



ANNUAL STATEMENT

For the Year Ended December 31, 2018
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
Randall B. Floyd #	Third Vice President		

DIRECTORS OR TRUSTEES

Denise Aeling Crawford	Robert Burns Cunningham III	Randall B. Floyd	Monica Frances Gilles
Joan Annette Miller-Malue	Barbara A. Spack	Jacob F. Spor	Michael Teutsch Jr. #
Monica Marie Weber	Ingrid E. Weihs-Ferguson #	Margarete I. Ziegler #	

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 _____ 2019

a. Is this an original filing?

Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	74,376,406		74,376,406	71,982,645
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	868,114		868,114	953,857
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	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 (\$.....3,001,359, Schedule E-Part 1), cash equivalents (\$.....4,035,158, Schedule E-Part 2) and short-term investments (\$.....7,977,805, Schedule DA).....	15,014,321		15,014,321	12,383,802
6. Contract loans (including \$.....0 premium notes).....	211,402		211,402	201,391
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	1,637,245		1,637,245	2,656,586
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	92,115,438	0	92,115,438	88,186,231
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,084,234		1,084,234	1,107,442
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).....	6,212		6,212	4,321
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.....	1,533		1,533	6,102
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	3,432
25. Aggregate write-ins for other-than-invested assets.....	607,790	604,623	3,167	6,333
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	93,815,207	604,623	93,210,584	89,313,861
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	93,815,207	604,623	93,210,584	89,313,861

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Retirement Funds.....	604,623	604,623	0	
2502. Deposit.....	3,167		3,167	6,333
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	607,790	604,623	3,167	6,333

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	71,181,342	68,463,084
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	8,189,011	8,489,150
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	1,184,003	1,024,077
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....		
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 (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	1,308	1,573
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....		
8.3 Interest Maintenance Reserve (IMR, Line 6).....	375,878	15,622
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	(20)	
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	21,915	11,536
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	3,581	3,838
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 (AVR, Line 16, Col. 7).....	296,806	510,317
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.....	523,011	508,799
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	81,831,835	79,082,996
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	81,831,835	79,082,996
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.....	11,378,750	10,230,865
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	11,378,750	10,230,865
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	93,210,585	89,313,861

DETAILS OF WRITE-INS		
2201. Scholarship Fund.....	511,461	508,799
2202. Payroll Withholdings.....	11,550	
2203.		
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....	523,011	508,799
2601.		
2602.		
2603.		
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 through 2603 plus 2698) (Line 26 above).....	0	0
2801.		
2802.		
2803.		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....	0	0

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	3,714,007	2,858,249
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,471,804	4,373,195
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	104,813	38,242
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	3,201	951
9. Totals (Lines 1 to 8.3).....	8,293,825	7,270,637
10. Death benefits.....	281,571	263,209
11. Matured endowments (excluding guaranteed annual pure endowments).....	1,000	5,595
12. Annuity benefits.....	3,051,763	3,600,337
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....		
14. Surrender benefits and withdrawals for life contracts.....	45,340	26,088
15. Interest and adjustments on contract or deposit-type contracts funds.....	281,127	286,746
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	2,718,262	1,483,109
18. Totals (Lines 10 to 17).....	6,379,063	5,665,084
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....	4,425	4,155
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	838,769	785,188
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	21,273	21,416
23. Increase in loading on deferred and uncollected premiums.....	574	(47)
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		
25. Aggregate write-ins for deductions.....	0	0
26. Totals (Lines 18 to 25).....	7,244,104	6,475,796
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	1,049,721	794,841
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	51,774	51,780
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	997,947	743,061
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....465,068 transferred to the IMR).....	55,051	(79,638)
31. Net income (Lines 29 + 30).....	1,052,998	663,423
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	10,230,865	9,519,420
33. Net income from operations (Line 31).....	1,052,998	663,423
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	(118,625)	(9,608)
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....	(17,513)	(32,509)
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.....	213,511	57,556
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.....	17,514	32,583
46. Net change in surplus for the year (Lines 33 through 45).....	1,147,885	711,445
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	11,378,750	10,230,865
DETAILS OF WRITE-INS		
08.301. Miscellaneous Income.....	3,201	951
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	3,201	951
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0
4501. Retirement Funds Adjusment.....	17,514	32,583
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above).....	17,514	32,583

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	3,713,283	2,958,251
2. Net investment income.....	4,494,635	4,376,783
3. Miscellaneous income.....	3,201	951
4. Total (Lines 1 through 3).....	8,211,119	7,335,985
5. Benefit and loss related payments.....	3,442,809	4,426,485
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	864,467	812,552
8. Dividends paid to policyholders.....	51,774	51,780
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	4,359,050	5,290,817
11. Net cash from operations (Line 4 minus Line 10).....	3,852,069	2,045,168
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	3,471,342	2,556,138
12.2 Stocks.....	181,944	407,577
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....	1,182,788	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	18,579	
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	4,854,653	2,963,715
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	5,719,681	7,839,430
13.2 Stocks.....	159,775	
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		574,435
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,879,456	8,413,865
14. Net increase (decrease) in contract loans and premium notes.....	10,011	36,957
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,034,814)	(5,487,107)
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).....	(186,736)	229,522
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(186,736)	229,522
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	2,630,519	(3,212,417)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	12,383,802	15,596,219
19.2 End of year (Line 18 plus Line 19.1).....	15,014,321	12,383,802

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

20.0001
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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	68,463,080	7,922,130	60,540,950	
2. Tabular net premiums or considerations.....	3,707,471	71,783	3,635,688	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	2,627,417	314,754	2,312,663	
5. Tabular less actual reserve released.....	(239,677)		(239,677)	
6. Increase in reserve on account of change in valuation basis.....	0			
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve.....	0		XXX	XXX
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	74,558,291	8,308,667	66,249,624	0
9. Tabular cost.....	137,518	137,518		XXX
10. Reserves released by death.....	65,448	65,448	XXX	XXX
11. Reserves released by other terminations (net).....	3,173,302	181,793	2,991,509	
12. Annuity, supplementary contract and disability payments involving life contingencies.....	681	681		
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	3,376,949	385,440	2,991,509	0
15. Reserve December 31, current year.....	71,181,342	7,923,227	63,258,115	0

