

QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

NORTH AMERICAN SWISS ALLIANCE

NAIC Group Code..... NAIC Company Code..... 56375... Employer's ID Number..... 34-0719168.....

(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..... 09/06/1889..... Commenced Business..... 09/06/1889.....

Statutory Home Office..... 26777 Lorain Road, Suite 321..... North Olmsted, OH, US 44070-3225.....

Main Administrative Office..... 26777 Lorain Road, Suite 321.....

..... North Olmsted, OH, US 44070-3225..... 440-777-7114.....

..... (Telephone Number)

Mail Address..... 26777 Lorain Road, Suite 321..... North Olmsted, OH, US 44070-3225.....

Primary Location of Books and

Records..... 26777 Lorain Road, Suite 321.....

..... North Olmsted, OH, US 44070-3225..... 440-777-7114.....

..... (Telephone Number)

Internet Website Address..... n/a.....

Statutory Statement Contact..... Lynn M. Kosin..... 440-777-7114.....

..... (Telephone Number)

..... naswiss@sbcglobal.net.....

..... (E-Mail Address)..... (Fax Number)

OFFICERS

..... Donald P Robison, President..... John J Jencson, Vice-President.....

..... Lynn M. Kosin, Secretary/Treasurer.....

OTHER

..... Kevin M. Ruedy, Financial Advisor.....

DIRECTORS OR TRUSTEES

..... Lynn M. Kosin..... Kevin M. Ruedy.....

..... Donald P. Robison..... John J. Jencson.....

..... David E. Stucki..... Michael A Kosin.....

..... Thomas M. Vassallo..... William B Perrine.....

State of

County of SS

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..... x..... x.....

Donald P Robison..... Lynn M. Kosin.....

President..... Secretary/Treasurer.....

Subscribed and sworn to before me

this..... day of.....

....., 2024

a. Is this an original filing? Yes

b. If no:

1. State the amendment number:

2. Date filed:

3. Number of pages attached:

x.....

