



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

American Mutual Life Association

NAIC Group Code.....	NAIC Company Code..... 56286	Employer's ID Number..... 34-6577472
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... March 13, 1914	Commenced Business..... November 13, 1910	
Statutory Home Office	19424 S. Waterloo Rd..... Cleveland OH 44119 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	19424 S. Waterloo Rd..... Cleveland Oh 44119 (Street and Number) (City or Town, State and Zip Code)	216-531-1900 (Area Code) (Telephone Number)
Mail Address	19424 S. Waterloo Rd..... Cleveland OH 44119 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	19424 S. Waterloo Rd..... Cleveland OH 44119 (Street and Number) (City or Town, State and Zip Code)	216-531-1900 (Area Code) (Telephone Number)
Internet Web Site Address	www.americanmutual.org	
Statutory Statement Contact	Theresa Aveni (Name) amla1@earthlink.net (E-Mail Address)	216-531-1900-0017 (Area Code) (Telephone Number) (Extension) 216-531-8123 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Albert R. Amigoni	President	2. Theresa Aveni	Secretary-Treasurer
3.		4.	
Anna Mae Mannion	1st Vice-President	Joseph G. Zab	2nd Vice President

OTHER

DIRECTORS OR TRUSTEES

Albert R Amigoni	Theresa Aveni	James E. Czeck	Alyce M. Kane
Charles Kohli	Jaime Loncar	Anna Mae Mannion	James Mannion
Kenneth E. Shine	Rudolph M. Susel Ph.D	Joseph G. Zab	Ronald J. Zab Ph.D

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) Albert R. Amigoni	(Signature) Theresa Aveni	(Signature)
1. (Printed Name) President	2. (Printed Name) Secretary-Treasurer	3. (Printed Name)
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2012	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).....	34,148,974		34,148,974	32,705,204
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.....	134,140		134,140	208,873
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	95,681		95,681	90,297
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 (\$....244,906, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....0, Sch. DA).....	244,906		244,906	348,629
6. Contract loans (including \$.....0 premium notes).....	107,325		107,325	119,901
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).....	34,731,026	0	34,731,026	33,472,904
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	485,895		485,895	460,362
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	2,798		2,798	3,308
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	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	1,752		1,752	653
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,008	2,008	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.....	57,447	57,447	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	35,280,926	59,455	35,221,471	33,937,227
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	35,280,926	59,455	35,221,471	33,937,227

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Expenses.....	45,449	45,449	0	
2502. Prepaid Pension Cost.....	11,998	11,998	0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	57,447	57,447	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	20,886,000	19,801,000
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	83,795	89,957
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	1,267,138	863,715
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	101,753	77,483
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	942	776
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	100,000	100,000
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....21 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	21	21
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....		
8.3 Interest Maintenance Reserve (IMR, Line 6).....	445,191	507,692
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	54,318	47,530
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	416	4,400
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	43,566	31,924
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....0 and interest thereon \$.....0.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	164,070	149,357
21.2 Reinsurance in unauthorized companies.....		
21.3 Funds held under reinsurance treaties with unauthorized reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....	3,409	3,781
21.6 Funds held under coinsurance.....		
21.7 Derivatives.....		
21.8 Payable for securities.....		
21.9 Payable for securities lending.....		
22. Aggregate write-ins for liabilities.....	29,878	13,732
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	23,180,497	21,691,368
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	23,180,497	21,691,368
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	12,040,974	12,245,859
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	12,040,974	12,245,859
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	35,221,471	33,937,227

DETAILS OF WRITE-INS		
2201. Accrued Interest Payable on Deposits.....	13,878	13,732
2202. Reserve for Convention Expense.....	16,000	
2203.		
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	29,878	13,732
2601.		
2602.		
2603.		
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801.		
2802.		
2803.		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	0	0

