



ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

North American Swiss Alliance

NAIC Group Code.....000, 000	NAIC Company Code..... 56375	Employer's ID Number..... 34-0719168
(Current Period) (Prior Period)		
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type:	Fraternal Benefit Society	
Incorporated/Organized..... September 6, 1889	Commenced Business..... September 6, 1889	
Statutory Home Office	26777 Lorain Road, Suite 321 .. North Olmsted .. OH .. US .. 44070-3225	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	26777 Lorain Road, Suite 321 .. North Olmsted .. OH .. US .. 44070-3225	440-777-7114
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	26777 Lorain Road, Suite 321 .. North Olmsted .. OH .. US .. 44070-3225	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	26777 Lorain Road, Suite 321 .. North Olmsted .. OH .. US .. 44070-3225	440-777-7114
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	n/a	
Statutory Statement Contact	Lynn M. Kosin	440-777-7114
	(Name)	(Area Code) (Telephone Number) (Extension)
	naswiss@sbcglobal.net	
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Jan A. Markowski	President	2. Lynn M. Kosin	Secretary/Treasurer
3. Donald P Robison	Vice-President	4.	
OTHER			
Kevin M. Ruedy	Financial Advisor		

DIRECTORS OR TRUSTEES

Lynn M. Kosin	Kevin M. Ruedy	Jan A Markowski	Donald P. Robison
John J. Jencson	David E. Stucki	Darlene Kilchenmann	Thomas M. Vassallo

State of..... Ohio

County of..... Cuyahoga

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

(Signature)	(Signature)	(Signature)
Jan A. Markowski	Lynn M. Kosin	Donald P Robison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Vice-President
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [ X ] No [ ]
This day of 2020	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).....	3,129,893		3,129,893	3,084,232
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	225,139		225,139	268,889
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$....81,890, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	81,890		81,890	68,993
6. Contract loans (including \$.....0 premium notes).....	4,296		4,296	4,069
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,441,218	.0	3,441,218	3,426,183
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	48,391		48,391	47,277
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other-than-invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,489,609	.0	3,489,609	3,473,460
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	3,489,609	.0	3,489,609	3,473,460

DETAILS OF WRITE-INS

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

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$.....2,508,963 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	.....2,508,963	.....2,552,791
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....	.....3,000	.....5,111
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5. Policyholders' dividends/refunds to members \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$.....0 Modco).....	.....8,000	.....10,000
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. 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).....		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....	.....69,638	.....88,681
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	.....1,250	
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6).....		
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by reporting entity as agent or trustee.....	.....1,446	.....1,447
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....		
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	.....29,580	.....22,023
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	.....0	.....0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	.....2,621,877	.....2,680,053
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	.....2,621,877	.....2,680,053
29. Common capital stock.....		
30. Preferred capital stock.....		
31. Aggregate write-ins for other-than-special surplus funds.....	.....0	.....0
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....		
34. Aggregate write-ins for special surplus funds.....	.....33,673	.....33,673
35. Unassigned funds (surplus).....	.....834,059	.....759,734
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	.....867,732	.....793,407
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	.....867,732	.....793,407
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	.....3,489,609	.....3,473,460

DETAILS OF WRITE-INS		
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
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	.....0	.....0
3199. Totals (Lines 3101 through 3103 plus 3198) (Line 31 above).....	.....0	.....0
3401. Relief and Benevolent Funds.....	.....33,673	.....33,673
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.....0	.....0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	.....33,673	.....33,673

North American Swiss Alliance  
SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	20,374	17,265
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	157,445	158,514
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)	18,151	24,635
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	112	14
9. Totals (Lines 1 to 8.3)	196,082	200,428
10. Death benefits	40,579	54,550
11. Matured endowments (excluding guaranteed annual pure endowments)	4,685	6,143
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)		
13. Disability benefits and benefits under accident and health contracts		
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts	15,451	12,786
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts	(43,828)	(4,209)
20. Totals (Lines 10 to 19)	16,887	69,270
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6)	99,849	101,571
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)	3,358	3,597
25. Increase in loading on deferred and uncollected premiums		
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions	0	0
28. Totals (Lines 20 to 27)	120,094	174,438
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	75,988	25,990
30. Dividends to policyholders and refunds to members	5,756	7,795
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	70,232	18,195
32. Federal and foreign income taxes incurred (excluding tax on capital gains)		
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	70,232	18,195
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR)		
35. Net income (Line 33 plus Line 34)	70,232	18,195
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	793,407	751,522
37. Net income (Line 35)	70,232	18,195
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	11,650	14,093
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		
41. Change in nonadmitted assets		
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis (increase) or decrease		
44. Change in asset valuation reserve	(7,557)	9,597
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts Statement		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	74,325	41,885
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	867,732	793,407
DETAILS OF WRITE-INS		
08.301.		
08.302. SUNDRY REFUNDS, DISCOUNTS	112	14
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)	112	14
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)	0	0

CASH FLOW

		1	2
		Current Year	Prior Year
CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance.....	20,374	17,265
2.	Net investment income.....	177,039	177,194
3.	Miscellaneous income.....	112	14
4.	Total (Lines 1 through 3).....	197,525	194,473
5.	Benefit and loss related payments.....	62,826	73,232
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7.	Commissions, expenses paid and aggregate write-ins for deductions.....	101,957	105,168
8.	Dividends paid to policyholders.....	7,756	7,795
9.	Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses).....		
10.	Total (Lines 5 through 9).....	172,539	186,195
11.	Net cash from operations (Line 4 minus Line 10).....	24,986	8,278
CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds.....	261,623	56,199
12.2	Stocks.....	43,750	25,000
12.3	Mortgage loans.....		
12.4	Real estate.....		
12.5	Other invested assets.....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7	Miscellaneous proceeds.....		
12.8	Total investment proceeds (Lines 12.1 to 12.7).....	305,373	81,199
13.	Cost of investments acquired (long-term only):		
13.1	Bonds.....	317,234	148,395
13.2	Stocks.....		
13.3	Mortgage loans.....		
13.4	Real estate.....		
13.5	Other invested assets.....		
13.6	Miscellaneous applications.....		
13.7	Total investments acquired (Lines 13.1 to 13.6).....	317,234	148,395
14.	Net increase (decrease) in contract loans and premium notes.....	227	182
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(12,088)	(67,378)
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).....	(1)	249
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(1)	249
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).....	12,897	(58,851)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year.....	68,993	127,844
19.2	End of year (Line 18 plus Line 19.1).....	81,890	68,993