ASSETS

| | | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|----------------------|--|------------------------|--------------------------------|--|---|
| | | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. | Bonds | 3,162,824 | | 3,162,824 | 3,238,665 |
| 2. | Stocks: | | | | |
| | 2.1 Preferred stocks | 45,573 | | 45,573 | 42,701 |
| | 2.2 Common stocks | | | | |
| 3. | Mortgage loans on real estate: | | | | |
| | 3.1 First liens | | | | |
| | 3.2 Other than first liens | | | | |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less \$..... encumbrances) | | | | |
| | 4.2 Properties held for the production of income (less \$..... encumbrances) | | | | |
| | 4.3 Properties held for sale (less \$..... encumbrances) | | | | |
| 5. | Cash (\$.....179,322), cash equivalents (\$.....) and short-term investments (\$.....) | 179,322 | | 179,322 | 106,411 |
| 6. | Contract loans (including \$..... premium notes) | | | | — |
| 7. | Derivatives | | | | |
| 8. | Other invested assets | | | | |
| 9. | Receivables for securities | | | | |
| 10. | Securities lending reinvested collateral assets | | | | |
| 11. | Aggregate write-ins for invested assets | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 3,387,719 | | 3,387,719 | 3,387,777 |
| 13. | Title plants less \$..... charged off (for Title insurers only) | | | | |
| 14. | Investment income due and accrued | 35,197 | | 35,197 | 45,909 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums) | | | | |
| | 15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....) | | | | |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers | | | | |
| | 16.2 Funds held by or deposited with reinsured companies | | | | |
| | 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. | Amounts receivable relating to uninsured plans | | | | |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 | Net deferred tax asset | | | | |
| 19. | Guaranty funds receivable or on deposit | | | | |
| 20. | Electronic data processing equipment and software | | | | |
| 21. | Furniture and equipment, including health care delivery assets (\$.....) | | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | | |
| 24. | Health care (\$.....) and other amounts receivable | | | | |
| 25. | Aggregate write-ins for other-than-invested assets | | | | |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 3,422,916 | | 3,422,916 | 3,433,686 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | Total (Lines 26 and 27) | 3,422,916 | | 3,422,916 | 3,433,686 |
| Details of Write-Ins | | | | | |
| 1101. | ..... |  |  |  |  |
| 1102. | ..... |  |  |  |  |
| 1103. | ..... |  |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | ..... |  |  |  |  |
| 2502. | ..... |  |  |  |  |
| 2503. | ..... |  |  |  |  |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | | |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | | 1 | 2 |
|----------------------|---|--|---------------------------|---------------------------|
| | | | Current Statement Date | December 31 Prior Year |
| 1. | Aggregate reserve for life contracts \$.....2,576,525 less \$..... included in Line 6.3 (including \$..... Modco Reserve) | | 2,576,525 | 2,575,525 |
| 2. | Aggregate reserve for accident and health contracts (including \$..... Modco Reserve) | | | |
| 3. | Liability for deposit-type contracts (including \$..... Modco Reserve) | | | |
| 4. | Contract claims: | | | |
| 4.1 | Life | | 3,000 | 3,000 |
| 4.2 | Accident and health | | | |
| 5. | Policyholders' dividends/refunds to members \$..... and coupons \$..... due and unpaid | | | |
| 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 \$..... Modco) | | 8,000 | 8,000 |
| 6.2 | Policyholders' dividends and refunds to members not yet apportioned (including \$..... Modco) | | | |
| 6.3 | Coupons and similar benefits (including \$..... 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 \$..... discount; including \$..... accident and health premiums | | | |
| 9. | Contract liabilities not included elsewhere: | | | |
| 9.1 | Surrender values on canceled contracts | | | |
| 9.2 | Provision for experience rating refunds, including the liability of \$..... accident and health experience rating refunds of which \$..... is for medical loss ratio rebate per the Public Health Service Act | | | |
| 9.3 | Other amounts payable on reinsurance, including \$..... assumed and \$..... ceded | | | |
| 9.4 | Interest Maintenance Reserve | | 30,511 | 31,532 |
| 10. | Commissions to agents due or accrued-life and annuity contracts \$....., accident and health \$..... and deposit-type contract funds \$..... | | | |
| 11. | Commissions and expense allowances payable on reinsurance assumed | | | |
| 12. | General expenses due or accrued | | 1,350 | 1,350 |
| 13. | Transfers to Separate Accounts due or accrued (net) (including \$..... accrued for expense allowances recognized in reserves, net of reinsured allowances) | | | |
| 14. | Taxes, licenses and fees due or accrued, excluding federal income taxes | | | |
| 15.1 | Current federal and foreign income taxes, including \$..... 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 | | 842 | 751 |
| 18. | Amounts held for agents' account, including \$..... 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 \$..... and interest thereon \$..... | | | |
| 23. | Dividends to stockholders declared and unpaid | | | |
| 24. | Miscellaneous liabilities: | | | |
| 24.01 | Asset valuation reserve | | 47,398 | 51,823 |
| 24.02 | Reinsurance in unauthorized and certified (\$.....) companies | | | |
| 24.03 | Funds held under reinsurance treaties with unauthorized and certified (\$.....) 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 \$..... and interest thereon \$..... | | | |
| 25. | Aggregate write-ins for liabilities | | | |
| 26. | Total liabilities excluding Separate Accounts business (Lines 1 to 25) | | 2,667,626 | 2,671,981 |
| 27. | From Separate Accounts statement | | | |
| 28. | Total liabilities (Lines 26 and 27) | | 2,667,626 | 2,671,981 |
| 29. | Common capital stock | | | |
| 30. | Preferred capital stock | | | |
| 31. | Aggregate write-ins for other-than-special surplus funds | | | |
| 32. | Surplus notes | | | |
| 33. | Gross paid in and contributed surplus | | | |
| 34. | Aggregate write-ins for special surplus funds | | 33,673 | 33,673 |
| 35. | Unassigned funds (surplus) | | 721,617 | 728,032 |
| 36. | Less treasury stock, at cost: | | | |
| 36.1 | ... shares common (value included in Line 29 \$.....) | | | |
| 36.2 | ... shares preferred (value included in Line 30 \$.....) | | | |
| 37. | Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$..... in Separate Accounts Statement) | | 755,290 | 761,705 |
| 38. | Totals of Lines 29, 30 and 37 | | 755,290 | 761,705 |
| 39. | Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) | | 3,422,916 | 3,433,686 |
| Details of Write-Ins | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | |
| 3101. | | | | |
| 3102. | | | | |
| 3103. | | | | |
| 3198. | Summary of remaining write-ins for Line 31 from overflow page | | | |
| 3199. | Totals (Lines 3101 through 3103 plus 3198) (Line 31 above) | | | |
| 3401. | Relief and Benevolent Funds | | 33,673 | 33,673 |
| 3402. | | | | |
| 3403. | | | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | 33,673 | 33,673 |

