



QUARTERLY STATEMENT

As of June 30, 2018
of the Condition and Affairs of the

North American Swiss Alliance

| | | |
|--|--|--|
| NAIC Group Code..... 0, 0 (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) naswiss@sbcglobal.net (E-Mail Address) | 440-777-7114 (Area Code) (Telephone Number) (Extension) (Fax Number) |

OFFICERS

| Name | Title | Name | Title |
|-----------------------|----------------|---------------------|-----------|
| 1. Donald P. Robinson | Vice-President | 2. Jan Markowski | Secretary |
| 3. Jan Markowski | Treasurer | 4. Alois W. Amstutz | President |

| | |
|--------------------|----------------|
| Donald P. Robinson | Vice-President |
|--------------------|----------------|

OTHER

DIRECTORS OR TRUSTEES

| | | | |
|------------------------|-------------------|-------------------------|-------------------------|
| Alois Wendelin Amstutz | Kevin Ruedy | William George Preslock | Donald Phillips Robison |
| Richard Herman Hardt | 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) Donald P. Robinson 1. (Printed Name) Vice-President (Title) | (Signature) Jan Markowski 2. (Printed Name) Secretary (Title) | (Signature) Jan Markowski 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 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 3,106,436 | | 3,106,436 | 2,997,181 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | 268,889 | | 268,889 | 293,889 |
| 2.2 Common stocks..... | | | 0 | |
| 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)..... | | | 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 (\$....48,440), cash equivalents (\$.....0) and short-term investments (\$.....0)..... | 48,440 | | 48,440 | 127,844 |
| 6. Contract loans (including \$.....0 premium notes)..... | 4,026 | | 4,026 | 3,887 |
| 7. Derivatives..... | | | 0 | |
| 8. Other invested assets..... | | | 0 | |
| 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)..... | 3,427,791 | 0 | 3,427,791 | 3,422,801 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 47,212 | | 47,212 | 45,520 |
| 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 through 25)..... | 3,475,003 | 0 | 3,475,003 | 3,468,321 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 3,475,003 | 0 | 3,475,003 | 3,468,321 |

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..... | | | 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 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 | 0 |

North American Swiss Alliance

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31 Prior Year |
|--|--------------------------------|--------------------------------|
| 1. Aggregate reserve for life contracts (including \$.....0 Modco Reserve)..... | 2,542,000 | 2,557,000 |
| 2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve)..... | ..... | ..... |
| 3. Liability for deposit-type contracts (including \$.....0 Modco Reserve)..... | ..... | ..... |
| 4. Contract claims: | | |
| 4.1 Life..... | 3,000 | 4,864 |
| 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..... | 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..... | ..... | ..... |
| 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)..... | 101,029 | 112,117 |
| 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..... | ..... | ..... |
| 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..... | ..... | ..... |
| 14. Unearned investment income..... | ..... | ..... |
| 15. Amounts withheld or retained by Society as agent or trustee..... | 1,382 | 1,198 |
| 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..... | 21,040 | 31,620 |
| 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..... | 0 | 0 |
| 23. Total liabilities excluding Separate Accounts business (Lines 1 to 22)..... | 2,678,451 | 2,716,799 |
| 24. From Separate Accounts Statement..... | ..... | ..... |
| 25. Total liabilities (Lines 23 to 24)..... | 2,678,451 | 2,716,799 |
| 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..... | 762,879 | 717,849 |
| 30. Total (Lines 26 through 29) (including \$.....0 in Separate Accounts Statement)..... | 796,552 | 751,522 |
| 31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3)..... | 3,475,003 | 3,468,321 |

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 thru 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 thru 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 thru 2803 plus 2898) (Line 28 above)..... | 33,673 | 33,673 |