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life with Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
1. Premiums for life contracts (a).....	20,374		20,374									
2. Considerations for supplementary contracts with life contingencies.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income.....	157,445		157,445									
4. Amortization of Interest Maintenance Reserve (IMR).....	18,151		18,151									
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	.0											
6. Commissions and expense allowances on reinsurance ceded.....	.0											
7. Reserve adjustments on reinsurance ceded.....	.0											
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	.0											
8.2 Charges and fees for deposit-type contracts.....	.0											
8.3 Aggregate write-ins for miscellaneous income.....	112	.0	112	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Totals (Lines 1 to 8.3).....	196,082	.0	196,082	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Death benefits.....	40,579		40,579									
11. Matured endowments (excluding guaranteed annual pure endowments).....	4,685		4,685									
12. Annuity benefits.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts.....	.0											
14. Coupons, guaranteed annual pure endowments and similar benefits.....	.0											
15. Surrender benefits and withdrawals for life contracts.....	15,451		15,451									
16. Group conversions.....	.0											
17. Interest and adjustments on contract or deposit-type contract funds.....	.0											
18. Payments on supplementary contracts with life contingencies.....	.0											
19. Increase in aggregate reserves for life and accident and health contracts.....	(43,828)		(43,828)									
20. Totals (Lines 10 to 19).....	16,887	.0	16,887	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	.0											XXX
22. Commissions and expense allowances on reinsurance assumed.....	.0											
23. General insurance expenses.....	99,849		99,849									
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	3,358		3,358									
25. Increase in loading on deferred and uncollected premiums.....	.0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	.0											
27. Aggregate write-ins for deductions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Totals (Lines 20 to 27).....	120,094	.0	120,094	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....	75,988	.0	75,988	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Dividends to policyholders and refunds to members.....	5,756		5,756									
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).....	70,232	.0	70,232	.0	.0	.0	.0	.0	.0	.0	.0	.0
32. Federal income taxes incurred (excluding tax on capital gains).....	.0											
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	70,232	.0	70,232	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Policies/certificates in force end of year.....	2,069		2,069									

DETAILS OF WRITE-INS

08.301. SUNDRY REFUNDS, AND DISCOUNTS.....	112		112									
08.302. ....	.0											
08.303. ....	.0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	112	.0	112	.0	.0	.0	.0	.0	.0	.0	.0	.0
2701. ....	.0											
2702. ....	.0											
2703. ....	.0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

- (a) Include premium amounts for preneed plans included in Line 1.
- (b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.
- (c) Individual and Group Credit Life are combined and included on page. (indicate whether included with Individual or Group).

**Analysis of Operations by Lines of Business-Group Life Insurance**  
**NONE**

**Analysis of Operations by Lines of Business-Individual Annuities**  
**NONE**

**Analysis of Operations by Lines of Business-Group Annuities**  
**NONE**

**Analysis of Operations by Lines of Business-A&H**  
**NONE**



ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR - INDIVIDUAL LIFE INSURANCE (a)

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life with Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (b) (N/A Fraternal)	Other Individual Life	YRT Mortality Risk Only
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)												
1. Reserve December 31, prior year.....	2,552,791		2,552,791									
2. Tabular net premiums or considerations.....	16,639		16,639									
3. Present value of disability claims incurred.....	0											
4. Tabular interest.....	68,833		68,833									
5. Tabular less actual reserve released.....	0											
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).....	2,638,263	0	2,638,263	0	0	0	0	0	0	0	0	0
9. Tabular cost.....	89,116		89,116									
10. Reserves released by death.....	28,743		28,743									
11. Reserves released by other terminations (net).....	11,441		11,441									
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	0											
13. Net transfers to or (from) Separate Accounts.....	0											
14. Total deductions (Lines 9 to 13).....	129,300	0	129,300	0	0	0	0	0	0	0	0	0
15. Reserve December 31, current year.....	2,508,963	0	2,508,963	0	0	0	0	0	0	0	0	0
Cash Surrender Value and Policy Loans												
16. CSA ending balance December 31, current year.....	0											
17. Amount available for policy loans based upon Line 16 CSV.....	0											

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(b) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group).

**Analysis of Increase in Reserves-Group Life Insurance**  
**NONE**

**Analysis of Increase in Reserves-Individual Annuities**  
**NONE**

**Analysis of Increase in Reserves-Group Annuities**  
**NONE**

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....	.....
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....147,748	.....148,862
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated).....	(b).....12,915	.....12,915
2.11	Preferred stocks of affiliates.....	(b).....	.....
2.2	Common stocks (unaffiliated).....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c).....	.....
4.	Real estate.....	(d).....	.....
5.	Contract loans.....	.....256	.....256
6.	Cash, cash equivalents and short-term investments.....	(e).....1,395	.....1,395
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	.....0	.....0
10.	Total gross investment income.....	.....162,314	.....163,428
11.	Investment expenses.....	.....	(g).....5,856
12.	Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....127
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).....	.....	.....5,983
17.	Net investment income (Line 10 minus Line 16).....	.....	.....157,445

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 \$.....1,330 accrual of discount less \$.....22,038 amortization of premium and less \$.....2,608 paid for accrued interest on purchases.		
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i)	Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	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).....	.....(892)	.....(892)	.....11,650	.....
1.3	Bonds of affiliates.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....0	.....	.....
2.21	Common stocks of affiliates.....	.....	.....0	.....	.....
3.	Mortgage loans.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....0	.....	.....
7.	Derivative instruments.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....	.....0	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0
10.	Total capital gains (losses).....	.....(892)	.....(892)	.....11,650	.....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	2	Ordinary		5	Insurance Group		Accident and Health			11	12
			3	4		6	7	8	9	10		
	Total	Industrial Life	Life Insurance	Individual Annuities	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group & Individual)	Other	Aggregate of All Other Lines of Business	Fraternal (Fraternal Benefit Societies Only)
FIRST YEAR (other than single)												
1. Uncollected.....	0											
2. Deferred and accrued.....	0											
3. Deferred, accrued and uncollected:												
3.1 Direct.....	0											
3.2 Reinsurance assumed.....	0											
3.3 Reinsurance ceded.....	0											
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0	0	0	0	0
4. Advance.....	0											
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0	0	0	0	0
6. Collected during year:												
6.1 Direct.....	0											
6.2 Reinsurance assumed.....	0											
6.3 Reinsurance ceded.....	0											
6.4 Net.....	0	0	0	0	0	0	0	0	0	0	0	0
7. Line 5 + Line 6.4.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0											
9. First year premiums and considerations:												
9.1 Direct.....	0											
9.2 Reinsurance assumed.....	0											
9.3 Reinsurance ceded.....	0											
9.4 Net (Line 7 - Line 8).....	0	0	0	0	0	0	0	0	0	0	0	0
SINGLE												
10. Single premiums and considerations:												
10.1 Direct.....	9,257		9,257									
10.2 Reinsurance assumed.....	0											
10.3 Reinsurance ceded.....	0											
10.4 Net.....	9,257	0	9,257	0	0	0	0	0	0	0	0	0
RENEWAL												
11. Uncollected.....	0											
12. Deferred and accrued.....	0											
13. Deferred, accrued and uncollected:												
13.1 Direct.....	0											
13.2 Reinsurance assumed.....	0											
13.3 Reinsurance ceded.....	0											
13.4 Net (Line 11 + Line 12).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Advance.....	0											
15. Line 13.4 - Line 14.....	0	0	0	0	0	0	0	0	0	0	0	0
16. Collected during year:												
16.1 Direct.....	11,117		11,117									
16.2 Reinsurance assumed.....	0											
16.3 Reinsurance ceded.....	0											
16.4 Net.....	11,117	0	11,117	0	0	0	0	0	0	0	0	0
17. Line 15 + Line 16.4.....	11,117	0	11,117	0	0	0	0	0	0	0	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	0											
19. Renewal premiums and considerations:												
19.1 Direct.....	11,117		11,117									
19.2 Reinsurance assumed.....	0											
19.3 Reinsurance ceded.....	0											
19.4 Net (Line 17 - Line 18).....	11,117	0	11,117	0	0	0	0	0	0	0	0	0
TOTAL												
20. Total premiums and annuity considerations:												
20.1 Direct.....	20,374	0	20,374	0	0	0	0	0	0	0	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	20,374	0	20,374	0	0	0	0	0	0	0	0	0