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....66,149	.....66,149
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....4,104,837	.....4,075,127
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated).....	(b).....	.....
2.11	Preferred stocks of affiliates.....	(b).....	.....
2.2	Common stocks (unaffiliated).....	.....20,724	.....20,724
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c).....	.....
4.	Real estate.....	(d).....6,000	.....6,000
5.	Contract loans.....	.....11,771	.....12,025
6.	Cash, cash equivalents and short-term investments.....	(e).....167,835	.....174,082
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....201,064	.....201,064
9.	Aggregate write-ins for investment income.....	.....0	.....0
10.	Total gross investment income.....	4,578,379	4,555,170
11.	Investment expenses.....		(g).....80,037
12.	Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....3,331
13.	Interest expense.....		(h).....
14.	Depreciation on real estate and other invested assets.....		(i).....0
15.	Aggregate write-ins for deductions from investment income.....		.....0
16.	Total deductions (Lines 11 through 15).....		83,368
17.	Net investment income (Line 10 minus Line 16).....		4,471,802

DETAILS OF WRITE-INS

0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		0
(a)	Includes \$.....15,666 accrual of discount less \$.....190,998 amortization of premium and less \$.....59,893 paid for accrued interest on purchases.		
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e)	Includes \$.....129,161 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i)	Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds.....	.....	.....	.....0	.....	.....
1.1	Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated).....	.....281,694	.....	.....281,694	.....	.....
1.3	Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....55,051	.....	.....55,051	.....(118,625)	.....
2.21	Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3.	Mortgage loans.....	.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....18,579	.....	.....18,579	.....	.....
7.	Derivative instruments.....	.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....164,795	.....	.....164,795	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses).....	520,120	0	520,120	(118,625)	0

DETAILS OF WRITE-INS

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

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

	1	Insurance					7	8
	Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)	Fraternal	Expense
FIRST YEAR (other than single)								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	2,925	2,925				2,925		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	2,925	2,925				2,925		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	2,925	2,925	0	0	0	2,925	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	2,925	2,925	0	0	0	2,925	0	0
6. Collected during year:								
6.1 Direct.....	549,169	1,584	547,585			549,169		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	549,169	1,584	547,585	0	0	549,169	0	0
7. Line 5 + Line 6.4.....	552,094	4,509	547,585	0	0	552,094	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	301	301				301		
9. First year premiums and considerations:								
9.1 Direct.....	551,793	4,208	547,585			551,793		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	551,793	4,208	547,585	0	0	551,793	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	110,155	50,799	59,356			110,155		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	110,155	50,799	59,356	0	0	110,155	0	0
RENEWAL								
11. Uncollected.....	0					0		
12. Deferred and accrued.....	4,917	4,917				4,917		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	4,917	4,917				4,917		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	4,917	4,917	0	0	0	4,917	0	0
14. Advance.....	1,308	1,308				1,308		
15. Line 13.4 - Line 14.....	3,609	3,609	0	0	0	3,609	0	0
16. Collected during year:								
16.1 Direct.....	3,055,490	26,743	3,028,747			3,055,490		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	3,536	3,536				3,536		
16.4 Net.....	3,051,954	23,207	3,028,747	0	0	3,051,954	0	0
17. Line 15 + Line 16.4.....	3,055,563	26,816	3,028,747	0	0	3,055,563	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	3,503	3,503				3,503		
19. Renewal premiums and considerations:								
19.1 Direct.....	3,055,596	26,849	3,028,747			3,055,596		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	3,536	3,536				3,536		
19.4 Net (Line 17 - Line 18).....	3,052,060	23,313	3,028,747	0	0	3,052,060	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	3,717,544	81,856	3,635,688	0	0	3,717,544	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	3,536	3,536	0	0	0	3,536	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	3,714,008	78,320	3,635,688	0	0	3,714,008	0	0

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

10

	1	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	0					0		
22. All other.....	39,202	39,202				39,202		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	0					0		
23.2 Reinsurance assumed.....	0					0		
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....	0					0		
24.2 Reinsurance assumed.....	0					0		
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....	0					0		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	3,669	276	3,393			3,669		
28. Single.....	756	756				756		
29. Renewal.....	0					0		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	4,425	1,032	3,393	0	0	4,425	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Rent.....	6,000						6,000
2.	Salaries and wages.....	239,579						239,579
3.11	Insured benefit plans for employees.....	63,913						63,913
3.12	Insured benefit plans for fieldworkers.....							0
3.21	Uninsured benefit plans for employees.....							0
3.22	Uninsured benefit plans for fieldworkers.....							0
3.31	Other employee welfare.....							0
3.32	Other fieldworker welfare.....							0
4.1	Legal fees and expenses.....							0
4.2	Medical examination fees.....	480						480
4.3	Inspection report fees.....							0
4.4	Fees of public accountants and consulting actuaries.....	175,783						175,783
4.5	Expense of investigation and settlement of certificate claims.....							0
5.1	Traveling expenses.....							0
5.2	Advertising.....	33,428						33,428
5.3	Postage, express, telegraph and telephone.....	19,865						19,865
5.4	Printing and stationery.....	1,726						1,726
5.5	Cost or depreciation of furniture and equipment.....							0
5.6	Rental of equipment.....							0
5.7	Cost or depreciation of EDP equipment and software.....	4,569						4,569
5.8	Lodge supplies less \$.....0 from sales.....							0
6.1	Books and periodicals.....	4,893						4,893
6.2	Bureau and association dues.....	3,625						3,625
6.3	Insurance, except on real estate.....	9,433						9,433
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....	2,600						2,600
6.6	Sundry general expenses.....	73,458						73,458
7.1	Field expense allowance.....							0
7.2	Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3	Field conferences other than local meetings.....						14,627	14,627
8.1	Official publications.....						77,220	77,220
8.2	Expense of supreme lodge meetings.....							0
9.1	Real estate expenses.....					13,457		13,457
9.2	Investment expenses not included elsewhere.....					66,580		66,580
9.3	Aggregate write-ins for expenses.....	23,604	0	0	0	0	83,966	107,570
10.	General expenses incurred.....	662,956	0	0	0	80,037	(a).....175,813	(b).....918,806
11.	General expenses unpaid December 31, prior year.....	9,420				385	1,731	11,536
12.	General expenses unpaid December 31, current year.....	19,333				265	2,317	21,915
13.	General expenses paid during year (Lines 10 + 11 - 12).....	653,043	0	0	0	80,157	175,227	908,427