SUMMARY OF OPERATIONS

| | | 1 | 2 | 3 |
|-----------------------------|--|----------------------|--------------------|------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| 1. | Premiums and annuity considerations for life and accident and health contracts | 4,776 | 4,404 | 11,085 |
| 2. | Considerations for supplementary contracts with life contingencies | | | |
| 3. | Net investment income | 37,275 | 38,253 | 140,724 |
| 4. | Amortization of Interest Maintenance Reserve (IMR) | 1,021 | 1,067 | 4,268 |
| 5. | Separate Accounts net gain from operations excluding unrealized gains or losses | | | |
| 6. | Commissions and expense allowances on reinsurance ceded | | | |
| 7. | Reserve adjustments on reinsurance ceded | | | |
| 8. | Miscellaneous Income: | | | |
| 8.1 | Income from fees associated with investment management, administration and contract guarantees from Separate Accounts | | | |
| 8.2 | Charges and fees for deposit-type contracts | | | |
| 8.3 | Aggregate write-ins for miscellaneous income | | | |
| 9. | Totals (Lines 1 to 8.3) | 43,072 | 43,724 | 156,077 |
| 10. | Death benefits | 7,081 | 8,199 | 54,861 |
| 11. | Matured endowments (excluding guaranteed annual pure endowments) | 2,400 | 6,256 | 7,008 |
| 12. | Annuity benefits | | — | |
| 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 | 12,987 | 622 | 3,781 |
| 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 | 1,000 | 1,500 | (3,254) |
| 20. | Totals (Lines 10 to 19) | 23,468 | 16,577 | 62,396 |
| 21. | Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) | | | |
| 22. | Commissions and expense allowances on reinsurance assumed | | | |
| 23. | General insurance expenses and fraternal expenses | 36,530 | 30,925 | 100,519 |
| 24. | Insurance taxes, licenses and fees, excluding federal income taxes | 1,608 | 1,717 | 4,142 |
| 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 | | | |
| 28. | Totals (Lines 20 to 27) | 61,606 | 49,219 | 167,057 |
| 29. | Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) | (18,534) | (5,495) | (10,980) |
| 30. | Dividends to policyholders and refunds to members | 1,870 | 1,895 | 7,612 |
| 31. | Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) | (20,404) | (7,390) | (18,592) |
| 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) | (20,404) | (7,390) | (18,592) |
| 34. | Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$..... (excluding taxes of \$..... transferred to the IMR) | | | |
| 35. | Net income (Line 33 plus Line 34) | (20,404) | (7,390) | (18,592) |
| Capital and Surplus Account | | | | |
| 36. | Capital and surplus, December 31, prior year | 761,705 | 797,387 | 797,387 |
| 37. | Net income (Line 35) | (20,404) | (7,390) | (18,592) |
| 38. | Change in net unrealized capital gains (losses) less capital gains tax of \$..... | 9,564 | (14,231) | (13,054) |
| 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 | 4,424 | (485) | (4,036) |
| 45. | Change in treasury stock | | | |
| 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 | | | |
| 54. | Net change in capital and surplus (Lines 37 through 53) | (6,415) | (22,106) | (35,682) |
| 55. | Capital and surplus as of statement date (Lines 36 + 54) | 755,290 | 775,281 | 761,705 |
| Details of Write-Ins | | | | |
| 08.301. | ..... |  |  |  |
| 08.302. | ..... |  |  |  |
| 08.303. | ..... |  |  |  |
| 08.398. | Summary of remaining write-ins for Line 8.3 from overflow page | | | |
| 08.399 | Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) | | | |
| 2701. | ..... |  |  |  |
| 2702. | ..... |  |  |  |
| 2703. | ..... |  |  |  |
| 2798. | Summary of remaining write-ins for Line 27 from overflow page | | | |
| 2799. | Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) | | | |
| 5301. | ..... |  |  |  |
| 5302. | ..... |  |  |  |
| 5303. | ..... |  |  |  |
| 5398. | Summary of remaining write-ins for Line 53 from overflow page | | | |
| 5399. | Totals (Lines 5301 through 5303 plus 5398) (Line 53 above) | | | |