[illegible]

North American Swiss Alliance  
EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
1.	Rent.....	6,296						6,296
2.	Salaries and wages.....	40,058				2,356	4,710	47,124
3.11	Contributions for benefit plans for employees.....							0
3.12	Contributions for benefit plans for agents.....							0
3.21	Payments to employees under non-funded benefit plans.....							0
3.22	Payments to agents under non-funded benefit plans.....							0
3.31	Other employee welfare.....							0
3.32	Other agent welfare.....							0
4.1	Legal fees and expenses.....							0
4.2	Medical examination fees.....							0
4.3	Inspection report fees.....							0
4.4	Fees of public accountants and consulting actuaries.....	32,775				3,500		36,275
4.5	Expense of investigation and settlement of policy claims.....							0
5.1	Traveling expenses.....							0
5.2	Advertising.....							0
5.3	Postage, express, telegraph and telephone.....	2,181					385	2,566
5.4	Printing and stationery.....	1,063					188	1,251
5.5	Cost or depreciation of furniture and equipment.....							0
5.6	Rental of equipment.....							0
5.7	Cost or depreciation of EDP equipment and software.....							0
6.1	Books and periodicals.....							0
6.2	Bureau and association fees.....							0
6.3	Insurance, except on real estate.....	475						475
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....	40						40
6.6	Sundry general expenses.....	339						339
6.7	Group service and administration fees.....							0
6.8	Reimbursements by uninsured plans.....							0
7.1	Agency expense allowance.....							0
7.2	Agents' balances charged off (less \$.....0 recovered).....							0
7.3	Agency conferences other than local meetings.....							0
8.1	Official publication (Fraternal Benefit Societies Only).....	XXX	XXX	XXX	XXX	XXX		0
8.2	Expenses of supreme lodge meetings (Fraternal Benefit Soc. Only).....	XXX	XXX	XXX	XXX	XXX		0
9.1	Real estate expenses.....							0
9.2	Investment expenses not included elsewhere.....							0
9.3	Aggregate write-ins for expenses.....	10,106	0	0	0	0	1,233	11,339
10.	General expenses Incurred.....	93,333	0	0	0	5,856	(b) 6,516	(a) 105,705
11.	General expenses unpaid December 31, prior year.....							0
12.	General expenses unpaid December 31, current year.....	1,250						1,250
13.	Amounts receivable relating to uninsured plans, prior year.....							0
14.	Amounts receivable relating to uninsured plans, current year.....							0
15.	General expenses paid during year (Lines 10+11-12-13+14).....	92,083	0	0	0	5,856	6,516	104,455

DETAILS OF WRITE-INS

09.301.	DATA PROCESS EXP.....	4,000						4,000
09.302.	EXEC BOARD MEETINGS.....	6,106						6,106
09.303.	OFFICIAL PUBLICATION.....						1,233	1,233
09.398.	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0	0
09.399.	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	10,106	0	0	0	0	1,233	11,339

- (a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.  
(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):  
1. Charitable \$.....0; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....0  
5. Religious \$.....0; 6. Membership \$....6,516; 7. Other \$.....0; 8. Total \$....6,516

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	All Other Lines of Business	Investment	Fraternal	Total
1.	Real estate taxes.....						0
2.	State insurance department licenses and fees.....	449					449
3.	State taxes on premiums.....	250					250
4.	Other state taxes, including \$.....80 for employee benefits.....	203					203
5.	U.S. Social Security taxes.....	2,155			127	254	2,536
6.	All other taxes.....	47					47
7.	Taxes, licenses and fees incurred.....	3,104	0	0	127	254	3,485
8.	Taxes, licenses and fees unpaid December 31, prior year.....						0
9.	Taxes, licenses and fees unpaid December 31, current year.....						0
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	3,104	0	0	127	254	3,485

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums.....		
2.	Applied to shorten the endowment or premium-paying period.....		
3.	Applied to provide paid-up additions.....	7,756	
4.	Applied to provide paid-up annuities.....		
5.	Total Lines 1 through 4.....	7,756	0
6.	Paid-in cash.....		
7.	Left on deposit.....		
8.	Aggregate write-ins for dividend or refund options.....	0	0
9.	Total Lines 5 through 8.....	7,756	0
10.	Amount due and unpaid.....		
11.	Provision for dividends or refunds payable in the following calendar year.....	8,000	
12.	Terminal dividends.....		
13.	Provision for deferred dividend contracts.....		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15.	Total Lines 10 through 14.....	8,000	0
16.	Total from prior year.....	10,000	
17.	Total dividends or refunds (Lines 9 + 15 - 16).....	5,756	0

DETAILS OF WRITE-INS

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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. Am Exp 3%.....	1,375,238		1,375,238		
0100002. Am Exp 3% ETI.....	10,199		10,199		
0100003. Am Exp 3.5%.....	50,872		50,872		
0100004. 58 CSO 4%.....	155,221		155,221		
0100005. 80 CSO 4%.....	365,222		365,222		
0100006. 2001 CSO 4%.....	49,494		49,494		
0100007. 2001 CSO 3.5%.....	52,717		52,717		
0100008. Asset Adequacy Reserves.....	450,000		450,000		
0199997. Totals (Gross).....	2,508,963	0	2,508,963	0	0
0199999. Totals (Net).....	2,508,963	0	2,508,963	0	0
9999999. Totals (Net) - Page 3, Line 1.....	2,508,963	0	2,508,963	0	0

## EXHIBIT 5 - INTERROGATORIES

1.1	Has the reporting entity ever issued both participating and non-participating contracts?	Yes [ ]	No [X]
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 [X]
2.2	If not, state which kind is issued Participating		
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.	Yes [X]	No [ ]
4.	Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:	Yes [ ]	No [X]
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 [X]
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 [X]
7.1	If yes, state the total dollar amount of assets covered by these contracts or agreements:	\$.....	
7.2	Specify the basis (fair value, amortized cost, etc.) for determining the amount:		
7.3	State the amount of reserves established for this business:	\$.....	
7.4	Identify where the reserves are reported in the blank.		
8.	Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?	Yes [ ]	No [X]
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 [X]
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	Valuation Basis		4
	2	3	
Description of Valuation Class	Changed From	Changed To	Increase in Actuarial Reserve Due To Change

**NONE**



**Ex. 6 - Aggregate Reserves for A&H Contracts**  
**NONE**

**Ex. 7 - Deposit-Type Contracts**  
**NONE**

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 1 - 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.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	3,000		3,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	3,000	0	(b).....3,000	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	3,000	0	3,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	3,000	(a).....0	(a).....3,000	0	0	0	(a).....0	0	0	0	0