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	1,886,889	1,497,749
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	1,679,640	1,642,954
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	71,875	67,294
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.....	701	4,331
9. Totals (Lines 1 to 8.3).....	3,639,105	3,212,328
10. Death benefits.....	283,386	243,788
11. Matured endowments (excluding guaranteed annual pure endowments).....	8,915	3,927
12. Annuity benefits.....	1,091,622	740,368
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$....68.....	12,128	13,486
14. Surrender benefits and withdrawals for life contracts.....	62,607	62,382
15. Interest and adjustments on contract or deposit-type contracts funds.....	40,470	36,595
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	1,078,838	1,009,882
18. Totals (Lines 10 to 17).....	2,577,966	2,110,428
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....	985	1,647
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	814,768	806,263
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	27,356	26,995
23. Increase in loading on deferred and uncollected premiums.....		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		
25. Aggregate write-ins for deductions.....	16,000	0
26. Totals (Lines 18 to 25).....	3,437,075	2,945,333
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	202,030	266,995
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	94,276	94,824
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	107,754	172,171
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....9,372 transferred to the IMR).....		(5,187)
31. Net income (Lines 29 + 30).....	107,754	166,984
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	12,245,859	12,068,355
33. Net income from operations (Line 31).....	107,754	166,984
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		15,065
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....	(3,331)	(762)
37. Change in liability for reinsurance in unauthorized companies.....		
38. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4).....		
39. Change in asset valuation reserve.....	(14,713)	(3,783)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statement.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Change in surplus as a result of reinsurance.....		
45. Aggregate write-ins for gains and losses in surplus.....	(294,595)	0
46. Net change in surplus for the year (Lines 33 through 45).....	(204,885)	177,504
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	12,040,974	12,245,859
DETAILS OF WRITE-INS		
08.301. SUNDRY.....	701	145
08.302. PROCEEDS FROM BOND CLAIM.....		4,186
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	701	4,331
2501. PROVISION CONVENTION.....	16,000	
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	16,000	0
4501. Surplus Promotion.....	(294,595)	
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	(294,595)	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,887,399	1,499,325
2. Net investment income.....	1,816,706	1,775,364
3. Miscellaneous income.....	701	4,331
4. Total (Lines 1 through 3).....	3,704,806	3,279,020
5. Benefit and loss related payments.....	1,474,692	1,093,921
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	836,599	877,942
8. Dividends paid to policyholders.....	94,276	94,824
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	2,405,567	2,066,687
11. Net cash from operations (Line 4 minus Line 10).....	1,299,239	1,212,333
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	3,639,388	6,301,542
12.2 Stocks.....		60,819
12.3 Mortgage loans.....	74,733	75,215
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).....	3,714,121	6,437,576
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	5,235,430	7,523,633
13.2 Stocks.....		
13.3 Mortgage loans.....		150,000
13.4 Real estate.....	9,900	
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,245,330	7,673,633
14. Net increase (decrease) in contract loans and premium notes.....	(12,576)	(20,684)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,518,633)	(1,215,374)
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.....	403,423	(9,961)
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(287,752)	4,169
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	115,671	(5,792)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(103,723)	(8,833)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	348,629	357,462
19.2 End of year (Line 18 plus Line 19.1).....	244,906	348,629

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

20.0001		
---------------	--	--

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2) through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts.....	1,886,889	559,920	1,311,950		15,019		1,886,889		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	1,679,640	1,181,893	497,747				1,679,640		
4. Amortization of interest maintenance reserve (IMR).....	71,875	71,875					71,875		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	0						0		
7. Reserve adjustments on reinsurance ceded.....	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0						0		
8.2 Charges and fees for deposit-type contracts.....	0						0		
8.3 Aggregate write-ins for miscellaneous income.....	701	701	0	0	0	0	701	0	0
9. Totals (Lines 1 to 8.3).....	3,639,105	1,814,389	1,809,697	0	15,019	0	3,639,105	0	0
10. Death benefits.....	283,386	283,386					283,386		
11. Matured endowments (excluding guaranteed annual pure endowments).....	8,915	8,915					8,915		
12. Annuity benefits.....	1,091,622		1,091,622				1,091,622		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$68.....	12,128				12,128		12,128		
14. Surrender benefits and withdrawals for life contracts.....	62,607	62,607					62,607		
15. Interest and adjustments on contract or deposit-type contract funds.....	40,470	40,470					40,470		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	1,078,838	457,000	628,000		(6,162)		1,078,838		
18. Totals (Lines 10 to 17).....	2,577,966	852,378	1,719,622	0	5,966	0	2,577,966	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	985	985					985		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	814,768	606,296					606,296	208,472	
22. Insurance taxes, licenses and fees.....	27,356	23,524					23,524	3,832	
23. Increase in loading on deferred and uncollected premiums.....	0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0						0		
25. Aggregate write-ins for deductions.....	16,000	16,000	0	0	0	0	16,000	0	0
26. Totals (Lines 18 to 25).....	3,437,075	1,499,183	1,719,622	0	5,966	0	3,224,771	212,304	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	202,030	315,206	90,075	0	9,053	0	414,334	(212,304)	0
28. Refunds to members.....	94,276	94,276					94,276		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	107,754	220,930	90,075	0	9,053	0	320,058	(212,304)	0
DETAILS OF WRITE-INS									
08.301. MISC. INCOME.....	701	701					701		
08.302.	0						0		
08.303.	0						0		
08.398. Summary of remaining write-ins for Item 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above).....	701	701	0	0	0	0	701	0	0
2501. CONVENTION PROVISION.....	16,000	16,000					16,000		
2502.	0						0		
2503.	0						0		
2598. Summary of remaining write-ins for Item 25 from overflow page.....	0	0	0	0	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above).....	16,000	16,000	0	0	0	0	16,000	0	0