CASH FLOW

| | 1 | 2 | 3 |
|---|----------------------|--------------------|---------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 4,776 | 4,404 | 11,085 |
| 2. Net investment income..... | 50,520 | 49,413 | 151,927 |
| 3. Miscellaneous income..... | | | |
| 4. Total (Lines 1 to 3)..... | 55,296 | 53,817 | 163,012 |
| 5. Benefit and loss related payments..... | 22,468 | 15,077 | 65,650 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 38,138 | 23,642 | 104,561 |
| 8. Dividends paid to policyholders..... | 1,870 | 1,895 | 7,612 |
| 9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)..... | | | – |
| 10. Total (Lines 5 through 9)..... | 62,476 | 40,614 | 177,823 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (7,180) | 13,203 | (14,811) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 80,000 | 11,176 | 83,680 |
| 12.2 Stocks..... | | | |
| 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)..... | 80,000 | 11,176 | 83,680 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | | | 49,236 |
| 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)..... | – | – | 49,236 |
| 14. Net increase (or decrease) in contract loans and premium notes..... | – | – | (1,379) |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | 80,000 | 11,176 | 35,823 |
| 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)..... | 91 | (28) | 32 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 91 | (28) | 32 |
| 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)..... | 72,911 | 24,351 | 21,044 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 106,411 | 85,367 | 85,367 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 179,322 | 109,718 | 106,411 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | | |
| 20.0001. | | | |

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

| | | 1 | 2 | 3 |
|-----|-----------------------------------|----------------------|--------------------|---------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| 1. | Individual life..... | 4,776 | 4,404 | 11,085 |
| 2. | Group life..... | | | |
| 3. | Individual annuities..... | | | |
| 4. | Group annuities..... | | | |
| 5. | Accident & health..... | | | |
| 6. | Fraternal..... | | | |
| 7. | Other lines of business..... | | | |
| 8. | Subtotal (Lines 1 through 7)..... | 4,776 | 4,404 | 11,085 |
| 9. | Deposit-type contracts..... | | | |
| 10. | Total (Lines 8 and 9)..... | 4,776 | 4,404 | 11,085 |

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of North American Swiss Alliance are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial Fraternal Benefit Society, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Ohio.

A reconciliation of the Society's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio results in no changes.

| | SSAP # | F/S Page | F/S Line # | 03/31/2024 | 12/31/2023 |
|---|--------|----------|------------|--------------------|--------------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 35, Columns 1 & 3) | XXX | XXX | XXX | \$ (20,404) | \$ (18,592) |
| (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 | <u>\$ (20,404)</u> | <u>\$ (18,592)</u> |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 38, Columns 1 & 2) | XXX | XXX | XXX | \$ 755,290 | \$ 761,705 |
| (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 | <u>\$ 755,290</u> | <u>\$ 761,705</u> |

B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. If applicable, annuity considerations are recognized as revenue when received.
Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The amount of dividends to be paid to policyholders is determined annually by the Alliance's Board of Directors. The aggregate amount of policyholders' dividends is related to actual interest, mortality, morbidity, and expense experience for the year and judgment as to the appropriate level of statutory surplus to be retained by the Alliance.

- (1) Short-term investments - No Significant Changes
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

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

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

- (3) Common stocks - No Significant Changes
- (4) Preferred stocks - No Significant Changes
- (5) Mortgage loans - No Significant Changes
- (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) Investments in subsidiaries, controlled and affiliated entities - No Significant Changes
- (8) Investments in joint ventures, partnerships and limited liability entities - No Significant Changes
- (9) Derivatives - No Significant Changes
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - No Significant Changes

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. However the Alliance is considering a merger with another fraternal

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

benefit insurance company in 2024. A vote for approval will occur in May of 2024. Final acceptance by both organizations will be determined in June of 2024.

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- 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 - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - 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. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

| | General Account | Separate Account |
|---|-----------------|------------------|
| (1) Number of CUSIPs..... | | |
| (2) Aggregate amount of investment income..... | \$..... | \$..... |
| R. Reporting Entity's Share of Cash Pool by Asset type - Not Applicable | | |

6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income - No Significant Changes

8. Derivative Instruments - Not Applicable

9. Income Taxes - Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - Not Applicable

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - Not Applicable

14. Liabilities, Contingencies and Assessments - Not Applicable

15. Leases - No Significant Changes

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

- A. Fair Value Measurement - Not Applicable
- B. Other Fair Value Disclosures - Not Applicable

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-------------------|---------|-------------------|---------|-----------------------|----------------------------------|
| BONDS | \$..... 2,821,675 | \$..... 3,162,824 | \$..... | \$..... 2,821,675 | \$..... | \$..... | \$..... |
| PREFERRED STOCKS | 42,521 | 45,573 | 42,521 | | | | |
| CASH | 179,322 | 179,322 | 179,322 | | | | |

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items - Not Applicable

22. Events Subsequent

Subsequent events have been considered through 5/15/2024 for these statutory financial statements which are to be issued on 5/15/2024.

There were no events occurring subsequent to the end of the quarter that merited recognition in these statements.

However the Alliance is considering a merger with another fraternal benefit organization. The merger is to be voted on in May of 2024 and if approved by both organizations could be completed by the end of the June quarter 2024.