DETAILS OF WRITE-INS

09.301	Cultural Funds and Scholarships - net.....						83,966	83,966
09.302	Branch sharing.....	8,301						8,301
09.303	Per diem.....	14,700						14,700
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	603	0	0	0	0	0	603
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	23,604	0	0	0	0	83,966	107,570

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

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health		Investment	Fraternal	Total
1.	Real estate taxes.....				3,331		3,331
2.	State insurance department licenses and fees.....	2,285					2,285
3.	Other state taxes, including \$.....0 for employee benefits.....	419					419
4.	U.S. Social Security taxes.....	18,328					18,328
5.	All other taxes.....	241					241
6.	Taxes, licenses and fees Incurred.....	21,273	0	0	3,331	0	24,604
7.	Taxes, licenses and fees unpaid December 31, prior year.....	250			3,588		3,838
8.	Taxes, licenses and fees unpaid December 31, current year.....	250			3,331		3,581
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	21,273	0	0	3,588	0	24,861

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums.....		
2.	Applied to shorten the endowment or premium-paying period.....		
3.	Applied to provide paid-up additions.....	39,202	
4.	Applied to provide paid-up annuities.....		
5.	Total (Lines 1 to 4).....	39,202	0
6.	Paid in cash.....	3,382	
7.	Left on deposit.....	9,191	
8.	Aggregate write-ins for dividend or refund.....	0	0
9.	Total (Lines 5 to 8).....	51,775	0
10.	Amount due and unpaid.....		
11.	Provision for dividends or refunds payable in the following calendar year.....	55,000	
12.	Terminal dividends.....		
13.	Provision for deferred dividend contracts.....		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15.	Total (Line 10 through Line 14).....	55,000	0
16.	Total from prior year.....	55,000	
17.	Total dividends or refunds (Line 9 + 15 - 16).....	51,775	0

DETAILS OF WRITE-INS

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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. 1902-1947 AE 3.5% & 4% AE 2.5% & 3%.....	83,722		83,722		
0100002. 1948-1966 AM 2.5%.....	713,383		713,383		
0100003. 1958-1965 41 CSI 3%.....	12,192		12,192		
0100004. 1966-1988 58 CSO 3%.....	1,648,238		1,648,238		
0100005. 2006-2008 80 CSO 4.00%.....	225,890		225,890		
0100006. 1995-2005 80 CSO 4.50%.....	2,462,517		2,462,517		
0100007. 1987-1994 80 CSO 4.75%.....	2,134,345		2,134,345		
0100008. 1993-1994 80 CSO 5%.....	35,751		35,751		
0100009. 1987-1992 80 CSO 5.5%.....	282,625		282,625		
0100010. 2009-2012 01 CSO 4.0%.....	117,421		117,421		
0100011. 2012- 01 CSO 3.5%.....	117,900		117,900		
0100012. 1966-1988 58 CET 3%.....	55,856		55,856		
0100013. 1995-2005 80 CET 4.5%.....	4,590		4,590		
0100014. 1993-1994 80 CET 5%.....	477		477		
0100015. 1987-1992 80 CET 5.5%.....	14,009		14,009		
0199997. Totals (Gross).....	7,908,916	0	7,908,916	0	0
0199998. Reinsurance ceded.....	1,026		1,026		
0199999. Totals (Net).....	7,907,890	0	7,907,890	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. FPDA (accumulation) (4.5% Guar).....	36,209,134	XXX	36,209,134	XXX	
0200002. FPDA (accumulation) (3.0% Guar).....	22,130,141	XXX	22,130,141	XXX	
0200003. FPDA (accumulation) (1.75% Guar).....	558,285	XXX	558,285	XXX	
0200004. FPDA (accumulation) (1.5% Guar).....	2,079,053	XXX	2,079,053	XXX	
0200005. FPDA Rider (accumulation) (4.5% Guar).....	222,665	XXX	222,665	XXX	
0200006. SPIA '83a (setback 1 yr) M/F 6.50%.....	35,886	XXX	35,886	XXX	
0200007. SPIA '83a (setback 1 yr) M/F 6.25%.....	51,682	XXX	51,682	XXX	
0200008. SPIA '83a (setback 1 yr) M/F 4.50%.....	1,361,570	XXX	1,361,570	XXX	
0200009. SPIA '83a (setback 1 yr) M/F 3.00%.....	188,364	XXX	188,364	XXX	
0200010. SPIA '83a (setback 1 yr) M/F 2.50%.....	99,531	XXX	99,531	XXX	
0200011. SPIA '83a (setback 1 yr) M/F 2.25%.....	321,807	XXX	321,807	XXX	
0299997. Totals (Gross).....	63,258,118	XXX	63,258,118	XXX	0
0299999. Totals (Net).....	63,258,118	XXX	63,258,118	XXX	0
Accidental Death Benefits:					
0400001. Interco DI with 41CSO 2.5%.....	850		850		
0400002. 59 ADB & 58 CSO 3%.....	857		857		
0400003. Dismemberment Benefits.....	5,253		5,253		
0499997. Totals (Gross).....	6,960	0	6,960	0	0
0499999. Totals (Net).....	6,960	0	6,960	0	0
Disability - Active Lives:					
0500001. 52 Disability Study, per 4, Ben 5 w/ 58 CSO 3%.....	1,393		1,393		
0599997. Totals (Gross).....	1,393	0	1,393	0	0
0599998. Reinsurance ceded.....	50		50		
0599999. Totals (Net).....	1,343	0	1,343	0	0
Miscellaneous Reserves:					
0700001. Non-Deduction.....	2,630		2,630		
0700002. Rated Premiums - ½ Annual.....	4,401		4,401		
0799997. Totals (Gross).....	7,031	0	7,031	0	0
0799999. Totals (Net).....	7,031	0	7,031	0	0
9999999. Totals (Net) - Page 3, Line 1.....	71,181,342	0	71,181,342	0	0