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

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

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

PART 2 - Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	47,375		47,375								
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....(d)	47,375	0	47,375	0	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	3,000	0	3,000	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	3,000	0	3,000	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	5,111		5,111								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	5,111	0	5,111	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers Dec. 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	45,264	0	45,264	0	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	45,264	0	45,264	0	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$....4,685 in Line 1.1, \$....4,685 in Line 1.4, \$....4,685 in Line 6.1 and \$....4,685 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.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

DETAILS OF WRITE-INS

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 70,232	\$ 18,195
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 70,232	\$ 18,195
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 867,732	\$ 793,407
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 867,732	\$ 793,407

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

- (1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.
- (2) Basis for Bonds and Amortization Schedule

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

loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase;significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composit method. Bonds rated NAIC Class 6 are valued at market and the basis is reduced and a realized loss is recognized.
- (3) Basis for Common Stocks

None no common stocks owned.
- (4) Basis for Preferred Stocks

Preferred Stock: Cost or Amortized Value in accordance with NAIC procedure
- (5) Basis for Mortgage Loans

None, no mortgage loans.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan backed securities are handled the same as bonds as described in in item C(2) above.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Society has no subsidiary.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Society has no ownershio interests in joint ventures or partnerships.
- (9) Accounting Policies for Derivatives

The Society has no derivatives.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation

None, no premium deficiency.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

The Society has neither Individual Accident and Health Contracts;nor Group Accident and Health Contracts.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Society has not modified its capitalization policy from the prior period.
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Society has no pharmaceutical rebates.

D. Going Concern

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

NOTES TO FINANCIAL STATEMENTS

Note 2 – Accounting Changes and Correction of Errors

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

Note 3 – Business Combinations and Goodwill- NOT APPLICABLE

Note 4 – Discontinued Operations

Not Applicable

Note 5 – Investments

- A.

Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable. The Alliance has no mortgages.
- B.

Debt Restructuring- Not Applicable
- C.

Reverse Mortgages- Not Applicable
- D.

Loan-Backed Securities- Not Applicable
- E.

Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable
- F.

Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable
- G.

Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions

Not Applicable
- H.

Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions

Not Applicable
- I.

Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Provider – Overview of Sale Transactions

Not Applicable
- J.

Real Estate

Not Applicable
- K.

Low-Income Housing Tax Credits (LIHTC)

Not Applicable
- L.

Restricted Assets

Not Applicable
- M.

Working Capital Finance Investments

Not Applicable
- N.

Offsetting and Netting of Assets and Liabilities

Not Applicable
- O.

Structured Notes

Not Applicable
- P.

5GI Securities

Not Applicable
- Q.

Short Sales

Not Applicable
- R.

Prepayment Penalty and Acceleration Fees

Not Applicable

**NOTES TO FINANCIAL STATEMENTS**

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable

**Note 7 – Investment Income**

- A.           The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:  
  
For Bonds and Other invested assets: Due and accrued income was excluded where collection of interest is uncertain and/or the bond is in default.
- B.           The total amount excluded:  
  
\$Zero exclusion in 2019.

**Note 8 – Derivative Instruments**

Not Applicable

**Note 9 – Income Taxes**

Not Applicable. The Alliance is a Fraternal Benefit Society that is exempt from income taxes.

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

Not Applicable

**Note 11 – Debt**

Not Applicable

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

Not Applicable. The Alliance does not have any retirement plans for it’s employees.

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

Not Applicable

**Note 14 – Liabilities, Contingencies and Assessments**

Not Applicable

**Note 15 – Leases**

- A.           Lessee Operating Lease
- (1)   Lessee’s Leasing Arrangements

a.    Rental Expense  
OFFICE SPACE AT \$6,231 PER YEAR

b.    Basis on Which Contingent Rental Payments are Determined  
NOT APPLICABLE

c.    Existence and Terms of Renewal or Purchase Options and Escalation Clauses  
LEASE RENEWS 8/31/2022

d.    Restrictions Imposed by Lease Agreements  
NOT APPLICABLE

e.    Identification of Lease Agreements that have been Terminated Early  
NOT APPLICABLE
- (2)   Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year

The society leases office space . There are no other leases.

a.    At December 31, 2019 the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1.   2020	\$ 6,231
2.   2021	\$ 6,231
3.   2022	\$ 4,154
4.   2023	\$
5.   2024	\$
6.   Total	\$ 16,616

OFFICE SPACE LEASE   EXPIRES 8/31/2022

b.    Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases  
NOT APPLICABLE

NOTES TO FINANCIAL STATEMENTS

- (3) For Sale-Leaseback Transactions
- a. Terms of the Sale-Leaseback Transactions

NOT APPLICABLE
- b. Obligation of Future Minimum Lease Payments and Total of Minimum Sublease Rentals

NOT APPLICABLE

B. Lessor Leases

- (1) Operating Leases:
- a. Lessor's Leasing Arrangements

NOT APPLABLE
- b. Cost and Carrying Amount of Property on Lease or Held for Leasing

NOT APPLICABLE
- c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:

NOT APPLICABLE
- d. Total Contingent Rentals

NOT APPLICABLE
- (2) Leveraged Leases:
- a. Terms Including Pretax Income from Leveraged Leases

NOT APPLICABLE
- b. Pretax Income, Tax Effect and Investment Tax Credit

NOT APPLICABLE
- c. The components of the investment in leveraged leases at December 31, 2019 and 2018 were as shown below:

NOT APPLICABLE

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

Note 20 – Fair Value Measurements

A. Fair Value Measurements

- (1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

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

Description	Beginning Balance at 1/1/2019	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settle-ments	Ending Balance at 12/31/2019
a. Assets										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3) Policies when Transfers Between Levels are Recognized
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
- (5) Fair Value Disclosures



NOTES TO FINANCIAL STATEMENTS

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
BONDS	\$ 3,329,444	\$ 3,129,895	\$	\$ 3,329,444	\$	\$	\$
PREFERRED STOCKS	\$ 228,909	\$ 225,139	\$ 228,909	\$	\$	\$	\$
CASH	\$ 81,890	\$ 81,890	\$ 81,890	\$	\$	\$	\$
TOTAL	\$ 3,640,243	\$ 3,436,924	\$ 310,799	\$ 3,329,444	\$	\$	\$

- D. Not Practicable to Estimate Fair Value

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

- E. NAV Practical Expedient Investments

Note 21 – Other Items

Not Applicable. No other items.

Note 22 – Events Subsequent

The Alliance had no subsequent events to be reported.

Subsequent events have been considered through for these statutory financial statements which are to be issued on .

A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes [ ]	No [ X ]
		2019	2018
B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid		
D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 30)	\$ 901,312	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 30 minus 22B above)	\$ 901,312	
G.	Authorized control level (Five-Year Historical Line 31)	\$ 41,768	
H.	Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level (YES/NO)?	Yes [ ]	No [ X ]

Note 23 – Reinsurance

Not Applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

- A. Change in Incurred Losses and Loss Adjustment Expenses - NOT APPLICABLE
- B. Information about Significant Changes in Methodologies and Assumptions--NOT APPLICABLE

Note 26 – Intercompany Pooling Arrangements

Not Applicable

Note 27 – Structured Settlements- NOT APPLICABLE

Note 28 – Health Care Receivables

Not Applicable

Note 29 – Participating Policies

- A. 100% of life insurance issued is participating.
- B. The portfolio average method is applied, recognizing plan of insurance, amount of insurance, year of issue and age at issue.