SUMMARY OF OPERATIONS

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| 1. Premiums and annuity considerations for life and accident and health contracts..... | 7,941 | 8,196 | 15,496 |
| 2. Considerations for supplementary contracts with life contingencies..... | | | |
| 3. Net investment income..... | 82,690 | 81,017 | 157,128 |
| 4. Amortization of Interest Maintenance Reserve (IMR)..... | 11,930 | 14,600 | 29,677 |
| 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..... | 13 | .0 | 53,672 |
| 9. Totals (Lines 1 to 8.3)..... | 102,574 | 103,813 | 255,973 |
| 10. Death benefits..... | 21,039 | 13,098 | 32,750 |
| 11. Matured endowments (excluding guaranteed annual pure endowments)..... | 1,259 | 790 | 2,679 |
| 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..... | 9,405 | 11,872 | 17,529 |
| 15. Interest and adjustments on contract or deposit-type contract funds..... | | | |
| 16. Payments on supplementary contracts with life contingencies..... | | | |
| 17. Increase in aggregate reserve for life and accident and health contracts..... | (15,000) | 6,000 | (33,000) |
| 18. Totals (Lines 10 to 17)..... | 16,703 | 31,760 | 19,958 |
| 19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)..... | | | |
| 20. Commissions and expense allowances on reinsurance assumed..... | | | |
| 21. General insurance expenses and fraternal expenses..... | 63,210 | 55,070 | 139,791 |
| 22. Insurance taxes, licenses and fees..... | 2,430 | 3,494 | 4,407 |
| 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 | 0 |
| 26. Totals (Lines 18 to 25)..... | 82,343 | 90,324 | 164,156 |
| 27. Net gain from operations before refunds to members (Line 9 minus Line 26)..... | 20,231 | 13,489 | 91,817 |
| 28. Refunds to members..... | 3,920 | 3,890 | 7,795 |
| 29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28)..... | 16,311 | 9,599 | 84,022 |
| 30. Net realized capital gains (losses) less capital gains tax of 842 (excluding \$.....0 transferred to the IMR)..... | | | |
| 31. Net income (Lines 29 + 30)..... | 16,311 | 9,599 | 84,022 |

SURPLUS ACCOUNT

| | | | |
|---|---------|---------|----------|
| 32. Surplus, December 31, prior year..... | 751,522 | 713,317 | 713,317 |
| 33. Net income from operations (Line 31)..... | 16,311 | 9,599 | 84,022 |
| 34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | 18,139 | | (30,273) |
| 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..... | 10,580 | (699) | (15,544) |
| 40. Surplus (contributed to) withdrawn from Separate Accounts during period..... | | | |
| 41. Other changes in surplus in Separate Accounts Statement..... | | | |
| 42. Change in surplus notes..... | | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Change in surplus as a result of reinsurance..... | | | |
| 45. Aggregate write-ins for gains and losses in surplus..... | 0 | .0 | 0 |
| 46. Net change in surplus for the year (Lines 33 through 45)..... | 45,030 | 8,900 | 38,205 |
| 47. Surplus as of statement date (Lines 32 + 46)..... | 796,552 | 722,217 | 751,522 |

DETAILS OF WRITE-INS

| | | | |
|---|----|----|--------|
| 08.301. AKRON SWISS SOCIETY DONATION..... | | | 52,262 |
| 08.302. REFUNDS AND DISCOUNTS..... | 13 | | 1,285 |
| 08.303. TAILSMEN ENRGY TENDER OFFER..... | | | 125 |
| 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)..... | 13 | .0 | 53,672 |
| 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. Balance Adjustment..... | | | |
| 4502. Change in Asset Adequacy Reserve..... | | | |
| 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 | 0 |

CASH FLOW

| | 1 Current Year to Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS | | | |
| 1. Premiums collected net of reinsurance..... | 7,941 | 8,196 | 15,496 |
| 2. Net investment income..... | 90,364 | 91,331 | 177,258 |
| 3. Miscellaneous income..... | 13 | | 53,672 |
| 4. Total (Lines 1 through 3)..... | 98,318 | 99,527 | 246,426 |
| 5. Benefit and loss related payments..... | 33,567 | 25,760 | 53,094 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 65,640 | 58,678 | 144,312 |
| 8. Dividends paid to policyholders..... | 3,920 | 3,890 | 7,795 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | | |
| 10. Total (Lines 5 through 9)..... | 103,127 | 88,328 | 205,201 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (4,809) | 11,199 | 41,225 |
| CASH FROM INVESTMENTS | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 25,842 | 93,955 | 134,920 |
| 12.2 Stocks..... | 25,000 | | |
| 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)..... | 50,842 | 93,955 | 134,920 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 125,482 | 113,128 | 113,128 |
| 13.2 Stocks..... | | | |
| 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)..... | 125,482 | 113,128 | 113,128 |
| 14. Net increase or (decrease) in contract loans and premium notes..... | 139 | (1,000) | (1,030) |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | (74,779) | (18,173) | 22,822 |
| 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)..... | 184 | (26) | (502) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | 184 | (26) | (502) |
| 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)..... | (79,404) | (7,000) | 63,545 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 127,844 | 64,299 | 64,299 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 48,440 | 57,299 | 127,844 |