EXHIBIT 5 - INTERROGATORIES

1.1

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

Yes [☐]No [☒]

1.2

If not, state which kind is issued

Participating

2.1

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

Yes [☐]No [☒]

2.2

If not, state which kind is issued

Participating

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [☒]No [☐]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

See the attached Actuarial Opinion on Nonguaranteed Elements

4.

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

Yes [☐]No [☒]

4.1

Amount of insurance:

\$.....

4.2

Amount of reserve:

\$.....

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during year:

\$.....

5.

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

6.

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

Yes [☐]No [☒]

6.1

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

\$.....

6.2

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

\$.....

7.

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

Yes [☐]No [☒]

7.1

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

\$.....

7.2

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

7.3

State the amount of reserves established for this business:

\$.....

7.4

Identify where the reserves are reported in the blank.

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?

Yes [☐]No [☒]

8.1

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

\$.....

8.2

State the amount of reserves established for this business.

\$.....

8.3

Identify where the reserves are reported in the blank.

9.

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

Yes [☐]No [☒]

9.1

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

\$.....

9.2

State the amount of reserves established for this business.

\$.....

9.3

Identify where the reserves are reported in the blank.

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

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

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

NONE

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

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	.....8,489,146	.....3,333,270	.....1,902,302	.....2,097,879	.....840,317	.....315,378
2. Deposits received during the year.....	.....552,924	.....16,400	.....497,948	.....24,000	.....9,191	.....5,385
3. Investment earnings credited to the account.....	.....275,188	.....90,891	.....55,274	.....87,058	.....36,607	.....5,358
4. Other net change in reserves.....	.....0	.....	.....	.....	.....	.....
5. Fees and other charges assessed.....	.....0	.....	.....	.....	.....	.....
6. Surrender charges.....	.....0	.....	.....	.....	.....	.....
7. Net surrender or withdrawal payments.....	.....1,128,249	.....125,502	.....732,207	.....235,296	.....25,400	.....9,844
8. Other net transfers to or (from) Separate Accounts.....	.....0	.....	.....	.....	.....	.....
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....8,189,009	.....3,315,059	.....1,723,317	.....1,973,641	.....860,715	.....316,277
10. Reinsurance balance at the beginning of the year.....	.....0	.....	.....	.....	.....	.....
11. Net change in reinsurance assumed.....	.....0	.....	.....	.....	.....	.....
12. Net change in reinsurance ceded.....	.....0	.....	.....	.....	.....	.....
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	.....8,189,009	.....3,315,059	.....1,723,317	.....1,973,641	.....860,715	.....316,277

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

Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b)0	(b)0	0	(b)0	(b)0	0	0	0	0
2.2 Other:											
2.21 Direct.....	1,172,003		110,290	1,061,713							
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	1,172,003	0	(b)110,290	(b)1,061,713	0	(b)0	(b)0	0	(b)0	(b)0	(b)0
3. Incurred but unreported:											
3.1 Direct.....	12,000		12,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	12,000	0	(b)12,000	(b)0	0	(b)0	(b)0	0	(b)0	(b)0	(b)0
4. Totals:											
4.1 Direct.....	1,184,003	0	122,290	1,061,713	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	1,184,003	(a)0	(a)122,290	1,061,713	0	0	(a)0	0	0	0	0

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

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

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

Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
			Life Insurance (b)	Individual Annuities	Supplementary Contracts		Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
	Total	Industrial Life (a)									
1. Settlements during the year:											
1.1 Direct.....	3,227,834		339,561	2,888,273							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net..... (d)	3,227,834	0	339,561	2,888,273	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	1,184,003	0	122,290	1,061,713	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	1,184,003	0	122,290	1,061,713	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	1,024,077		65,600	958,477							
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	1,024,077	0	65,600	958,477	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	3,387,760	0	396,251	2,991,509	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	3,387,760	0	396,251	2,991,509	0	0	0	0	0	0	0

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

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

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

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	604,623	587,110	(17,513)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	604,623	587,110	(17,513)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	604,623	587,110	(17,513)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Retirement Funds.....	604,623	587,110	(17,513)
2502. Deposit.....			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	604,623	587,110	(17,513)

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) Company state basis (Page 4, Line 31, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,052,998	\$ 663,423
(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	\$ 1,052,998	\$ 663,423
SURPLUS					
(5) Company state basis (Page 3, Line 30, Columns 1 & 2)	XXX	XXX	XXX	\$ 11,378,750	\$ 10,230,865
(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	\$ 11,378,750	\$ 10,230,865

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

Asset values are generally stated as follows:

1. Short-term investments -- Accounted for in the same manner as similar long-term investments.
2. Bonds -- Amortized cost using the scientific method, except where other values are required by the NAIC Valuations of Securities manual.
3. Common Stocks -- Market values provided by the NAIC Valuations of Securities manual.
4. Preferred Stocks -- Original cost where permitted by the NAIC Valuations of Securities manual.
5. Mortgage Loans -- Aggregate unpaid balances.
6. The Society does not have any loan-backed bonds or structured securities.
7. The Society has no subsidiaries.
8. The Society does not have minor ownership interests in joint ventures.
9. There are no derivatives.
10. The Society does not anticipate investment income to be a factor in the premium deficiency calculation.
11. The Society does not issue accident and health contracts.
12. The Society has not modified its capitalization policy from the prior period.
13. The Society does not have Pharmaceutical Rebate receivables.