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	19,801,000	10,462,000	9,339,000	
2. Tabular net premiums or considerations.....	1,864,874	552,924	1,311,950	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	772,330	372,811	399,519	
5. Tabular less actual reserve released.....	8,153		8,153	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	22,446,357	11,387,735	11,058,622	0
9. Tabular cost.....	283,069	283,069		XXX
10. Reserves released by death.....	113,354	113,354	XXX	XXX
11. Reserves released by other terminations (net).....	72,312	72,312		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	1,091,622		1,091,622	
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	1,560,357	468,735	1,091,622	0
15. Reserve December 31, current year.....	20,886,000	10,919,000	9,967,000	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....859,029	.....857,222
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....787,393	.....814,730
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....10,158	.....10,158
4. Real estate.....	(d).....40,000	.....40,000
5. Contract loans.....	.....6,123	.....6,123
6. Cash, cash equivalents and short-term investments.....	(e).....1,607	.....1,607
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....1,704,310	.....1,729,840
11. Investment expenses.....		(g).....36,321
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....9,363
13. Interest expense.....		(h).....
14. Depreciation on real estate and other invested assets.....		(i).....4,516
15. Aggregate write-ins for deductions from investment income.....		.....0
16. Total deductions (Lines 11 through 15).....		.....50,200
17. Net investment income (Line 10 minus Line 16).....		.....1,679,640

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 thru 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 thru 1503 plus 1598) (Line 15 above).....		.....0
(a) Includes \$.....57,010 accrual of discount less \$.....218,653 amortization of premium and less \$.....46,538 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 \$.....4,516 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....10,512	.....	.....10,512	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....(1,140)	.....	.....(1,140)	.....	.....
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	.....0
10. Total capital gains (losses).....	.....9,372	.....0	.....9,372	.....0	.....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	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

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

	1 Total	Insurance				6 Total (Columns 2 through 5)	7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business			
FIRST YEAR (other than single)								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	0					0		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	0					0		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct.....	6,923	6,923				6,923		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	6,923	6,923	0	0	0	6,923	0	0
7. Line 5 + Line 6.4.....	6,923	6,923	0	0	0	6,923	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	6,923	6,923				6,923		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	6,923	6,923	0	0	0	6,923	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	1,741,751	433,274	1,308,477			1,741,751		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	1,741,751	433,274	1,308,477	0	0	1,741,751	0	0
RENEWAL								
11. Uncollected.....	2,891	2,798		93		2,891		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	2,891	2,798		93		2,891		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	2,891	2,798	0	93	0	2,891	0	0
14. Advance.....	21			21		21		
15. Line 13.4 - Line 14.....	2,870	2,798	0	72	0	2,870	0	0
16. Collected during year:								
16.1 Direct.....	141,546	123,084	3,473	14,989		141,546		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	2,914	2,914				2,914		
16.4 Net.....	138,632	120,170	3,473	14,989	0	138,632	0	0
17. Line 15 + Line 16.4.....	141,502	122,968	3,473	15,061	0	141,502	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	3,287	3,245		42		3,287		
19. Renewal premiums and considerations:								
19.1 Direct.....	141,129	122,637	3,473	15,019		141,129		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	2,914	2,914				2,914		
19.4 Net (Line 17 - Line 18).....	138,215	119,723	3,473	15,019	0	138,215	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	1,889,803	562,834	1,311,950	15,019	0	1,889,803	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	2,914	2,914	0	0	0	2,914	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	1,886,889	559,920	1,311,950	15,019	0	1,886,889	0	0