NOTES TO FINANCIAL STATEMENTS

- C. The Society paid dividends in the amount shown on Exhibit 4 to policyholders.
- D. The Society did not allocate any additional income to its policyholders.

Note 30 – Premium Deficiency Reserves

The Alliance had no Deficiency Reserves.

1. Liability carried for premium deficiency reserve: \$0
2. Date of most recent evaluation of this liability: N/A
3. Was anticipated investment income utilized in the calculation? Yes [ ] No [ ] N/A

Note 31 – Reserves for Life Contracts and Annuity Contracts

- (1) Reserve Practices
- The Society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computer reserves.
- (2) Valuation of Substandard Policies
- Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age.
- Regular reserves are computed by the regular reserve for the plan at a rated age and holding in addition one-half of the extra premium charge for one year.
- (3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums
- As of December 31st of the current year, the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set by the State of Ohio.
- (4) Method Used to Determine Tabular Interest, Reserves Released, and Cost
- The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 by formula.
- (5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies
- The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7. For the determination of Tabular Interest on funds not involving life contingencies under Page7, Annuity, Line 3, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation. The total amount of all such products is entered under Page 7, Line 3.
- (6) Details for Other Changes
- NO CHANGES WERE DONE THIS YEAR.

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

Not Applicable

Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics

- A. Subject to discretionary withdrawal, surrender values, or policy loans:

	General Account			Separate Account-	Guaranteed and	Nonguaranteed
	Account Value	Cash Value	Reserve	Account Value	Cash Value	Reserve
(1) Term Policies with Cash Value	\$	\$	\$	\$	\$	\$
(2) Universal Life						
(3) Universal Life with Secondary Guarantees						
(4) Indexed Universal Life						
(5) Indexed Universal Life with Secondary Guarantees						
(6) Indexed Life						
(7) Other Permanent Cash Value Life Insurance						
(8) Variable Life						
(9) Variable Universal Life						
(10) Miscellaneous Reserves						

- B. Not subject to discretionary withdrawal or no cash values:

(1) Term Policies without Cash Value	XXX	XXX	\$	XXX	XXX	\$
--------------------------------------	-----	-----	----	-----	-----	----

NOTES TO FINANCIAL STATEMENTS

(2)	Accidental Death Benefits	XXX	XXX		XXX	XXX	
(3)	Disability – Active Lives	XXX	XXX		XXX	XXX	
(4)	Disability – Disabled Lives	XXX	XXX		XXX	XXX	
(5)	Miscellaneous Reserves	XXX	XXX		XXX	XXX	

C.	Total (gross: direct + assumed)	\$	\$	\$	\$	\$	\$
D.	Reinsurance Ceded						
E.	Total (net) (c) (D)	\$	\$	\$	\$	\$	\$

F. Amount

Life & Accident & Health Annual Statement:		
(1)	Exhibit 5, Life Insurance Section, Total (net)	\$ 2,508,963
(2)	Exhibit 5, Accidental Death Benefits Section, Total (net)	
(3)	Exhibit 5, Disability – Active Lives Section, Total (net)	
(4)	Exhibit 5, Disability – Disabled Lives Section, Total (net)	
(5)	Exhibit 5, Miscellaneous Reserves Section, Total (net)	
(6)	Subtotal	\$ 2,508,963
Separate Accounts Annual Statement		
(7)	Exhibit 3, Line 0199999, Column 2	\$
(8)	Exhibit 3, Line 0499999, Column 2	
(9)	Exhibit 3, Line 0599999, Column 2	
(10)	Subtotal (Lines (7) through (9))	\$
(11)	Combined Total ((6) and (10))	\$ 2,508,963

Note 34 – Premium and Annuity Considerations Deferred and Uncollected

NONE

A. Deferred and uncollected life insurance premiums and annuity considerations as of end of December 31, 2019 were:

		Gross	Net of Loading
(1)	Industrial	\$	\$
(2)	Ordinary new business		
(3)	Ordinary renewal		
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	\$	\$

Note 35 – Separate Accounts

Not Applicable. The Alliance has no separate accounts.

Note 36 – Loss/Claim Adjustment Expenses- NO LOSS OR CLAIM ADJUSTMENTS

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 [X]

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 [X]

1.3

State regulating?

1.4

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

Yes [ ] No [X]

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 [X]

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.

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.

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).

3.4

By what department or departments?  
OHIO DEPARTMENT OF INSURANCE

3.5

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

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

3.6

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

Yes [X] 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 [X]

4.12

renewals?

Yes [ ] No [X]

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 [X]

4.22

renewals?

Yes [ ] No [X]

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 [X]

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 NAIC Company Code	3 State of Domicile
Name of Entity		

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 [X]

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 [X]

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 Nationality	2 Type of Entity

8.1

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

Yes [ ] No [X]

8.2

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

8.3

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

Yes [ ] No [X]

8.4

If the response to 8.3 is yes, please provide below the names and 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
NONE. THE ALLIANCE RECEIVED AN AUDIT EXEMPTION FOR 2019.

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 [X]

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 [X]

10.4

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.5

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

Yes [ X ]    No [   ]    N/A [   ]

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?  
Vladimir G. Krepiy   MAAA. 916 SHERWOOD DRIVE, LAKE BLUFF, IL. 60044, BRUCE AND BRUCE COMPANY, CONSULTING ACTUARIES.

12.1

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

Yes [   ]    No [ 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 [ X ]

13.3

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

Yes [   ]    No [ X ]

13.4

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

Yes [   ]    No [   ]    N/A [ X ]

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
			\$

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 [   ]

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 ]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

23.2

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

\$0

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 [ ] No [X]

24.02

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

24.03

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

24.04

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

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

24.05

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

\$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]

Lines 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3

Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity?

Yes [ ] No [X]

26.4

If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108

Yes [ ] No [ ]

26.42 Permitted accounting practice

Yes [ ] No [ ]

26.43 Other accounting guidance

Yes [ ] No [ ]

26.5

By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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
WELLS FARGO ADVISORS	950 MAIN AVE CLEVELAND, OH.44113

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3
Name(s)	Location(s)	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 [ ☒ ]

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
DON ROBISON	I

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

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

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

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

		1	2	3
		Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 3,129,895	\$ 3,329,444	\$ 199,549
30.2	Preferred Stocks	\$ 225,139	\$ 228,909	\$ 3,770
30.3	Totals	\$ 3,355,034	\$ 3,558,353	\$ 203,319

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

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 [ ☒ ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

b.

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

c.

The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d.

The fund only or predominantly holds bonds in its portfolio.

e.

The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f.