23. Reinsurance - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - Not Applicable
- B. Method Used to Record - Not Applicable
- C. Amount and Percent of Net Retrospective Premiums - Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

NOT APPLICABLE.

- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

NOT APPLICABLE

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - Not Applicable
- (5) ACA risk corridors receivable as of reporting date - Not Applicable

25. Change in Incurred Losses and Loss Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables - Not Applicable

29. Participating Policies - No Significant Changes

30. Premium Deficiency Reserves - Not Applicable

31. Reserves for Life Contracts and Annuity Contracts - No Significant Changes

32. Analysis of Annuity Actuarial Reserves and Deposit Type Contract Liabilities by Withdrawal Characteristics - Not Applicable

33. Analysis of Life Actuarial Reserves by Withdrawal Characteristics - No Significant Changes

34. Premiums and Annuity Considerations Deferred and Uncollected - Not Applicable

35. Separate Accounts - Not Applicable

36. Loss/Claim Adjustment Expenses - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?.....YES.....
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?.....NO.....
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?.....NO.....
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?.....NO.....
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?.....NO.....
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?.....NO.....
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?N/A.....
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2019...
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2019...
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).....09/02/2020...
- 6.4 By what department or departments?
OHIO DEPARTMENT OF INSURANCE.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?N/A.....
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?N/A.....
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?NO.....
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?NO.....
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?NO.....
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?YES.....
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended?NO.....
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?NO.....
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....NO.....
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? NO
- 15.2 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.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.3 Total payable for securities lending reported on the liability page \$

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

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

| 1 | 2 |
|----------------------|----------------------------------|
| Name of Custodian(s) | Custodian Address |
| WELLS FARGO ADVISORS | 950 MAIN AVE CLEVELAND, OH.44113 |

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? NO
- 17.4 If yes, give full and complete information relating thereto:

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

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

| 1 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| DON ROBISON | I |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? NO
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? NO
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?YES.....
- 18.2 If no, list exceptions:
.....
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 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?NO.....
20. 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 a 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?NO.....
21. 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.
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?NO.....

GENERAL INTERROGATORIES

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

Life and Accident Health Companies/Fraternal Benefit Societies:

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

| | 1 |
|--|--------|
| | Amount |
| 1.1 Long-Term Mortgages in Good Standing | |
| 1.11 Farm Mortgages | \$ |
| 1.12 Residential Mortgages | |
| 1.13 Commercial Mortgages | |
| 1.14 Total Mortgages in Good Standing | \$ |
| 1.2 Long-Term Mortgages in Good Standing with Restructured Terms | |
| 1.21 Total Mortgages in Good Standing with Restructured Terms | \$ |
| 1.3 Long-Term Mortgage Loans upon which Interest is Overdue more than Three Months | |
| 1.31 Farm Mortgages | \$ |
| 1.32 Residential Mortgages | |
| 1.33 Commercial Mortgages | |
| 1.34 Total Mortgages with Interest Overdue more than Three Months | \$ |
| 1.4 Long-Term Mortgage Loans in Process of Foreclosure | |
| 1.41 Farm Mortgages | \$ |
| 1.42 Residential Mortgages | |
| 1.43 Commercial Mortgages | |
| 1.44 Total Mortgages in Process of Foreclosure | |
| 1.5 Total Mortgage Loans (Lines 1.14 + 1.21+1.34+1.44) (Page 2, Column 3, Lines 3.1 +3.2) | \$ |
| 1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter | |
| 1.61 Farm Mortgages | \$ |
| 1.62 Residential Mortgages | |
| 1.63 Commercial Mortgages | |
| 1.64 Total Mortgages Foreclosed and Transferred to Real Estate | \$ |
| 2. Operating Percentages: | |
| 2.1 A&H loss percent | % |
| 2.2 A&H cost containment percent | % |
| 2.3 A&H expense percent excluding cost containment expenses | % |
| 3.1 Do you act as a custodian for health savings accounts? | NO |
| 3.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$ |
| 3.3 Do you act as an administrator for health savings accounts? | NO |
| 3.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$ |
| 4 Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | YES |
| 4.1 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 | |

Fraternal Benefit Societies Only:

| | | |
|-----|---|-----|
| 5.1 | In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurances for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done? | N/A |
| 5.2 | If no, explain: | |
| 6.1 | Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? | NO |
| 6.2 | If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus? | |

| Date | Outstanding Lien Amount |
|------|-------------------------|
| | \$ |

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------|-----------|----------------|-------------------|--------------------------|---------------------------|------------------------|-------------------|--|--|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |

NONE

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| States, Etc. | | 1 | Direct Business Only | | | | | |
|----------------------|--|-------------------|-------------------------|------------------------|---|----------------------|---------------------------|------------------------|
| | | | Life Contracts | | 4 | 5 | 6 | 7 |
| | | | 2 | 3 | | | | |
| | | Active Status (a) | Life Insurance Premiums | Annuity Considerations | Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | Other Considerations | Total Columns 2 Through 5 | Deposit-Type Contracts |
| 1. | Alabama | AL N | | | | | | |
| 2. | Alaska | AK N | | | | | | |
| 3. | Arizona | AZ N | | | | | | |
| 4. | Arkansas | AR N | | | | | | |
| 5. | California | CA L | | | | | | |
| 6. | Colorado | CO N | | | | | | |
| 7. | Connecticut | CT N | | | | | | |
| 8. | Delaware | DE N | | | | | | |
| 9. | District of Columbia | DC N | | | | | | |
| 10. | Florida | FL N | | | | | | |
| 11. | Georgia | GA N | | | | | | |
| 12. | Hawaii | HI N | | | | | | |
| 13. | Idaho | ID N | | | | | | |
| 14. | Illinois | IL N | | | | | | |
| 15. | Indiana | IN N | | | | | | |
| 16. | Iowa | IA N | | | | | | |
| 17. | Kansas | KS N | | | | | | |
| 18. | Kentucky | KY N | | | | | | |
| 19. | Louisiana | LA N | | | | | | |
| 20. | Maine | ME N | | | | | | |
| 21. | Maryland | MD N | | | | | | |
| 22. | Massachusetts | MA N | | | | | | |
| 23. | Michigan | MI N | | | | | | |
| 24. | Minnesota | MN N | | | | | | |
| 25. | Mississippi | MS N | | | | | | |
| 26. | Missouri | MO N | | | | | | |
| 27. | Montana | MT N | | | | | | |
| 28. | Nebraska | NE N | | | | | | |
| 29. | Nevada | NV N | | | | | | |
| 30. | New Hampshire | NH N | | | | | | |
| 31. | New Jersey | NJ N | | | | | | |
| 32. | New Mexico | NM N | | | | | | |
| 33. | New York | NY N | | | | | | |
| 34. | North Carolina | NC N | | | | | | |
| 35. | North Dakota | ND N | | | | | | |
| 36. | Ohio | OH L | 2,906 | | | | 2,906 | |
| 37. | Oklahoma | OK N | | | | | | |
| 38. | Oregon | OR N | | | | | | |
| 39. | Pennsylvania | PA N | | | | | | |
| 40. | Rhode Island | RI N | | | | | | |
| 41. | South Carolina | SC N | | | | | | |
| 42. | South Dakota | SD N | | | | | | |
| 43. | Tennessee | TN N | | | | | | |
| 44. | Texas | TX N | | | | | | |
| 45. | Utah | UT N | | | | | | |
| 46. | Vermont | VT N | | | | | | |
| 47. | Virginia | VA N | | | | | | |
| 48. | Washington | WA N | | | | | | |
| 49. | West Virginia | WV N | | | | | | |
| 50. | Wisconsin | WI N | | | | | | |
| 51. | Wyoming | WY N | | | | | | |
| 52. | American Samoa | AS N | | | | | | |
| 53. | Guam | GU N | | | | | | |
| 54. | Puerto Rico | PR N | | | | | | |
| 55. | U.S. Virgin Islands | VI N | | | | | | |
| 56. | Northern Mariana Islands | MP N | | | | | | |
| 57. | Canada | CAN N | | | | | | |
| 58. | Aggregate Other Alien | OT XXX | | | | | | |
| 59. | Subtotal | XXX | 2,906 | | | | 2,906 | |
| 90. | Reporting entity contributions for employee benefits plans | XXX | | | | | | |
| 91. | Dividends or refunds applied to purchase paid-up additions and annuities | XXX | 1,870 | | | | 1,870 | |
| 92. | Dividends or refunds applied to shorten endowment or premium paying period | XXX | | | | | | |
| 93. | Premium or annuity considerations waived under disability or other contract provisions | XXX | | | | | | |
| 94. | Aggregate other amounts not allocable by State | XXX | | | | | | |
| 95. | Totals (Direct Business) | XXX | 4,776 | | | | 4,776 | |
| 96. | Plus Reinsurance Assumed | XXX | | | | | | |
| 97. | Totals (All Business) | XXX | 4,776 | | | | 4,776 | |
| 98. | Less Reinsurance Ceded | XXX | | | | | | |
| 99. | Totals (All Business) less Reinsurance Ceded | XXX | 4,776 | | | | 4,776 | |
| Details of Write-Ins | | | | | | | | |
| 58001. | | XXX | | | | | | |
| 58002. | | XXX | | | | | | |
| 58003. | | XXX | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | |
| 58999. | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | | | | | | |
| 9401. | | XXX | | | | | | |
| 9402. | | XXX | | | | | | |
| 9403. | | XXX | | | | | | |
| 9498. | Summary of remaining write-ins for Line 94 from overflow page | XXX | | | | | | |
| 9499. | Totals (Lines 9401 through 9403 plus 9498) (Line 94 above) | XXX | | | | | | |