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

	1	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	8,157	8,157				8,157		
22. All other.....	55,896	55,812	.84			55,896		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	.0					.0		
23.2 Reinsurance assumed.....	.0					.0		
23.3 Net ceded less assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
24. Single:								
24.1 Reinsurance ceded.....	.0					.0		
24.2 Reinsurance assumed.....	.0					.0		
24.3 Net ceded less assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
25. Renewal:								
25.1 Reinsurance ceded.....	.0					.0		
25.2 Reinsurance assumed.....	.0					.0		
25.3 Net ceded less assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	.0	.0	.0	.0	.0	.0	.0	.0
26.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
26.3 Net ceded less assumed.....	.0	.0	.0	.0	.0	.0	.0	.0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	.492	.492				.492		
28. Single.....	.494	.494				.494		
29. Renewal.....	.0					.0		
30. Deposit-type contract funds.....	.0					.0		
31. Totals (to agree with Page 6, Line 19).....	.985	.985	.0	.0	.0	.985	.0	.0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Rent.....	55,939				7,459	11,188	74,586
2.	Salaries and wages.....	255,540				16,160	47,947	319,647
3.11	Insured benefit plans for employees.....	129,999						129,999
3.12	Insured benefit plans for fieldworkers.....							0
3.21	Uninsured benefit plans for employees.....							0
3.22	Uninsured benefit plans for fieldworkers.....							0
3.31	Other employee welfare.....	4,104						4,104
3.32	Other fieldworker welfare.....							0
4.1	Legal fees and expenses.....	716						716
4.2	Medical examination fees.....	325						325
4.3	Inspection report fees.....	400						400
4.4	Fees of public accountants and consulting actuaries.....	64,871						64,871
4.5	Expense of investigation and settlement of certificate claims.....							0
5.1	Traveling expenses.....	1,210						1,210
5.2	Advertising.....	9,027						9,027
5.3	Postage, express, telegraph and telephone.....	16,865						16,865
5.4	Printing and stationery.....	6,960						6,960
5.5	Cost or depreciation of furniture and equipment.....	196						196
5.6	Rental of equipment.....	2,402						2,402
5.7	Cost or depreciation of EDP equipment and software.....	662						662
5.8	Lodge supplies less \$.....0 from sales.....							0
6.1	Books and periodicals.....	624						624
6.2	Bureau and association dues.....	4,514						4,514
6.3	Insurance, except on real estate.....	16,646						16,646
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....	2,795						2,795
6.6	Sundry general expenses.....	16,969						16,969
7.1	Field expense allowance.....	3,195						3,195
7.2	Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3	Field conferences other than local meetings.....							0
8.1	Official publications.....						39,958	39,958
8.2	Expense of Supreme Lodge Meetings.....							0
9.1	Real estate expenses.....							0
9.2	Investment expenses not included elsewhere.....					2,639		2,639
9.3	Aggregate write-ins for expenses.....	12,338	0	0	0	10,063	109,379	131,780
10.	General Expenses Incurred.....	606,296	0	0	0	36,321	(a).....208,472	(b).....851,089
11.	General expenses unpaid December 31, prior year.....	8,280					39,250	47,530
12.	General expenses unpaid December 31, current year.....	12,619					41,699	54,318
13.	General expenses paid during year (Lines 10 + 11 - 12).....	601,957	0	0	0	36,321	206,023	844,301

DETAILS OF WRITE-INS

09.301	DONATION/SCHOLARSHIPS.....						76,789	76,789
09.302	DATA PROCESSING.....	10,063				10,063		20,126
09.303	LODGE/FRATERNAL.....						32,590	32,590
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	2,275	0	0	0	0	0	2,275
09.399	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	12,338	0	0	0	10,063	109,379	131,780

(a) Show the distribution of this amount in the following categories:
1. Charitable \$.....11,210; 2. Institutional \$.....2,667; 3. Recreational and Health \$.....16,525; 4. Educational \$.....40,600
5. Religious \$.....2,560; 6. Membership \$.....134,910; 7. Other \$.....0; 8. Total \$.....208,472
(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health		Investment	Fraternal	Total
1.	Real estate taxes.....				7,943		7,943
2.	State insurance department licenses and fees.....	869			153		1,022
3.	Other state taxes, including \$....835 for employee benefits.....	1,790					1,790
4.	U.S. Social Security taxes.....	20,267			1,267	3,800	25,334
5.	All other taxes.....	598				32	630
6.	Taxes, licenses and fees Incurred.....	23,524	0	0	9,363	3,832	36,719
7.	Taxes, licenses and fees unpaid December 31, prior year.....	424			3,976		4,400
8.	Taxes, licenses and fees unpaid December 31, current year.....				416		416
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	23,948	0	0	12,923	3,832	40,703