The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [ ☐ ]    No [ ☒ X ]

**OTHER**

36.1

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

\$0

36.2

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
	\$

37.1

Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

38.1

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

\$0

38.2

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

1 Name	2 Amount Paid
	\$



GENERAL INTERROGATORIES

PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Accident and Health Companies/Fraternal Benefit Societies:

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.	\$		0	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$		0	
1.3	Reason for excluding:				
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$		0	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$		0	
1.6	Individual policies:				
	Most current three years:				
1.61	Total premium earned	\$		0	
1.62	Total incurred claims	\$		0	
1.63	Number of covered lives	\$		0	
	All years prior to most current three years:				
1.64	Total premium earned	\$		0	
1.65	Total incurred claims	\$		0	
1.66	Number of covered lives	\$		0	
1.7	Group policies:				
	Most current three years:				
1.71	Total premium earned	\$		0	
1.72	Total incurred claims	\$		0	
1.73	Number of covered lives	\$		0	
	All years prior to most current three years:				
1.74	Total premium earned	\$		0	
1.75	Total incurred claims	\$		0	
1.76	Number of covered lives	\$		0	
2.	Health Test:				
		1	2		
		Current Year	Prior Year		
2.1	Premium Numerator	\$	0	\$	0
2.2	Premium Denominator	\$	20,374	\$	0
2.3	Premium Ratio (2.1/2.2)		0.0%		0.0%
2.4	Reserve Numerator	\$	0	\$	0
2.5	Reserve Denominator	\$	2,511,963	\$	0
2.6	Reserve Ratio (2.4/2.5)		0.0%		0.0%
3.1	Does the reporting entity have Separate Accounts?			Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> X ]
3.2	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 ]
3.3	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?	\$		0	
3.4	State the authority under which Separate Accounts are maintained:				
3.5	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 ]
3.6	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 ]
3.7	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)?"	\$		0	
4.	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:				
4.1	Amount of loss reserves established by these annuities during the current year:	\$		0	
4.2	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	Statement Value on		
		and	Purchase Date of Annuities		
		Location	(i.e., Present Value)		
5.1	Do you act as a custodian for health savings accounts?			Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> X ]
5.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$		0	
5.3	Do you act as an administrator for health savings accounts?			Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> X ]
5.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$		0	
6.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?			Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> X ]

GENERAL INTERROGATORIES

PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

6.2 If the answer to 6.1 is yes, please provide the following:

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

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

7.1	Direct premiums written	\$	0
7.2	Total incurred claims	\$	0
7.3	Number of covered lives		0

*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)

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

Life, Accident and Health Companies Only:

9.1	Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?"	Yes [ ]	No [ ]
9.2	Net reimbursement of such expenses between reporting entities:		
9.21	Paid	\$	0
9.22	Received	\$	0
10.1	Does the reporting entity write any guaranteed interest contracts?	Yes [ ]	No [ ]
10.2	If yes, what amount pertaining to these items is included in:		
10.21	Page 3, Line 1	\$	0
10.22	Page 4, Line 1	\$	0
11.	For stock reporting entities only:		
11.1	Total amount paid in by stockholders as surplus funds since organization of the reporting entity:	\$	0
12.	Total dividends paid stockholders since organization of the reporting entity:		
12.11	Cash	\$	0
12.12	Stock	\$	0
13.1	Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:	Yes [ ]	No [ ]
	Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.		
13.2	If yes, has the reporting entity completed the <i>Workers' Compensation Carve-Out Supplement</i> to the Annual Statement?	Yes [ ]	No [ ]
13.3	If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:		

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
13.31	Earned premium	\$ 0	\$ 0
13.32	Paid claims	\$ 0	\$ 0
13.33	Claim liability and reserve (beginning of year)	\$ 0	\$ 0
13.34	Claim liability and reserve (end of year)	\$ 0	\$ 0
13.35	Incurred claims	\$ 0	\$ 0

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
13.41	<\$25,000	\$ 0	\$ 0
13.42	\$25,000 — 99,999	\$ 0	\$ 0
13.43	\$100,000 — 249,999	\$ 0	\$ 0
13.44	\$250,000 — 999,999	\$ 0	\$ 0
13.45	\$1,000,000 or more	\$ 0	\$ 0

13.5	What portion of earned premium reported in 13.31, Column 1 was assumed from pools?	\$	0
------	--	----	---

Fraternal Benefit Societies Only:

14.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [ X ]	No [ ]
15.	How often are meetings of the subordinate branches required to be held? MONTHLY		
16.	How are the subordinate branches represented in the supreme or governing body? BY DELEGATES		
17.	What is the basis of representation in the governing body?		

GENERAL INTERROGATORIES

PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

ONE DELEGATE PER 150 MEMBERS OR FRACTIONAL AND ONE DELEGATE FOR EACH ADDITIONAL 150 MEMBERS OR FRACTION OF 150.

18.1

How often are regular meetings of the governing body held?  
EVRY FOUR YEARS

18.2

When was the last regular meeting of the governing body held?

05/15/2018

18.3

When and where will the next regular or special meeting of the governing body be held?  
MAY 2022, IN NORTH OLMSTED, OHIO

18.4

How many members of the governing body attended the last regular meeting?

7

18.5

How many of the same were delegates of the subordinate branches?

3

19.

How are the expenses of the governing body defrayed?  
FROM THE GENERAL FUND

20.

When and by whom are the officers and directors elected?  
AT THE CONVENTION AND BY THE DELEGATES

21.

What are the qualifications for membership?  
GOOD MORAL CHARACTER AND GOOD HEALTH

22.

What are the limiting ages for admission?  
0-60

23.

What is the minimum and maximum insurance that may be issued on any one life?  
MINIMUM = \$1,000 AND MAXIMUM = \$10,000.

24.

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

Yes [ ] No [ X ]

25.

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

Yes [ ] No [ X ]

26.1

Are notices of the payments required sent to the members?

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

26.2

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

Yes [ X ] No [ ]

27.

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

27.11

First Year

80.0%

27.12

Subsequent Years

20.0%

28.1

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 [ X ]

28.2

If so, what amount and for what purpose?

\$

29.1

Does the reporting entity pay an old age disability benefit?

Yes [ ] No [ X ]

29.2

If yes, at what age does the benefit commence?

30.1

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

Yes [ ] No [ X ]

30.2

If yes, when?

31.

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 [ X ] No [ ]

32.1

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 [ X ]

32.2

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

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

32.3

If yes, explain

33.1

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

Yes [ ] No [ X ]

33.2

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 [ X ] N/A [ ]

34.

