 35 – Loss/Claim Adjustment Expenses

No significant changes

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

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

Yes [☐] No [☒]
- 2.2

If yes, date of change:
- 3.1

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

Yes [☐] No [☒]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒]
- 3.3

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

- 4.1

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

Yes [☐] No [☒]
- 4.2

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

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes [☐] No [☒] N/A [☐]

- 6.1

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

10/05/2015
- 6.2

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

12/31/2014
- 6.3

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

01/19/2016

- 6.4

By what department or departments?
Ohio

- 6.5

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 [☐]
- 6.6

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

Yes [☒] No [☐] N/A [☐]
- 7.1

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

Yes [☐] No [☒]
- 7.2

If yes, give full information:

- 8.1

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

Yes [☐] No [☒]
- 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 location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

- 9.1

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

Yes [☒] No [☐]

(a)

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

(b)

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

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

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

(e)

Accountability for adherence to the code.

9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

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

Yes [☐] No [☒]

9.31

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

FINANCIAL

- 10.1

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

Yes [☐] No [☒]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.2

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

\$0

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0

13.

Amount of real estate and mortgages held in short-term investments:

\$0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

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

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

16.

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

16.1

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

\$0

16.2

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

\$0

16.3

Total payable for securities lending reported on the liability page:

\$0

17.

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

Yes [X] No []

17.1

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

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

17.2

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

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

17.3

Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

17.4

If yes, give full and complete information relating thereto:

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

17.5

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

17.5097

For those firms/individuals listed in the table for Question 17.5, 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 []

17.5098

For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No []

17.6

For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1

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

Yes [X] No []

18.2

If no, list exceptions:

Alliance Of Transylvanian Saxons

GENERAL INTERROGATORIES (continued)

PART 2 - FRATERNAL

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

1.1 Long-term mortgages in good standing:

Reponses

1.11 Farm mortgages.....

1.12 Residential mortgages.....

1.13 Commercial mortgages.....

1.14 Total mortgages in good standing.....

\$.....0

1.2 Long-term mortgages in good standing with restructured terms:

1.21 Total mortgages in good standing with restructured terms.....

.....

1.3 Long-term mortgage loans upon which interest is overdue more than three months:

1.31 Farm mortgages.....

1.32 Residential mortgages.....

1.33 Commercial mortgages.....

1.34 Total mortgages with interest overdue more than three months.....

\$.....0

1.4 Long-term mortgage loans in process of foreclosure:

1.41 Farm mortgages.....

1.42 Residential mortgages.....

1.43 Commercial mortgages.....

1.44 Total mortgages in process of foreclosure.....

\$.....0

1.5 Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2).....

\$.....0

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

1.61 Farm mortgages.....

1.62 Residential mortgages.....

1.63 Commercial mortgages.....

1.64 Total mortgages foreclosed and transferred to real estate.....

\$.....0

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

Yes [] No [X]

2.2 If no, explain.....

3. Operating Percentages:

3.1 A&H loss percent.....

3.2 A&H cost containment percent.....

3.3 A&H expense percent excluding cost containment expenses.....

.....

.....

.....

4.1 Do you act as a custodian for health savings accounts?.....

Yes [] No [X]

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

\$.....

4.3 Do you act as an administrator for health savings accounts?.....

Yes [] No [X]

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

\$.....

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

Yes [] No [X]