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums.....	8,157	
2.	Applied to shorten the endowment or premium-paying period.....		
3.	Applied to provide paid-up additions.....	55,812	
4.	Applied to provide paid-up annuities.....	84	
5.	Total (Lines 1 to 4).....	64,053	0
6.	Paid-in cash.....	8,960	
7.	Left on deposit.....	21,263	
8.	Aggregate write-ins for dividend or refund.....	0	0
9.	Total (Lines 5 to 8).....	94,276	0
10.	Amount due and unpaid.....		
11.	Provision for dividends or refunds payable in the following calendar year.....	100,000	
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).....	100,000	0
16.	Total from prior year.....	100,000	
17.	Total dividends or refunds (Line 9 + 15 - 16).....	94,276	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 thru 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. AE 2.5%.....	1,470,261		1,470,261		
0100002. 41 CSO 2.5%.....	952,899		952,899		
0100003. 58 CSO 2.5%.....	3,122,620		3,122,620		
0100004. 80 CSO 4.75%.....	2,161,577		2,161,577		
0100005. 80 CSO 4.5%.....	2,399,739		2,399,739		
0100006. 80 CSO 4%.....	270,355		270,355		
0100007. 2001 CSO 4%.....	506,357		506,357		
0100008. UNEARNED PREMIUM.....	24,935		24,935		
0100009. FRATERNAL PAID UP.....	6,363		6,363		
0100010. ROUNDING.....	894		894		
0199997. Totals (Gross).....	10,916,000	0	10,916,000	0	0
0199999. Totals (Net).....	10,916,000	0	10,916,000	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. SINGLE.....	8,243,212	XXX	8,243,212	XXX	
0200002. SENIOR APPRECIATION.....	80,783	XXX	80,783	XXX	
0200003. IRA.....	1,623,270	XXX	1,623,270	XXX	
0200004. ROUNDING.....	195	XXX	195	XXX	
0299997. Totals (Gross).....	9,947,460	XXX	9,947,460	XXX	0
0299999. Totals (Net).....	9,947,460	XXX	9,947,460	XXX	0
Supplementary Contracts with Life Contingencies:					
0300001. SPIA.....	19,540		19,540		
0399997. Totals (Gross).....	19,540	0	19,540	0	0
0399999. Totals (Net).....	19,540	0	19,540	0	0
Accidental Death Benefits:					
0400001. ADB.....	3,000		3,000		
0499997. Totals (Gross).....	3,000	0	3,000	0	0
0499999. Totals (Net).....	3,000	0	3,000	0	0
9999999. Totals (Net) - Page 3, Line 1.....	20,886,000	0	20,886,000	0	0

EXHIBIT 5 - INTERROGATORIES

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

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?

2.2 If not, state which kind is issued..... Participating

3. Does the reporting entity at present issue or have in force policies 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 []

No [X]

Yes []

No [X]

Yes [X]

No []

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

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.

Yes []

No [X]

\$.....

\$.....

\$.....

\$.....

\$.....

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?

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.

Yes []

No [X]

\$.....

\$.....

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

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

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

Yes []

No [X]

\$.....

\$.....

7.3 State the amount of reserves established for this business:

7.4 Identify where the reserves are reported in the blank.

\$.....

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

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	1,795	1,795					
2. Additional contract reserves (a).....	82,000	82,000					
3. Additional actuarial reserves-Asset/Liability analysis.....	0						
4. Reserve for future contingent benefits.....	0						
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	83,795	83,795	0	0	0	0	0
7. Reinsurance ceded.....	0						
8. Totals (Net).....	83,795	83,795	0	0	0	0	0
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	0						
10. Additional actuarial reserves-Asset/Liability analysis.....	0						
11. Reserve for future contingent benefits.....	0						
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0						
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	83,795	83,795	0	0	0	0	0
17. TABULAR FUND INTEREST.....	0						