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R – Registered – Non-domiciled RRGs

3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state

4. Q – Qualified - Qualified or accredited reinsurer

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

–

55

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|-----------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| | | | | | | | | | | | | | | | |

NONE

| Asterisk | Explanation |
|----------|-------------|
| | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | Response |
|---|----------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?..... | NO |
| 2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?..... | NO |
| 3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? | NO |
| 4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? | NO |
| 5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?..... | NO |
| 6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?..... | NO |
| 7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC? | NO |
| 8. Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarter Only) The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. In the case of an ongoing statement of exemption, enter “SEE EXPLANATION” and provide as an explanation that the company is utilizing an ongoing statement of exemption..... | N/A..... |








August Filing

| | |
|---|----------|
| 9. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter..... | N/A..... |
|---|----------|

EXPLANATION:

| | |
|--|--|
| 1. The data for this supplement is not required to be filed..... | |
| 2. The data for this supplement is not required to be filed..... | |
| 3. The data for this supplement is not required to be filed..... | |
| 4. The data for this supplement is not required to be filed..... | |
| 5. The data for this supplement is not required to be filed..... | |
| 6. The data for this supplement is not required to be filed..... | |
| 7. The data for this supplement is not required to be filed..... | |
| 8. | |
| 9. | |

BARCODES:

| | |
|----|--|
| 1. |  5 6 3 7 5 2 0 2 4 9 0 0 0 0 0 1 |
| 2. |  5 6 3 7 5 2 0 2 4 3 6 5 0 0 0 0 1 |
| 3. |  5 6 3 7 5 2 0 2 4 4 4 5 0 0 0 0 1 |
| 4. |  5 6 3 7 5 2 0 2 4 4 4 6 0 0 0 0 1 |
| 5. |  5 6 3 7 5 2 0 2 4 4 4 7 0 0 0 0 1 |
| 6. |  5 6 3 7 5 2 0 2 4 4 4 8 0 0 0 0 1 |
| 7. |  5 6 3 7 5 2 0 2 4 4 4 9 0 0 0 0 1 |
| 8. | |
| 9. | |

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | | 1 | 2 |
|-----|---|--------------|------------------------------|
| | | Year to Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 3,281,366 | 3,339,943 |
| 2. | Cost of bonds and stocks acquired | | 49,236 |
| 3. | Accrual of discount | 516 | 1,972 |
| 4. | Unrealized valuation increase / (decrease) | 9,564 | (13,054) |
| 5. | Total gain (loss) on disposals | — | |
| 6. | Deduct consideration for bonds and stocks disposed of | 80,000 | 83,355 |
| 7. | Deduct amortization of premium | 3,049 | 13,051 |
| 8. | Total foreign exchange change in book / adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | (325) |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 3,208,397 | 3,281,366 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 3,208,397 | 3,281,366 |

SCHEDULE D – PART 1B

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--|--|--|--|---|--|---|--|
| NAIC Designation | Book / Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book / Adjusted Carrying Value End of First Quarter | Book / Adjusted Carrying Value End of Second Quarter | Book / Adjusted Carrying Value End of Third Quarter | Book / Adjusted Carrying Value December 31 Prior Year |
| Bonds | | | | | | | | |
| 1. NAIC 1 (a)..... | 847,531 | — | 50,000 | 53,936 | 851,467 | | | 847,531 |
| 2. NAIC 2 (a)..... | 2,020,621 | — | 30,000 | (6,816) | 1,983,805 | | | 2,020,621 |
| 3. NAIC 3 (a)..... | 311,543 | — | | (49,571) | 261,972 | | | 311,543 |
| 4. NAIC 4 (a)..... | 25,351 | — | | (37) | 25,314 | | | 25,351 |
| 5. NAIC 5 (a)..... | 33,619 | — | | 6,647 | 40,266 | | | 33,619 |
| 6. NAIC 6 (a)..... | — | — | | | — | | | — |
| 7. Total Bonds..... | 3,238,665 | — | 80,000 | 4,159 | 3,162,824 | | | 3,238,665 |
| Preferred Stock | | | | | | | | |
| 8. NAIC 1..... | | | | | | | | |
| 9. NAIC 2..... | 42,701 | — | — | 2,872 | 45,573 | | | 42,701 |
| 10. NAIC 3..... | | | | | | | | |
| 11. NAIC 4..... | | | | | | | | |
| 12. NAIC 5..... | | | | | | | | |
| 13. NAIC 6..... | | | | | | | | |
| 14. Total Preferred Stock..... | 42,701 | — | — | 2,872 | 45,573 | | | 42,701 |
| 15. Total Bonds & Preferred Stock..... | 3,281,366 | — | 80,000 | 7,031 | 3,208,397 | | | 3,281,366 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$...; NAIC 2 \$...; NAIC 3 \$...; NAIC 4 \$...; NAIC 5 \$...; NAIC 6 \$...