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

Date	Outstanding Lien Amounts

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

NONE

Alliance Of Transylvanian Saxons
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama.....AL	..N...					0	
2. Alaska.....AK	..N...					0	
3. Arizona.....AZ	..N...					0	
4. Arkansas.....AR	..N...					0	
5. California.....CA	..N...					0	
6. Colorado.....CO	..N...					0	
7. Connecticut.....CT	..N...					0	
8. Delaware.....DE	..N...					0	
9. District of Columbia.....DC	..N...					0	
10. Florida.....FL	..N...					0	
11. Georgia.....GA	..N...					0	
12. Hawaii.....HI	..N...					0	
13. Idaho.....ID	..N...					0	
14. Illinois.....IL	..L...	3,566	294,442			298,007	
15. Indiana.....IN	..L...		13,413			13,413	
16. Iowa.....IA	..N...					0	
17. Kansas.....KS	..N...					0	
18. Kentucky.....KY	..N...					0	
19. Louisiana.....LA	..N...					0	
20. Maine.....ME	..N...					0	
21. Maryland.....MD	..N...					0	
22. Massachusetts.....MA	..N...					0	
23. Michigan.....MI	..L...	385	38,690			39,075	
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...	24,819	1,423,977			1,448,796	6,129
37. Oklahoma.....OK	..N...					0	
38. Oregon.....OR	..N...					0	
39. Pennsylvania.....PA	..L...	6,033	335,924			341,957	
40. Rhode Island.....RI	..N...					0	
41. South Carolina.....SC	..N...					0	
42. South Dakota.....SD	..N...					0	
43. Tennessee.....TN	..N...					0	
44. Texas.....TX	..N...					0	
45. Utah.....UT	..N...					0	
46. Vermont.....VT	..N...					0	
47. Virginia.....VA	..N...					0	
48. Washington.....WA	..N...					0	
49. West Virginia.....WV	..N...					0	
50. Wisconsin.....WI	..N...					0	
51. Wyoming.....WY	..N...					0	
52. American Samoa.....AS	..N...					0	
53. Guam.....GU	..N...					0	
54. Puerto Rico.....PR	..N...					0	
55. US Virgin Islands.....VI	..N...					0	
56. Northern Mariana Islands.....MP	..N...					0	
57. Canada.....CAN	..N...					0	
58. Aggregate Other Alien.....OT	..XXX	0	0	0	0	0	0
59. Subtotals.....(a)...	..5	34,803	2,106,446	0	0	2,141,249	6,129
90. Reporting entity contributions for employee benefit plans	..XXX					0	
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	..XXX	24,302				24,302	
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	59,105	2,106,446	0	0	2,165,551	6,129
96. Plus reinsurance assumed.....	..XXX					0	
97. Totals (All Business).....	..XXX	59,105	2,106,446	0	0	2,165,551	6,129
98. Less reinsurance ceded.....	..XXX					0	
99. Totals (All Business) less reinsurance ceded.....	..XXX	59,105	2,106,446	0	0	2,165,551	6,129
DETAILS OF WRITE-INS							
58001.	..XXX					0	
58002.	..XXX					0	
58003.	..XXX					0	
58998. Summary of remaining write-ins for Line 58 from overflow page.....	..XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	..XXX	0	0	0	0	0	0
9401.	..XXX					0	
9402.	..XXX					0	
9403.	..XXX					0	
9498. Summary of remaining write-ins for Line 94 from overflow page.....	..XXX	0	0	0	0	0	0
9499. Totals (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	..XXX	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

Sch. Y - Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Alliance Of Transylvanian Saxons

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

1.

The data for this supplement is not required to be filed.
2.

The data for this supplement is not required to be filed.
3.

The data for this supplement is not required to be filed.
4.

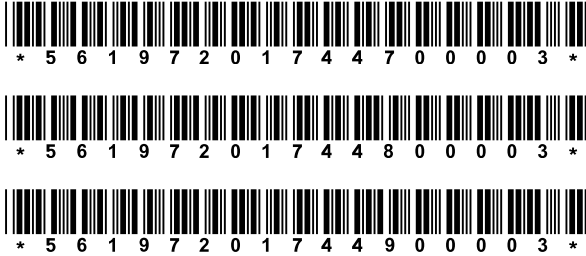
The data for this supplement is not required to be filed.
5.

The data for this supplement is not required to be filed.
6.

The data for this supplement is not required to be filed.
7.

The data for this supplement is not required to be filed.