Note 2 – Accounting Changes and Corrections of Errors: NONE

Note 3 – Business Combinations and Goodwill: NONE

Note 4 – Discontinued Operations: NONE

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: NONE
- 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
- 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
- O. Structured Assets: NONE
- P. 5* Securities: NONE
- Q. Short Sales: NONE
- R. Prepayment Penalty and Acceleration Fees:

The Society received extra proceeds from a call on Lincoln National Corporation bond.

	General Account	Separate Account
(1) Number of CUSIPs	1	
(2) Aggregate Amount of Investment Income	\$ 39,060	\$

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies: NONE

NOTES TO FINANCIAL STATEMENTS

Note 7 – Investment Income

Due and accrued income was excluded from investment income on the following basis:		
Bonds -- where collection of interest is delayed	Amount:	\$0
Mortgage Loans -- Interest is delinquent more than three (3) months		
Amount:	\$0	
Real Estate -- Rent is in arrears more than three (3) months	Amount:	\$0

Note 8 – Derivative Instruments: NONE

Note 9 – Income Taxes: NONE

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties: NONE

Note 11 – Debt: NONE

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

E. Defined Contribution Plans: Alliance of Transylvanian Saxons employees are covered by a qualified defined contribution pension plan sponsored by the Alliance of Transylvanian Saxons.

Contributions of 10% of each employee's compensation are made each year. The Society's contribution for the plan was approximately \$18,000 for 2018 and \$24,000 for 2017. The approximate fair value of the plan assets at December 31, 2018 was \$1.5 million.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations: NONE

Note 14 – Liabilities, Contingencies and Assessments: NONE

Note 15 – Leases: NONE

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: NONE

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities: NONE

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans: NONE

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: NONE

Note 20 – Fair Value Measurements: NONE

Note 21 – Other Items: NONE

Note 22 – Events Subsequent: NONE

Note 23 – Reinsurance

A. Ceded Reinsurance Report:

Section1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? NO
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? NO

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? NO
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
 - b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$1,076
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

NOTES TO FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? NO

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination: NONE

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses: NONE

Note 26 – Intercompany Pooling Arrangements: NONE

Note 27 – Structured Settlements: NONE

Note 28 – Health Care Receivables: NONE

Note 29 – Participating Policies: NONE

Note 30 – Premium Deficiency Reserves: NONE

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

- (1) The Society waives deduction of deferred fractional premiums upon death of the insured and returns any portion of the final premium beyond the date of death. A reserve has been included in Exhibit 5 in the amount of \$2,630. Surrender values are not promised in excess of the legally computed reserves. The following exception is noted: NONE.
- (2) Extra Premiums are charged for substandard lives. Reserves are determined by computing the regular mean reserve for the plan at the rated age and holding, in addition, one-half (1/2) of the extra annual premium. \$4,401.
- (3) As of December 31, 2018, the Society had \$0 of insurance in force for which the gross premiums are less than the net premiums according to the standard of valuation set by the State of Ohio.
- (4) The Tabular Interest (Page 7, Line 4) has been determined by formula as described in the instructions for Page 7. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7. The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7.
- (5) The Tabular Interest on Funds Not Involving Life Contingencies in Exhibit 7 are determined as the ending reserve plus funds withdrawn less funds added less beginning reserve. The resulting tabular interest is tested for reasonableness.

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

	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
A. Subject to Discretionary Withdrawal:					
(1) With market value adjustment	\$	\$	\$	\$	%
(2) At book value less current surrender charge of 5% or more	384,525			384,525	0.5%
(3) At fair value					%
(4) Total with market value adjustment or at fair value (total of 1 through 3)	\$ 384,525	\$	\$	\$ 384,525	0.5%
(5) At book value without adjustment (minimal or no charge or adjustment)	69,003,764			69,003,764	96.6%
B. Not subject to discretionary withdrawal	2,058,839			2,058,839	2.9%
C. Total (gross: direct + assumed)	71,447,128			71,447,128	100.0%
D. Reinsurance ceded					
E. Total (net) (C) - (D)	\$ 71,447,128	\$	\$	\$ 71,447,128	

F. Life and Accident & Health Annual Statement:

(1) Exhibit 5, Annuities section, Total (net)	\$ 63,258,117
(2) Exhibit 5, Supplementary contracts with life contingencies section, Total (net)	
(3) Exhibit 7, Deposit-type contracts, Line 14, Column 1	8,189,009
(4) Subtotal	\$ 71,447,126
Separate Accounts Statement:	
(5) Exhibit 3, Line 0299999, Column 2	\$
(6) Exhibit 3, Line 0399999, Column 2	
(7) Policyholder dividend and coupon accumulations	
(8) Policyholder premiums	
(9) Guaranteed interest contracts	
(10) Other contract deposit funds	
(11) Subtotal	\$
(12) Combined Total	\$ 71,447,126

NOTES TO FINANCIAL STATEMENTS

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2018 were:

	Gross	Net of Loading
(1) Industrial	\$	\$
(2) Ordinary new business	2,925	2,544
(3) Ordinary renewal	4,917	3,669
(4) Credit life		
(5) Group life		
(6) Group annuity		
(7) Totals	\$ 7,842	\$ 6,213

Note 34 – Separate Accounts: NONE

Note 35 – Loss/Claim Adjustment Expenses: NONE

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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

Yes ☐ No ☒

1.2

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

Yes ☐ No ☐ N/A ☒

1.3

State regulating?

1.4

Is the reporting entity publicly traded or a member of publicly traded group?

Yes ☐ No ☒

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1

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

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

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

10/05/2015

3.2

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

12/31/2014

3.3

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

01/19/2016

3.4

By what department or departments?
Ohio

3.5

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

Yes ☒ No ☐ N/A ☐

3.6

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

Yes ☒ No ☐ N/A ☐

4.1

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

4.11

sales of new business?

Yes ☐ No ☒

4.12

renewals?

Yes ☐ No ☒

4.2

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

4.21

sales of new business?

Yes ☐ No ☒

4.22

renewals?

Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If the answer is YES, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

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

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

6.1

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

Yes ☐ No ☒

6.2

If yes, give full information:

7.1

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

Yes ☐ No ☒

7.2

If yes,

7.21

State the percentage of foreign control

%

7.22

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

1	2
Nationality	Type of Entity

8.1

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

Yes ☐ No ☒

8.2

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

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒

8.4

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

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

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
James G. Zupka, CPA, Inc. 5240 East 98th St., Garfield Heights, OH 44125

10.1

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

Yes ☐ No ☒

10.2

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

10.3

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

Yes ☐ No ☒

10.4

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

10.5

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

Yes ☒ No ☐ N/A ☐

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.6

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

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Miller & Newberg, Inc. 8717 W. 110th St. Suite 530. Overland Park, KS 66210

12.1

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

Yes [☐] No [☒ X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$ 0

12.2

If yes, provide explanation

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

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

13.2

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

Yes [☐] No [☐]

13.3

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

Yes [☐] No [☐]

13.4

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

Yes [☐] No [☐] N/A [☐]

14.1

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

Yes [☒ 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.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒ X]

14.21

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

14.3

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

Yes [☐] No [☒ X]

14.31

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

15.1

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

Yes [☐] No [☒ X]

15.2

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

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

BOARD OF DIRECTORS

16.

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

Yes [☒ X] No [☐]

17.

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

Yes [☒ X] No [☐]

18.

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

Yes [☒ X] No [☐]

FINANCIAL

19.

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

Yes [☐] No [☒ X]

20.1

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

20.11

To directors or other officers

\$ 0

20.12

To stockholders not officers

\$ 0

20.13

Trustees, supreme or grand (Fraternal only)

\$ 0

20.2

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

20.21

To directors or other officers

\$ 0

20.22

To stockholders not officers

0

20.23

Trustees, supreme or grand (Fraternal only)

0

21.1

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

Yes [☐] No [☒ X]

21.2

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

21.21

Rented from others

\$ 0

21.22

Borrowed from others

\$ 0

21.23

Leased from others

\$ 0

21.24

Other

\$ 0

22.1

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

Yes [☐] No [☒ X]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$ 0

22.22

Amount paid as expenses

\$ 0

22.23

Other amounts paid

\$ 0

23.1

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

Yes [☐] No [☒ X]

23.2

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

\$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01

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

Yes [X] No []

24.02

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

24.03

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

24.04

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

Yes [] No [] N/A [X]

24.05

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

\$

0

24.06

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

\$

0

24.07

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

Yes [] No [] N/A [X]

24.08

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

Yes [] No [] N/A [X]

24.09

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

Yes [] No [] N/A [X]

24.10

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

24.101

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

\$

0

24.102

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

\$

0

24.103

Total payable for securities lending reported on the liability page:

\$

0

25.1

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

Yes [] No [X]

25.2

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

25.21

Subject to repurchase agreements

\$

0

25.22

Subject to reverse repurchase agreements

\$

0

25.23

Subject to dollar repurchase agreements

\$

0

25.24

Subject to reverse dollar repurchase agreements

\$

0

25.25

Placed under option agreements

\$

0

25.26

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

\$

0

25.27

FHLB Capital Stock

\$

0

25.28

On deposit with states

\$

0

25.29

On deposit with other regulatory bodies

\$

0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$

0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$

0

25.32

Other

\$

0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1

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

Yes [] No [X]

26.2

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

Yes [] No [] N/A [X]

27.1

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

Yes [] No [X]

27.2

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

\$

0

28.

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

Yes [X] No []

28.01

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

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

28.02

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

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

28.03

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

Yes [] No [X]

28.04

If yes, give full and complete information relating thereto:

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

28.05

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

1 Name of Firm or Individual	2 Affiliation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 28.0597

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

Yes [☐] No [☐]
- 28.0598

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

Yes [☐] No [☐]

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

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

29.1

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

Yes [☐] No [☒]

29.2 If yes, complete the following schedule:

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

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 82,354,211	\$ 88,982,133	\$ 6,627,922
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 82,354,211	\$ 88,982,133	\$ 6,627,922

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

Clearwater Analytics, Inc. and Custodian/Broker statements

- 31.1

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

Yes [☒] No [☐]
- 31.2

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

Yes [☒] No [☐]
- 31.3

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

- 32.1

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

Yes [☒] No [☐]
- 32.2

If no, list exceptions:

33.

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

a.

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

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 5GI securities?

Yes [☐] No [☒]

34.

By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a.

The security was purchased prior to January 1, 2018.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [☐] No [☐]

OTHER

- 35.1

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

\$ 3,625
- 35.2

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

1 Name	2 Amount Paid
American Fraternal Alliance	\$ 3,000

- 36.1

Amount of payments for legal expenses, if any?