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

| | | | |
|--------|--|--|--|
| 20,001 | | | |
|--------|--|--|--|

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..... | 7,941 | 8,196 | 15,496 |
| 2. Individual annuities..... | | | |
| 3. Accident and Health..... | | | |
| 4. Aggregate of all other lines of business..... | 0 | 0 | 0 |
| 5. Subtotal (Lines 1 through 4)..... | 7,941 | 8,196 | 15,496 |
| 6. Fraternal..... | | | |
| 7. Expenses..... | | | |
| 8. Subtotal (Lines 5 through 7)..... | 7,941 | 8,196 | 15,496 |
| 9. Deposit-type contracts..... | | | |
| 10. Total..... | 7,941 | 8,196 | 15,496 |

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 # | 2018 | 2017 |
|---|--------|----------|------------|------------|------------|
| NET INCOME | | | | | |
| (1) North American Swiss Alliance Company state basis (Page 4, Line 31, Columns 1 & 3) | XXX | XXX | XXX | \$ 16,311 | \$ 84,022 |
| (2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (3) State Permitted Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (4) NAIC SAP (1 – 2 – 3 = 4) | XXX | XXX | XXX | \$ 16,311 | \$ 84,022 |
| SURPLUS | | | | | |
| (5) North American Swiss Alliance Company state basis (Page 3, line 30, Columns 1 & 2) | XXX | XXX | XXX | \$ 796,552 | \$ 751,522 |
| (6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (7) State Permitted Practice that are an increase/(decrease) from NAIC SAP | | | | \$ | \$ |
| (8) NAIC SAP (5 – 6 – 7 = 8) | XXX | XXX | XXX | \$ 796,552 | \$ 751,522 |

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 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.

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

Bonds: Not backed by other loans at amortized cost using the interest method:

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 thecomposit method. Bonds rated NAIC Class 6 are valued at market and the basis is reduced and a realized loss is recognized.

(3) Basis for Common Stocks

None no common stocks owned.

(4) Basis for Preferred Stocks

Preferred Stock: Cost or Amortized Value in accordance with NAIC procedure

(5) Basis for Mortgage Loans

None, no mortgage loans.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan backed securities are handled the same as bonds as described in item C(2) above.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Society has no subsidiary.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Society has no ownershio interests in joint ventures or partnerships.

(9) Accounting Policies for Derivatives

The Society has no derivatives.

(10) Anticipated Investment Income Used in Premiums Deficiency Calculation

NOTES TO FINANCIAL STATEMENTS

None, no premium deficiency.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts
The Society has neither Individual Accident and Health Contracts; nor Group Accident and Health Contracts.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Society has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
The Society has no pharmaceutical rebates.

D. Going Concern

After carefully evaluating the Alliance's ability to continue as 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

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments**A. Mortgage Loans, including Mezzanine Real Estate Loans****(1) Maximum and Minimum Lending Rates**

NOT APPLICABLE AS THE ALLIANCE HAD NO MORTGAGES DURING THE PERIOD.