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 [ X ]

35.1

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

Yes [ ] No [ X ]

35.2

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

Date	Outstanding Lien Amount
	\$

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 2019	2 2018	3 2017	4 2016	5 2015
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	4,653	4,648	4,665	4,687	4,725
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....					
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	4,653	4,648	4,665	4,687	4,725
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....				XXX	XXX
<b>New Business Issued (Exhibit of Life Insurance)</b>					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....	63	47	36	56	120
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	63	47	36	56	120
<b>Premium Income - Lines of Business (Exhibit 1-Part 1)</b>					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....	20,374	17,265	15,496	17,732	26,285
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	20,374	17,265	15,496	17,732	26,285
<b>Balance Sheet (Pages 2 and 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)...	3,489,609	3,473,460	3,468,321	3,474,430	3,666,734
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	2,621,877	2,680,053	2,716,799	2,761,113	2,961,803
23. Aggregate life reserves (Page 3, Line 1).....	2,508,963	2,552,791	2,557,000	2,590,000	2,570,000
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1.....				XXX	XXX
24. Aggregate A&H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	29,580	22,023	31,620	16,076	15,763
27. Capital (Page 3, Lines 29 & 30).....					
28. Surplus (Page 3, Line 37).....	867,732	793,407	751,522	713,317	704,931
<b>Cash Flow (Page 5)</b>					
29. Net cash from operations (Line 11).....	24,986	8,278	41,225	20,673	34,467
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital.....	901,312	820,430	788,142	734,393	725,694
31. Authorized control level risk-based capital.....	41,768	35,934	46,686	25,703	23,984
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0</b>					
32. Bonds (Line 1).....	91.0	90.0	87.6	90.9	94.0
33. Stocks (Lines 2.1 and 2.2).....	6.5	7.8	8.6	7.1	4.7
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	2.4	2.0	3.7	1.9	1.2
37. Contract loans (Line 6).....	0.1	0.1	0.1	0.1	0.2
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

North American Swiss Alliance  
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif., Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above.....					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....					
53. Total admitted assets (Page 2, Line 28, Col. 3).....	3,489,609	3,473,460	3,468,321	3,474,430	3,666,734
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income).....	157,445	158,514	157,128	166,166	165,666
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	11,650	14,093	(30,273)		
57. Total of above Lines 54, 55 and 56.....	169,095	172,607	126,855	166,166	165,666
<b>Benefits and Reserve Increase (Page 6)</b>					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 & 8).....	60,715	73,479	52,958	77,084	54,365
59. Total contract/certificate benefits - A&H (Lines 13 & 14, Col. 6).....					
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2).....	(43,828)	(4,209)	(33,000)	20,000	(17,000)
61. Increase in A&H reserves (Line 19, Col. 6).....					
62. Dividends to policyholders and refunds to members (Line 30, Col 1).....	5,756	7,795	7,795	7,883	7,929
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line (6) / (Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....	490.1	588.3	902.1	517.8	389.0
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....	0.6	0.4	0.3	0.9	
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					0.3
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
<b>A&amp;H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
<b>Net Gains From Operations After Dividends to Policyholders/Members' Refunds and Federal Income Taxes by Lines of Business (Page 6.x, Line 33)</b>					
72. Industrial life (Page 6.1, Col. 2).....					
73. Ordinary - life (Page 6.1, Col. 1 less Cols. 2, 10 and 12).....	70,232				
74. Ordinary - individual annuities (Page 6, Col. 4).....					
75. Ordinary - supplementary contracts.....	XXX				
76. Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7).....					
77. Group life (Page 6.2, Col. 1 less Col. 7 less Col. 9).....					
78. Group annuities (Page 6, Col. 5).....					
79. A&H - group (Page 6.5, Col. 3).....					
80. A&H - credit (Page 6.5, Col. 10).....					
81. A&H - other (Page 6.5, Col. 1 less Cols. 3 and 10).....					
82. Aggregate of all other lines of business (Page 6, Col. 8).....					
83. Fraternal (Page 6, Col. 7).....					
84. Total (Page 6, Col. 1).....	70,232	0	0	0	0

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)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance	Number of		9 Amount of Insurance	
							7 Policies	8 Certificates		
1. In force end of prior year.....			2,107	4,648						4,648
2. Issued during year.....			12	63						63
3. Reinsurance assumed.....										0
4. Revived during year.....										0
5. Increased during year (net).....										0
6. Subtotals, Lines 2 to 5.....	0	0	12	63	0	0	0	0	0	63
7. Additions by dividends during year.....	XXX		XXX	18	XXX		XXX	XXX		18
8. Aggregate write-ins for increases.....	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8).....	0	0	2,119	4,729	0	0	0	0	0	4,729
Deductions during year:										
10. Death.....			29	43			XXX			43
11. Maturity.....			5	4			XXX			4
12. Disability.....							XXX			0
13. Expiry.....										0
14. Surrender.....			13	20						20
15. Lapse.....			3	9						9
16. Conversion.....							XXX	XXX	XXX	0
17. Decreased (net).....										0
18. Reinsurance.....										0
19. Aggregate write-ins for decreases.....	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19).....	0	0	50	76	0	0	0	0	0	76
21. In force end of year (b) (Line 9 minus Line 20).....	0	0	2,069	4,653	0	0	0	0	0	4,653
22. Reinsurance ceded end of year.....	XXX		XXX		XXX		XXX	XXX		0
23. Line 21 minus Line 22.....	XXX	0	XXX	4,653	XXX	(a)0	XXX	XXX	0	4,653

DETAILS OF WRITE-INS

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

Life Accident and Health Companies Only:

(a) Group \$.....0; Individual \$.....0.

Fraternal Benefit Societies Only:

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....0 , amount, \$.....0.

Additional accidental death benefits included in life certificates were in amount \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [ ] No [ ]

If not, how are such expenses met?.....

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
24. Additions by dividends.....	XXX.....		XXX.....	18.....
25. Other paid-up insurance.....			1,959.....	3,186.....
26. Debit ordinary insurance.....	XXX.....	XXX.....		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
27. Term policies-decreasing.....				
28. Term policies-other.....				
29. Other term insurance-decreasing.....	XXX.....		XXX.....	
30. Other term insurance.....	XXX.....		XXX.....	
31. Totals (Lines 27 to 30).....	0.....	0.....	0.....	0.....
Reconciliation to Lines 2 and 21:				
32. Term additions.....	XXX.....		XXX.....	
33. Totals, extended term insurance.....	XXX.....	XXX.....		
34. Totals, whole life and endowment.....	12.....	63.....	2,069.....	4,653.....
35. Totals (Lines 31 to 34).....	12.....	63.....	2,069.....	4,653.....

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial.....				
37. Ordinary.....		63.....		4,653.....
38. Credit Life (Group and Individual).....				
39. Group.....				
40. Totals (Lines 36 to 39).....	0.....	63.....	0.....	4,653.....

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance	3 Number of Certificates	4 Amount of Insurance
41. Amount of insurance included in Line 2 ceded to other companies.....	XXX.....		XXX.....	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis.....		XXX.....		XXX.....
43. Federal Employees' Group Life Insurance included in Line 21.....				
44. Servicemen's Group Life Insurance included in Line 21.....				
45. Group Permanent Insurance included in Line 21.....				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies.....	
--	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.
47.1 _____
47.2 _____

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 Amount of Insurance\
48. Waiver of Premium.....								
49. Disability Income.....								
50. Extended Benefits.....			XXX.....	XXX.....				
51. Other.....								
52. Total.....	0.....	(a).....0.....	0.....	(a).....0.....	0.....	(a).....0.....	0.....	(a).....0.....

(a) See the Annual Audited Financial Reports section of the Annual Statement Instructions.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....	.....	.....	.....	.....
2. Issued during year.....	.....	.....	.....	.....
3. Reinsurance assumed.....	.....	.....	.....	.....
4. Increased during year (net).....	.....	.....	.....	.....
5. Total (Lines 1 to 4).....	.....0	.....0	.....0	.....0
Deductions during year:				
6. Decreased (net).....	.....	.....	.....	.....
7. Reinsurance ceded.....	.....	.....	.....	.....
8. Totals (Lines 6 and 7).....	.....0	.....0	.....0	.....0
9. In force end of year.....	.....0	.....0	.....0	.....0
10. Amount on deposit.....	(a).....	(a).....	(a).....	(a).....
11. Income now payable.....	.....	.....	.....	.....
12. Amount of income payable.....	(a).....	(a).....	(a).....	(a).....

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....	.....	.....	.....	.....
2. Issued during year.....	.....	.....	.....	.....
3. Reinsurance assumed.....	.....	.....	.....	.....
4. Increased during year (net).....	.....	.....	.....	.....
5. Total (Lines 1 to 4).....	.....0	.....0	.....0	.....0
Deductions during year:				
6. Decreased (net).....	.....	.....	.....	.....
7. Reinsurance ceded.....	.....	.....	.....	.....
8. Totals (Lines 6 and 7).....	.....0	.....0	.....0	.....0
9. In force end of year.....	.....0	.....0	.....0	.....0
Income now payable:				
10. Amount of income payable.....	(a).....	.....XXX.....	.....XXX.....	(a).....
Deferred fully paid:				
11. Account balance.....	.....XXX.....	(a).....	.....XXX.....	(a).....
Deferred not fully paid:				
12. Account balance.....	.....XXX.....	(a).....	.....XXX.....	(a).....

NONE

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in force	3 Policies	4 Premiums in force	5 Policies	6 Premiums in force
1. In force end of prior year.....	.....	.....	.....	.....	.....	.....
2. Issued during year.....	.....	.....	.....	.....	.....	.....
3. Reinsurance assumed.....	.....	.....	.....	.....	.....	.....
4. Increased during year (net).....	.....	.....XXX.....	.....	.....XXX.....	.....	.....XXX.....
5. Total (Lines 1 to 4).....	.....0	.....XXX.....	.....0	.....XXX.....	.....0	.....XXX.....
Deductions during year:						
6. Conversions.....	.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....
7. Decreased (net).....	.....	.....XXX.....	.....	.....XXX.....	.....	.....XXX.....
8. Reinsurance ceded.....	.....	.....XXX.....	.....	.....XXX.....	.....	.....XXX.....
9. Totals (Lines 6 to 8).....	.....0	.....XXX.....	.....0	.....XXX.....	.....0	.....XXX.....
10. In force end of year.....	.....0	(a).....	.....0	(a).....	.....0	(a).....

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1 Deposit Funds Contracts	2 Dividend Accumulations Contracts
1. In force end of prior year.....	.....	.....
2. Issued during year.....	.....	.....
3. Reinsurance assumed.....	.....	.....
4. Increased during year (net).....	.....	.....
5. Total (Lines 1 to 4).....	.....0	.....0
Deductions during year:		
6. Decreased (net).....	.....	.....
7. Reinsurance ceded.....	.....	.....
8. Totals (Lines 6 and 7).....	.....0	.....0
9. In force end of year.....	.....0	.....0
10. Amount of account balance.....	(a).....	(a).....

(a) See the Annual Audited Financial Reports section of the Annual Statement Instructions.



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

States, Etc.			1 Active Status (a)	Life Contracts		Direct Business Only			
				2 Life Insurance Premiums	3 Annuity Considerations	4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
1.	Alabama.....	AL	N					0	
2.	Alaska.....	AK	N					0	
3.	Arizona.....	AZ	N					0	
4.	Arkansas.....	AR	N					0	
5.	California.....	CA	L					0	
6.	Colorado.....	CO	N					0	
7.	Connecticut.....	CT	N					0	
8.	Delaware.....	DE	N					0	
9.	District of Columbia.....	DC	N					0	
10.	Florida.....	FL	N					0	
11.	Georgia.....	GA	N					0	
12.	Hawaii.....	HI	N					0	
13.	Idaho.....	ID	N					0	
14.	Illinois.....	IL	N					0	
15.	Indiana.....	IN	N					0	
16.	Iowa.....	IA	N					0	
17.	Kansas.....	KS	N					0	
18.	Kentucky.....	KY	N					0	
19.	Louisiana.....	LA	N					0	
20.	Maine.....	ME	N					0	
21.	Maryland.....	MD	N					0	
22.	Massachusetts.....	MA	N					0	
23.	Michigan.....	MI	N					0	
24.	Minnesota.....	MN	N					0	
25.	Mississippi.....	MS	N					0	
26.	Missouri.....	MO	N					0	
27.	Montana.....	MT	N					0	
28.	Nebraska.....	NE	N					0	
29.	Nevada.....	NV	N					0	
30.	New Hampshire.....	NH	N					0	
31.	New Jersey.....	NJ	N					0	
32.	New Mexico.....	NM	N					0	
33.	New York.....	NY	N					0	
34.	North Carolina.....	NC	N					0	
35.	North Dakota.....	ND	N					0	
36.	Ohio.....	OH	L	12,618				12,618	
37.	Oklahoma.....	OK	N					0	
38.	Oregon.....	OR	N					0	
39.	Pennsylvania.....	PA	N					0	
40.	Rhode Island.....	RI	N					0	
41.	South Carolina.....	SC	N					0	
42.	South Dakota.....	SD	N					0	
43.	Tennessee.....	TN	N					0	
44.	Texas.....	TX	N					0	
45.	Utah.....	UT	N					0	
46.	Vermont.....	VT	N					0	
47.	Virginia.....	VA	N					0	
48.	Washington.....	WA	N					0	
49.	West Virginia.....	WV	N					0	
50.	Wisconsin.....	WI	N					0	
51.	Wyoming.....	WY	N					0	
52.	American Samoa.....	AS	N					0	
53.	Guam.....	GU	N					0	
54.	Puerto Rico.....	PR	N					0	
55.	US Virgin Islands.....	VI	N					0	
56.	Northern Mariana Islands.....	MP	N					0	
57.	Canada.....	CAN	N					0	
58.	Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0
59.	Subtotal.....	XXX		12,618	0	0	0	12,618	0
90.	Reporting entity contributions for employee benefit plans.....	XXX						0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX		7,756				7,756	
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		20,374	0	0	0	20,374	0
96.	Plus reinsurance assumed.....	XXX						0	
97.	Totals (All Business).....	XXX		20,374	0	0	0	20,374	0
98.	Less reinsurance ceded.....	XXX						0	
99.	Totals (All Business) less reinsurance ceded.....	XXX		20,374	0	(c) 0	0	20,374	0

DETAILS OF WRITE-INS								
58001.	.....	XXX					0	
58002.	.....	XXX					0	
58003.	.....	XXX					0	
58998.	Summ. of remaining write-ins for line 58 from overflow 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.....	2
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state .....	0

R - Registered - Non-domiciled RRGs.....	0
Q - Qualified - Qualified or accredited reinsurer.....	0
N - None of the above - Not allowed to write business in the state.....	55

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

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

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

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