\$ 0
- 36.2

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

1 Name	2 Amount Paid
	\$

- 37.1

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

\$ 0
- 37.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ _____	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____	
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ _____	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ _____	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$ _____	
1.62	Total incurred claims	\$ _____	
1.63	Number of covered lives	\$ _____	
	All years prior to most current three years:		
1.64	Total premium earned	\$ _____	
1.65	Total incurred claims	\$ _____	
1.66	Number of covered lives	\$ _____	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$ _____	
1.72	Total incurred claims	\$ _____	
1.73	Number of covered lives	\$ _____	
	All years prior to most current three years:		
1.74	Total premium earned	\$ _____	
1.75	Total incurred claims	\$ _____	
1.76	Number of covered lives	\$ _____	
2.1	Does the reporting entity have Separate Accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> X]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/> X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$ _____	
2.4	State the authority under which Separate Accounts are maintained:		
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"	\$ _____	
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [<input checked="" type="checkbox"/> X]	No [<input type="checkbox"/>]
4.	How often are meetings of the subordinate branches required to be held? <u>Monthly</u>		
5.	How are the subordinate branches represented in the supreme or governing body? <u>Delegates at Convention</u>		
6.	What is the basis of representation in the governing body? <u>One Delegate for each 50 members in good standing or fractions of 26 or more within a minimum of two Delegates and maximum of 12 per lodge.</u>		
7.1	How often are regular meetings of the governing body held? <u>Every Two Years</u>		
7.2	When was the last regular meeting of the governing body held?	06/02/2018	
7.3	When and where will the next regular or special meeting of the governing body be held? <u>May 30 & 31, 2020. Cleveland, OH.</u>		
7.4	How many members of the governing body attended the last regular meeting?	86	
7.5	How many of the same were delegates of the subordinate branches?	81	
8.	How are the expenses of the governing body defrayed? <u>Society's General Fund</u>		
9.	When and by whom are the officers and directors elected? <u>By Delegates at Convention</u>		
10.	What are the qualifications for membership? <u>Good Moral Character. Interest in the Transylvanian Saxons Culture and Traditions.</u>		
11.	What are the limiting ages for admission? <u>0-70 for Life Plans. No Age limits for Annuities.</u>		
12.	What is the minimum and maximum insurance that may be issued on any one life? <u>Minimum of \$2,000; No Maximum</u>		
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> X]
14.	Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> X]
15.1	Are notices of the payments required sent to the members?	Yes [<input checked="" type="checkbox"/> X]	No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]
15.2	If yes, do the notices state the purpose for which the money is to be used?	Yes [<input checked="" type="checkbox"/> X]	No [<input type="checkbox"/>]

GENERAL INTERROGATORIES

PART 2 – FRATERNAL INTERROGATORIES

16.

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

16.11

First Year

14.1%

16.12

Subsequent Years

16.7%

17.1

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

Yes ☐ No ☒

17.2

If so, what amount and for what purpose?

\$

18.1

Does the reporting entity pay an old age disability benefit?

Yes ☐ No ☒

18.2

If yes, at what age does the benefit commence?

19.1

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

Yes ☒ No ☐

19.2

If yes, when?

June 2. 2018 at the Convention

20.

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

Yes ☒ No ☐

21.1

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

Yes ☒ No ☐

21.2

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

Yes ☒ No ☐ N/A ☐

21.3

If yes, explain

Whole Life contracts valued at LP85 Reserves (Fully Paid-up Reserves).

22.1

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

Yes ☐ No ☒

22.2

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

Yes ☐ No ☐ N/A ☒

23.

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

Yes ☐ No ☒

24.

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

24.1

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

\$

24.2

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

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

25.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

25.2

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

\$

25.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

25.4

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

\$

26.1

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

Yes ☐ No ☒

26.2

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

Date	Outstanding Lien Amount
	\$

27.1

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

Yes ☐ No ☒ N/A ☐

27.2

If the answer to 27.1 is yes, please provide the following:

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

28.

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

28.1

Direct Premiums Written

\$81,855

28.2

Total Incurred Claims

\$396,251

28.3

Number of Covered Lives

5,459

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

29

Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states?

Yes ☒ No ☐

29.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting insurer?

Yes ☐ No ☐

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
\$000 omitted for amounts of life insurance

	1 2018	2 2017	3 2016	4 2015	5 2014
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	26,198	26,239	26,163	26,352	26,363
1.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....			XXX	XXX	XXX
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	270	254	89	174	302
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	4,208	3,468	442	3,162	3,029
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	74,112	82,282	70,429	81,933	81,292
5. Annuity (Line 20.4, Column 3).....	3,635,688	2,772,499	2,701,897	2,913,326	2,165,161
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	3,714,008	2,858,249	2,772,768	2,998,421	2,249,482
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	93,210,584	89,313,861	87,313,180	85,547,627	82,538,303
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	81,831,835	79,082,996	77,793,760	76,887,929	74,448,577
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	71,181,342	68,463,084	66,979,971	65,691,717	63,229,614
11.1 Excess VM-20 deterministic/stochastic reserve over NPR, related to Line 1.1.....			XXX	XXX	XXX
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....	8,189,011	8,489,150	7,876,822	8,476,688	8,403,791
14. Asset valuation reserve (Page 3, Line 21.1).....	296,806	510,317	567,873	615,002	634,844
15. Surplus (Page 3, Line 30).....	11,378,750	10,230,865	9,519,420	8,659,698	8,089,726
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	3,852,069	2,045,168	2,246,716	2,920,063	2,180,503
Risk-Based Capital Analysis					
17. Total adjusted capital.....	11,703,056	10,768,682	10,087,293	9,274,700	8,724,570
18. 50% of the calculated RBC amount.....	1,079,697	1,233,507	1,226,634	1,150,978	846,110
Percentage Distribution of Cash, Cash Equivalent and Invested Assets (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	80.7	81.6	77.9	79.5	80.4
20. Stocks (Lines 2.1 and 2.2).....	0.9	1.1	1.3	1.3	1.3
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.0	0.0	0.0	0.0	0.0
23. Cash, cash equivalents and short-term investments (Line 5).....	16.3	14.0	18.1	16.6	15.6
24. Contract loans (Line 6).....	0.2	0.2	0.2	0.2	0.2
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....	1.8	3.0	2.4	2.5	2.6
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	604,623	587,110	554,601	535,786	289,928
40. Total admitted assets (Page 2, Line 28, Col. 3).....	93,210,584	89,313,861	87,313,180	85,547,627	82,538,303
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	4,471,802	4,373,196	4,277,835	4,228,991	4,106,770
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	55,051	(79,638)	41,773	1,399	84,926
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	(118,625)	(9,608)	114,054	(75,281)	13,218
44. Total of above Lines 41, 42 and 43.....	4,408,228	4,283,950	4,433,662	4,155,109	4,204,914