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

(SI-08) Schedule E - Part 2 - Verification - Cash Equivalents

NONE

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

(E-04) Schedule D - Part 3
NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book / Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|----------------------------------|---------|------------------|-------------------|---------------------------------|---------------|-----------|-------------|---|---|---|--|--|---|---|---|--|-------------------------------------|--|---|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book / Adjusted Carrying Value | Unrealized Valuation Increase / (Decrease) | Current Year's (Amortization) / Accretion | Current Year's Other-Than- Temporary Impairment Recognized | Total Change in B. / A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | Book / Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest / Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | | | | | | | | | | | | | | | |
| 373541-Z8-7 | GEORGIA MUN ELEC AUTH PWR REV | | 01/01/2024 | MATURED | XXX | 50,000 | 50,000 | 55,385 | 49,970 | | 30 | | 30 | | 50,000 | | — | — | 1,120 | 01/01/2024 | 1.F FE |
| 0909999999 – Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | 50,000 | 50,000 | 55,385 | 49,970 | | 30 | | 30 | | 50,000 | | — | — | 1,120 | XXX | XXX |
| Bonds: Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | |
| 02209S-AS-2 | ALTRIA GROUP INC | | 01/31/2024 | MATURED | XXX | 30,000 | 30,000 | 30,775 | 30,000 | | | | | | 30,000 | | | | 600 | .01/31/2024 | 2.B FE |
| 1109999999 – Bonds: Industrial and Miscellaneous (Unaffiliated) | | | | | | 30,000 | 30,000 | 30,775 | 30,000 | | | | | | 30,000 | | | | 600 | XXX | XXX |
| 2509999997 – Subtotals - Bonds - Part 4 | | | | | | 80,000 | 80,000 | 86,160 | 79,970 | | 30 | | 30 | | 80,000 | | — | — | 1,720 | XXX | XXX |
| 2509999998 – Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | | | | | | | | | | | | | | | | | | |
| 2509999999 – Subtotals - Bonds | | | | | | 80,000 | 80,000 | 86,160 | 79,970 | | 30 | | 30 | | 80,000 | | — | — | 1,720 | XXX | XXX |
| 6009999999 – Totals | | | | | | 80,000 | XXX | 86,160 | 79,970 | | 30 | | 30 | | 80,000 | | — | — | 1,720 | XXX | XXX |

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|---|---------------|---------------------------|---|---|--|--------------|-------------|------------|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| KEY BANK -CHECKING – CLEVELAND , OH..... | | | | | 9,407 | 5,228 | 1,151 | XXX |
| WELLS FARGO -CASH SWEEP – CLEVELAND , OH..... | | 0.010 | 132 | | 136,583 | 141,575 | 133,802 | XXX |
| GBU ACCOUNT – PITTSBURGH , PA..... | | 3.000 | 362 | | 44,007 | 44,007 | 44,369 | XXX |
| 0199998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | | | | | | | | XXX |
| 0199999 – Total Open Depositories | | | 494 | | 189,997 | 190,810 | 179,322 | XXX |
| 0299998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories | | | | | | | | XXX |
| 0299999 – Total Suspended Depositories | | | | | | | | XXX |
| 0399999 – Total Cash on Deposit | | | 494 | | 189,997 | 190,810 | 179,322 | XXX |
| 0499999 – Cash in Company's Office | | | XXX | XXX | | | | XXX |
| 0599999 – Total | | | 494 | | 189,997 | 190,810 | 179,322 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|-------------|------|---------------|------------------|---------------|-----------------------------------|---------------------------------------|--------------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book / Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| 8609999999 – Total Cash Equivalents..... | | | | | | | | |

NONE