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgage was:

NOT APPLICABLE

B. Debt Restructuring -NONE**C. Reverse Mortgages -NONE****D. Loan Backed Securities- NONE****E. Dollar Repurchase Agreements and/or Securities Lending Transactions -NONE****F. Repurchase Agreements Transactions Accounted for as Secured Borrowing-NONE****G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing- NONE
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions-NONE****(1) Company Policy or Strategies for Engaging in Repo Programs- NONE****H. Repurchase Agreements Transactions Accounted for as a Sale-NONE****I. Reverse Repurchase Agreements Transactions Accounted for as a Sale- NONE****J. Real Estate- NONE****K. Low-Income Housing Tax Credits (LIHTC)-NONE****L. Restricted Assets-NONE****M. Working Capital Finance Investments-NONE****N. Offsetting and Netting of Assets and Liabilities- NONE****Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

NOTES TO FINANCIAL STATEMENTS

H. Total Premium Costs for Contracts
NOT APPLICABLE

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
NOT APPLICABLE

- (1) Information on the Nature of the Agreement
NOT APPLICABLE
- (2) FHLB Capital Stock -none
- (3) Collateral Pledged to FHLB-none
- (4) Borrowing from FHLB-none

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

A. Defined Benefit Plan

- (1) Change in Benefit Obligation
The Society does not have any retirement plans, deferred compensation plans, or postretirement benefit plans for its officers and employees.

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

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

The Society had no sales, transfers or servicing financial assets in the quarter.

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. Fair Value Measurements
(1) Fair Value Measurements at Reporting Date

There are no assets reported at Fair Value

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

There are no assets in Level 3

- (3) Policies when Transfers Between Levels are Recognized

NOT APPLICABLE

- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

NOT APPLICABLE

NOTES TO FINANCIAL STATEMENTS

(5) Fair Value Disclosures

NOT APPLICABLE

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

NOT APPLICABLE

C. Fair Value Level

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Not Practicable (Carrying Value) | Net Asset Value (NAV) Included in Level 2 |
|------------------------------|----------------------|-----------------|------------|--------------|-----------|----------------------------------|---|
| BONDS | \$ 3,131,678 | \$ 3,106,436 | \$ | \$ 3,131,679 | \$ | \$ | \$ |
| PREFERRED STOCKS | \$ 266,527 | \$ 268,889 | \$ 266,527 | \$ | \$ | \$ | \$ |
| CASH | \$ 48,440 | \$ 48,440 | \$ 48,440 | \$ | \$ | \$ | \$ |
| TOTAL | \$ 3,446,645 | \$ 3,423,765 | \$ 314,967 | \$ 3,131,679 | \$ | \$ | \$ |

D. Not Practicable to Estimate Fair Value

NOT APPLICABLE

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through [redacted] for these statutory financial statements which are to be issued on [redacted]. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used by the Reporting Entity to Estimate Accrued Retrospective Premium Adjustments

NOT APPLICABLE

B. Disclose Whether Accrued Retrospective Premiums are Recorded Through Written Premium or as an Adjustment to Earned Premium

NOT APPLICABLE

C. Disclose the Amount of Net Premiums Written Subject to Retrospective Rating Features

NOT APPLICABLE

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

NOT APPLICABLE

E. Risk Sharing Provisions of the Affordable Care Act

NOT APPLICABLE

(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]

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

NO CHANGES OCCURRED IN THIS QUARTER.

B. Information about Significant Changes in Methodologies and Assumptions

NO CHANGES OCCURRED IN THE METHODOLOGIES AND ASSUMPTIONS USED IN CALCULATING THE LIABILITY FOR UNPAID LOSSES.

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

No significant changes

NOTES TO FINANCIAL STATEMENTS

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 [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

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? Yes [] No [X] N/A []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

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). 05/18/2015

6.4 By what department or departments?

OHIO DEPARTMENT OF INSURANCE

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 [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

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

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

(c) Compliance with applicable governmental laws, rules and regulations;

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

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____ 0

13. Amount of real estate and mortgages held in short-term investments: \$ _____ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

| | |
|-------|---|
| 14.21 | Bonds |
| 14.22 | Preferred Stock |
| 14.23 | Common Stock |
| 14.24 | Short-Term Investments |
| 14.25 | Mortgage Loans on Real Estate |
| 14.26 | All Other |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above |

| 1 | 2 |
|---|--|
| Prior Year End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| \$ 0 | \$ 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| \$ 0 | \$ 0 |
| \$ 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 | 2 |
|----------------------|--|
| Name of Custodian(s) | Custodian Address |
| WELLS FARGO ADVISORS | 950 MAIN AVE STE 300 CLEVELAND, OH 44113 |

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 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | 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 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | 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 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| ALOIS AMSTUTZ, PRESIDENT | 1 |

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 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | 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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No []

North American Swiss Alliance
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: | Responses |
| 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.....

THERE ARE NO RISKS ASSUMED FROM ANOTHER COMPANY

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 []

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 []

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

5.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?..... Yes [] No []

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 |
|------|--------------------------|
| | |

6. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [X] No []

6.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?..... Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

NONE

North American Swiss Alliance

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | Active Status (a) | 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 | 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 | 4,021 | | | 4,021 | |
| 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 |
| 59. Subtotals..... | | (a)XXX | 4,021 | 0 | 0 | 4,021 | 0 |
| 90. Reporting entity contributions for employee benefit plans | | ..XXX | | | | 0 | |
| 91. Dividends or refunds applied to purchase paid-up additions and annuities..... | | ..XXX | 3,920 | | | 3,920 | |
| 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 |
| 95. Totals (Direct Business)..... | | ..XXX | 7,941 | 0 | 0 | 7,941 | 0 |
| 96. Plus reinsurance assumed..... | | ..XXX | | | | 0 | |
| 97. Totals (All Business)..... | | ..XXX | 7,941 | 0 | 0 | 7,941 | 0 |
| 98. Less reinsurance ceded..... | | ..XXX | | | | 0 | |
| 99. Totals (All Business) less reinsurance ceded..... | | ..XXX | 7,941 | 0 | 0 | 7,941 | 0 |

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 |

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 55

Sch. Y - Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

North American Swiss Alliance

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:

North American Swiss Alliance
Overflow Page for Write-Ins

NONE

North American Swiss Alliance
SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | |
| 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)..... | 0 | 0 |
| 10. Deduct total nonadmitted amounts..... | | |
| 11. Statement value at end of current period (Line 9 minus Line 10)..... | 0 | 0 |

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 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 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)..... | 0 | 0 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 0 | 0 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 3,291,070 | 3,359,946 |
| 2. Cost of bonds and stocks acquired..... | 125,482 | 113,128 |
| 3. Accrual of discount..... | 412 | 826 |
| 4. Unrealized valuation increase (decrease)..... | 18,139 | (30,273) |
| 5. Total gain (loss) on disposals..... | 842 | 3,571 |
| 6. Deduct consideration for bonds and stocks disposed of..... | 50,842 | 134,920 |
| 7. Deduct amortization of premium..... | 9,778 | 21,209 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... | 3,375,325 | 3,291,070 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 3,375,325 | 3,291,070 |

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)..... | 1,779,028 | 30,775 | .25,000 |(3,328) | 1,779,028 |1,781,475 | |1,782,380 |
| 2. NAIC 2 (a)..... | 1,126,467 | 34,524 | | 109,944 | 1,126,467 |1,270,935 | |1,067,621 |
| 3. NAIC 3 (a)..... | 80,962 | | | (26,936) | 80,962 |54,026 | |80,977 |
| 4. NAIC 4 (a)..... | | | | | |0 | | |
| 5. NAIC 5 (a)..... | 71,810 | | | (71,810) | 71,810 |0 | |66,203 |
| 6. NAIC 6 (a)..... | | | | | |0 | | |
| 7. Total Bonds..... | 3,058,267 | 65,299 | .25,000 | 7,870 | 3,058,267 |3,106,436 |0 |2,997,181 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | | | | | |0 | | |
| 9. NAIC 2..... | 268,889 | | | | 268,889 |268,889 | |293,889 |
| 10. NAIC 3..... | | | | | |0 | | |
| 11. NAIC 4..... | | | | | |0 | | |
| 12. NAIC 5..... | | | | | |0 | | |
| 13. NAIC 6..... | | | | | |0 | | |
| 14. Total Preferred Stock..... | 268,889 | 0 | 0 | 0 | 268,889 |268,889 |0 |293,889 |
| 15. Total Bonds and Preferred Stock..... | 3,327,156 | 65,299 | .25,000 | 7,870 | 3,327,156 |3,375,325 |0 |3,291,070 |

(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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

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 - Pt. 2 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 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation or Market Indicator (a) |
|--|-----------------------|--------------|--------------------|---------------------------|--------------------------------|------------------|----------------|--|---|
| Bonds - Industrial and Miscellaneous | | | | | | | | | |
| 02209S AS 2 | ALTRIA GROUP INC..... | | 05/03/2018..... | WELLS FARGO ADVISORS..... | | 30,775 | 30,000 | 310 | 1..... |
| 172967 KG 5 | CITIGROUP INC..... | | 05/02/2018..... | WELLS FARGO ADVISORS..... | | 34,524 | 35,000 | 399 | 2..... |
| 3899999. Total - Bonds - Industrial and Miscellaneous..... | | | | | | 65,299 | 65,000 | 709 | XXX..... |
| 8399997. Total - Bonds - Part 3..... | | | | | | 65,299 | 65,000 | 709 | XXX..... |
| 8399999. Total - Bonds..... | | | | | | 65,299 | 65,000 | 709 | XXX..... |
| 9999999. Total - Bonds, Preferred and Common Stocks..... | | | | | | 65,299 | XXX | 709 | XXX..... |

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

QE04

SCHEDULE D - PART 4

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

| 1 CUSIP Identification | 2 Description | 3 F o r eig n Disposal Date | 4 Name of Purchaser | 5 Number of Shares of Stock | 6 Consideration | 7 Par Value | 8 Actual Cost | 9 Prior Year Book/Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest / Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Designation or Market Indicator (a) | | |
|---|---|---|------------------------|--------------------------------|--------------------|----------------|------------------|--|--|---|---|---|---|---|--|--|-------------------------------------|--|--|--|--------|-----|
| | | | | | | | | | 11 Unrealized Valuation Increase (Decrease) | 12 Current Year's (Amortization) / Accretion | 13 Current Year's Other-Than-Temporary Impairment Recognized | 14 Total Change in B/A.C.V. (11+12-13) | 15 Total Foreign Exchange Change in B.I.A.C.V. | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | | | | | | | | | | | | | |
| 585055 AS 5 | MEDTRONIC INC..... | 04/27/2018. | CALLED..... | | 25,842 | 25,000 | 24,960 | 25,000 | | | | 0 | | 25,000 | | .842 | .842 | .842 | 686 | 03/15/2020. | 1..... | |
| 3899999. | Total - Bonds - Industrial and Miscellaneous..... | | | | 25,842 | 25,000 | 24,960 | 25,000 | .0 | .0 | 0 | 0 | | 25,000 | | 0 | .842 | .842 | .842 | 686 | XXX | XXX |
| 8399997. | Total - Bonds - Part 4..... | | | | 25,842 | 25,000 | 24,960 | 25,000 | .0 | .0 | 0 | 0 | | 25,000 | | 0 | .842 | .842 | .842 | 686 | XXX | XXX |
| 8399999. | Total - Bonds..... | | | | 25,842 | 25,000 | 24,960 | 25,000 | .0 | .0 | 0 | 0 | | 25,000 | | 0 | .842 | .842 | .842 | 686 | XXX | XXX |
| 9999999. | Total - Bonds, Preferred and Common Stocks..... | | | | 25,842 | XXX | 24,960 | 25,000 | .0 | .0 | 0 | 0 | | 25,000 | | 0 | .842 | .842 | .842 | 686 | 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

North American Swiss Alliance**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|-----------------|-----------|-----------------------|---|---|---|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |

Open Depositories

| | | | | | | | | |
|---------------------------------------|-----|-------|------|----|---------|---------|---------|-----|
| KEY BANK CHECKING..... | | | | | 10,171 | 3,660 | .1,721 | XXX |
| WELLS FARGO SWEEP ACCOUNT..... | | 0.001 | 34 | | 82,789 | 5,604 | .10,504 | XXX |
| GBU ACCOUNT..... | | 3.000 | .654 | | 35,852 | 35,852 | .36,215 | XXX |
| 0199999. Total Open Depositories..... | XXX | XXX | .688 | .0 | 128,812 | .45,116 | .48,440 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX | .688 | .0 | 128,812 | .45,116 | .48,440 | XXX |
| 0599999. Total Cash..... | XXX | XXX | .688 | .0 | 128,812 | .45,116 | .48,440 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due & Accrued | 9 Amount Received During Year |
|------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|
|------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|

NONE