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2018	2 2017	3 2016	4 2015	5 2014
Benefits and Reserve Increases (Page 6)					
45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	3,379,674	3,895,229	3,947,174	3,058,881	3,161,074
46. Total certificate benefits - accident and health (Line 13, Column 5).....					
47. Increase in life reserves (Line 17, Column 2).....	1,096	19,610	194	58,345	64,780
48. Increase in accident and health reserves (Line 17, Column 5).....					
49. Refunds to members (Line 28, Column 1).....	51,774	51,780	51,943	55,962	50,687
Operating Percentages					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	22.7	27.6	30.6	25.5	32.5
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	0.5	0.3	0.7	0.3	0.4
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	11,479	19,820	18,193	29,008	83,759
58. Annuity (Column 3).....	986,468	723,241	638,569	595,005	591,050
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....					
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....					
63. Expense (Column 9).....					
64. Total (Column 1).....	997,947	743,061	656,762	624,013	674,809

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

Yes [] No []

If no, please explain:

EXHIBIT OF LIFE INSURANCE
(\$000 Omitted for Amounts of Life Insurance)

	1 Number of Certificates	2 Amount of Insurance
1. In force end of prior year.....	5,707	26,239
2. Issued during year.....	25	270
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	25	270
7. Additions by refunds during year.....	XXX	138
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	5,732	26,647
Deductions During Year:		
10. Death.....	121	277
11. Maturity.....		
12. Disability.....		
13. Expiry.....	10	20
14. Surrender.....	36	119
15. Lapse.....	1	5
16. Conversion.....		
17. Decreased (net).....		28
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	168	449
21. In force end of year (a) (Line 9 minus Line 20).....	5,564	26,198
22. Reinsurance ceded end of year.....	XXX	439
23. Line 21 minus Line 22.....	XXX	25,759

DETAILS OF WRITE-INS

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

(a) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....5,344 , amount, \$.....24,765,007.
Additional accidental death benefits included in life certificates were in amount \$.....424,762. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]
If not, how are such expenses met?.....Excess interest, mortality savings

EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS,
ANNUITIES AND ACCIDENT AND HEALTH INSURANCE

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....			2,448	
2. Issued during year.....			56	
3. Reinsurance assumed.....				
4. Increased during year (net).....			16	
5. Totals (Lines 1 to 4).....	0	0	2,520	0
Deduction during year:				
6. Decreased during year (net).....			119	
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	0	119	0
9. In force end of year (Line 5 minus Line 8).....	0	0	2,401	0
10. Amount on deposit.....			3,696,959	XXX
Income now payable:				
11. Amount of income payable.....			168,494	XXX
Deferred fully paid:				
12. Account balance.....	XXX	XXX		XXX
Deferred not fully paid:				
13. Account balance.....	XXX	XXX	61,263,290	XXX

Alliance Of Transylvanian Saxons
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

Allocated by States and Territories

States, Etc.			1	Direct Business Only					
				Life Contracts		4	5	6	7
				2	3					Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
			Active Status (a)	Life Insurance Premiums	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	3,973	54,416			58,389	
15.	Indiana.....	IN	L	82	11,055			11,137	
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	505	236,668			237,173	
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	30,041	2,927,740			2,957,780	5,385
37.	Oklahoma.....	OK	N					0	
38.	Oregon.....	OR	N					0	
39.	Pennsylvania.....	PA	L	5,322	405,809			411,131	
40.	Rhode Island.....	RI	N					0	
41.	South Carolina.....	SC	N					0	
42.	South Dakota.....	SD	N					0	
43.	Tennessee.....	TN	N					0	
44.	Texas.....	TX	N					0	
45.	Utah.....	UT	N					0	
46.	Vermont.....	VT	N					0	
47.	Virginia.....	VA	N					0	
48.	Washington.....	WA	N					0	
49.	West Virginia.....	WV	N					0	
50.	Wisconsin.....	WI	N					0	
51.	Wyoming.....	WY	N					0	
52.	American Samoa.....	AS	N					0	
53.	Guam.....	GU	N					0	
54.	Puerto Rico.....	PR	N					0	
55.	US Virgin Islands.....	VI	N					0	
56.	Northern Mariana Islands.....	MP	N					0	
57.	Canada.....	CAN	N					0	
58.	Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0
59.	Subtotal.....	XXX		39,923	3,635,688	0	0	3,675,612	5,385
90.	Reporting entity contributions for employee benefit plans.....	XXX						0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX		39,202				39,202	
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		79,125	3,635,688	0	0	3,714,813	5,385
96.	Plus reinsurance assumed.....	XXX						0	
97.	Totals (All Business).....	XXX		79,125	3,635,688	0	0	3,714,813	5,385
98.	Less reinsurance ceded.....	XXX		3,536				3,536	
99.	Totals (All Business) less reinsurance ceded.....	XXX		75,589	3,635,688	(b).....0	0	3,711,278	5,385

DETAILS OF WRITE-INS								
58001.	.....	..XXX.....					0	
58002.	.....	..XXX.....					0	
58003.	.....	..XXX.....					0	
58998.	Summ. of remaining write-ins for line 58 from overflow page.....	..XXX.....	0	0	0	0	0	0
58999.	Total (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.	Summ. of remaining write-ins for line 94 from overflow page.....	..XXX.....	0	0	0	0	0	0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	..XXX.....	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	5
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.....	52

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

Allocation based on which branch the insured belongs to and the associated premiums and annuity considerations received by the branch for the insured.

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:
Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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