Bar Code:



Alliance Of Transylvanian Saxons
Overflow Page for Write-Ins

NONE

Alliance Of Transylvanian Saxons
SCHEDULE A - VERIFICATION
Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	7,950	7,950
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	7,950	7,950
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	7,950	7,950

SCHEDULE B - VERIFICATION
Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,082,619	2,082,619
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	2,082,619	2,082,619
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	2,082,619	2,082,619

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	68,287,111	68,186,214
2. Cost of bonds and stocks acquired.....	6,106,605	1,875,245
3. Accrual of discount.....		25,079
4. Unrealized valuation increase (decrease).....	131,037	114,054
5. Total gain (loss) on disposals.....	(63,708)	(23,585)
6. Deduct consideration for bonds and stocks disposed of.....	1,106,198	1,666,781
7. Deduct amortization of premium.....		223,115
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	73,354,847	68,287,111
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	73,354,847	68,287,111

SCHEDULE D - PART 1B

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

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a).....	58,088,994	852,336	901,197	(3,250)	57,487,846	58,088,994	58,036,883	56,401,999
2.	NAIC 2 (a).....	24,366,562				24,366,562	24,366,562	24,366,562	24,376,562
3.	NAIC 3 (a).....	1,341,888				1,341,888	1,341,888	1,341,888	1,341,888
4.	NAIC 4 (a).....	489,928		489,928		489,928	489,928	.0	489,928
5.	NAIC 5 (a).....							.0	
6.	NAIC 6 (a).....							.0	
7.	Total Bonds.....	84,287,372	852,336	1,391,125	(3,250)	83,686,224	84,287,372	83,745,333	82,610,377
PREFERRED STOCK									
8.	NAIC 1.....							.0	
9.	NAIC 2.....							.0	
10.	NAIC 3.....							.0	
11.	NAIC 4.....							.0	
12.	NAIC 5.....							.0	
13.	NAIC 6.....							.0	
14.	Total Preferred Stock.....	.0	.0	.0	.0	.0	.0	.0	.0
15.	Total Bonds and Preferred Stock.....	84,287,372	852,336	1,391,125	(3,250)	83,686,224	84,287,372	83,745,333	82,610,377

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....11,652,852; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QSI02

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	11,652,851	XXX.....	11,652,851		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	15,482,517	13,873,261
2. Cost of short-term investments acquired.....	2,099,728	33,408,464
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	5,929,394	31,799,208
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	11,652,851	15,482,517
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	11,652,851	15,482,517

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous									
375558 BA 0	GILEAD SCIENCES INC.....		09/28/2017.....	WILLIAM BLAIR.....		539,885	500,000	3,813	1FE.....
38999999	Total - Bonds - Industrial and Miscellaneous.....					539,885	500,000	3,813	XXX.....
83999997	Total - Bonds - Part 3.....					539,885	500,000	3,813	XXX.....
83999999	Total - Bonds.....					539,885	500,000	3,813	XXX.....
99999999	Total - Bonds, Preferred and Common Stocks.....					539,885	XXX	3,813	XXX.....

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

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2		3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
											11	12	13	14	15							
CUSIP Identification	Description		F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Political Subdivisions of States																						
167505 KH 8	CHICAGO ILL BOARD ED.....		..	07/11/2017.	WILLIAM BLAIR & CO.....		401,750	500,000	488,940	489,928				0		401,750		(88,178)	(88,178)	19,011	12/01/2039.	4FE.....
2499999.	Total - Bonds - U.S. Political Subdivisions of States.....						401,750	500,000	488,940	489,928	0	0	0	0	0	401,750	0	(88,178)	(88,178)	19,011	XXX	XXX
8399997.	Total - Bonds - Part 4.....						401,750	500,000	488,940	489,928	0	0	0	0	0	401,750	0	(88,178)	(88,178)	19,011	XXX	XXX
8399999.	Total - Bonds.....						401,750	500,000	488,940	489,928	0	0	0	0	0	401,750	0	(88,178)	(88,178)	19,011	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....						401,750	XXX	488,940	489,928	0	0	0	0	0	401,750	0	(88,178)	(88,178)	19,011	XXX	XXX

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

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Key Bank - Checking..... 127 Public Square Cleveland, Ohio 44114.....					(27,961)	(48,722)	51,376	XXX
Key Bank - Reward Checking..... 127 Public Square Cleveland, Ohio 44114.....					150,910	155,218	160,086	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	122,949	106,496	211,462	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	122,949	106,496	211,462	XXX
0499999. Cash in Society's Office.....	XXX	XXX	XXX	XXX	25	25	25	XXX
0599999. Total Cash.....	XXX	XXX	0	0	122,974	106,521	211,487	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE