



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Alliance of Transylvanian Saxons

NAIC No. 56197

We, the undersigned executive officers of Alliance of Transylvanian Saxons (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other _____

Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."

Date of filing with the NAIC: _____ An original jurat page is attached.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.

Date of filing with the NAIC: _____ An original, notarized signature page is attached.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."

Date of filing with the NAIC: _____.

List of supplemental documents included in this Affidavit: _____.

All original notarized signature pages are attached, as applicable.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.

Date of filing with the NAIC: 11/14/2023.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.

Date of filing with the NAIC: _____.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June PDF Filing," which includes "the Audited Financial Statements" due June 1.

Date of filing with the NAIC: _____.

Original filing. Amended filing.

Signature

11/15/23
Date

(Name) Denise A. Crawford
(Title)* President

Signature

11/15/23
Date

(Name) Monica F. Gilles
(Title)* Secretary

Signature

11/15/23
Date

(Name) Michael Teutsch, Jr.
(Title)* Treasurer

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES – ASSOCIATION EDITION

QUARTERLY STATEMENT
 AS OF SEPTEMBER 30, 2023
 OF THE CONDITION AND AFFAIRS OF THE
ALLIANCE OF TRANSYLVANIAN SAXONS

NAIC Group Code 0000 0000 NAIC Company Code 56197 Employer's ID Number 34-0138510
 (Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
 Country of Domicile US
 Licensed as business type: Fraternal Benefit Societies
 Incorporated/Organized 08/31/1902 Commenced Business 08/31/1902
 Statutory Home Office 5323 Pearl Road Cleveland, OH, US 44129-1597
 Main Administrative Office 5323 Pearl Road 440-842-8442
 Cleveland, OH, US 44129-1597 (Telephone Number)
 Mail Address 5323 Pearl Road Cleveland, OH, US 44129-1597
 Primary Location of Books and Records 5323 Pearl Road 440-842-8442
 Cleveland, OH, US 44129-1597 (Telephone Number)
 Internet Website Address <http://www.atsaxons.com> 440-842-8442
 (Telephone Number)
 Statutory Statement Contact Denise A Crawford 440-842-5442
 office@atsaxons.com (E-Mail Address) (Fax Number)
 OFFICERS
 Denise A Crawford, President Michael Teutsch Jr., Treasurer
 Monica F Gilles, Secretary Miller & Newberg, Consulting Actuary
 OTHER
 Robert B Cunningham III, First Vice President Monica M Weber, Second Vice President
 Randall B Floyd, Third Vice President
 DIRECTORS OR TRUSTEES
 Denise A Crawford Robert B Cunningham III
 Monica M Weber Randall B Floyd
 Monica F Gilles Michael Teutsch Jr.
 Michael Bachinger Barbara A Spack
 Jacob F Spor Ingrid E Weihs-Ferguson
 Margarete I Ziegler

State of _____ SS
 County of _____

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.

x *Denise A Crawford*
 Denise A Crawford
 President

x *Monica F Gilles*
 Monica F Gilles
 Secretary

x *Michael Teutsch Jr.*
 Michael Teutsch Jr.
 Treasurer

Subscribed and sworn to before me
 this 15th day of
November 2023

x *Patty A Cunningham*
 PATTY A. CUNNINGHAM

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____



PATTY A. CUNNINGHAM
 Notary Public, State of Ohio
 My Commission Expires
 April 29, 2026