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

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	863,716		62,781		567,693	233,242
2. Deposits received during the year.....	574,508		522,471		30,223	21,814
3. Investment earnings credited to the account.....	40,470		5,860		25,595	9,016
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	211,556		133,826		47,833	29,897
8. Other net transfers to or (from) Separate Accounts.....	0					
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	1,267,138	0	457,286	0	575,678	234,174
10. Reinsurance balance at the beginning of the year.....	0					
11. Net change in reinsurance assumed.....	0					
12. Net change in reinsurance ceded.....	0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)....	1,267,138	0	457,286	0	575,678	234,174

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.....	92,695		91,753								942
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	92,695	0	91,753	0	0	0	0	0	0	0	942
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.....	10,000		10,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	10,000	0	(b).....10,000	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	102,695	0	101,753	0	0	0	0	0	0	0	942
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.....	102,695	(a).....0	(a).....101,753	0	0	0	(a).....0	0	0	0	942

(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 - CONTRACT 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.....	1,371,615		268,031	1,091,622							11,962
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 1,371,615	0	268,031	1,091,622	0	0	0	0	0	0	11,962
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	102,695		101,753								942
2.2 Reinsurance assumed.....	0										
2.3 Reinsurance ceded.....	0										
2.4 Net.....	102,695	0	101,753	0	0	0	0	0	0	0	942
3. Amounts recoverable from reinsurers December 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	78,259		77,483								776
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	78,259	0	77,483	0	0	0	0	0	0	0	776
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	1,396,051	0	292,301	1,091,622	0	0	0	0	0	0	12,128
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.....	1,396,051	0	292,301	1,091,622	0	0	0	0	0	0	12,128

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

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....8,915 in Line 1.1, \$.....8,915 in Line 1.4, \$.....8,915 in Line 6.1 and \$.....8,915 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 \$.....68 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.....			.....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.....	.....2,008	.....134	.....(1,874)
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.....	.....57,447	.....55,990	.....(1,457)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....59,455	.....56,124	.....(3,331)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0
28. TOTALS (Lines 26 and 27).....	.....59,455	.....56,124	.....(3,331)

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 thru 1103 plus 1198) (Line 11 above).....	.....0	.....0	.....0
2501. Prepaid Expenses.....	.....45,449	.....33,068	.....(12,381)
2502. Prepaid Pension Cost.....	.....11,998	.....22,922	.....10,924
2503. ....			.....0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....57,447	.....55,990	.....(1,457)

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Account Policies.

A. Accounting practices.

The financial statements of American Mutual Life Association are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of a Fraternal Benefit Society, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, 1) goodwill arising from the purchase of a subsidiary, controlled or affiliated entity is written off directly to surplus in the year it originates by Ohio domiciled companies. In NAIC SAP, goodwill in amounts not to exceed 10% of an insurer's capital and surplus may be capitalized and all amounts of goodwill are amortized to unrealized gains and losses on investments over periods not to exceed 10 years, and, 2) 100% of all fixed assets are admitted by Ohio domiciled Fraternal Benefit Societies. In NAIC SAP, fixed assets are not admitted. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

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

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

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

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

In addition, the Society uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) 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.
- (3) Common Stock: At market value except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.
- (4) Preferred Stock: Cost or Association Value in accordance with NAIC procedure.
- (5) Mortgage Loan or Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.
- (6) See #2.
- (7) The Society has no subsidiary.
- (8) The Society has no ownership interests in joint ventures.
- (9) The Society has no derivatives.
- (10) The Society has no premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined. Because the Society is a life insurer, loss adjustment expenses are not a big factor nor large expense.
- (12) The Society has not modified its capitalization policy from the prior period.
- (13) The Society does not have pharmaceutical receivables

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill:

A. N/A

B. The Society had no merger.

NOTES TO FINANCIAL STATEMENTS

- C. The Society had no assumption reinsurance.
- D. The Society had no impairment loss.

4. Discontinued Operations: N/A

5. Investments.

- A. Mortgage Loans, including Mezzanine Real Estate Loans.
 - (1) The maximum and minimum lending rate for mortgage loans during 2011 were:

No new mortgage loans made in 2011.

- (2) During 2011, the Society reduced interest rates of outstanding mortgage loans as follows:

None.

- (3) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was: 75%.

	<u>Current Year</u>	<u>Prior Year</u>
(4) As of year end, the Society held Mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest	None	None
Total interest due on mortgages with interest more than 180 days past due.	None	None
(5) As of December 31, the amount which had been advanced but not repaid and not included in the mortgage loan total:	None	None
(6) Current year impaired loans with a related allowance for credit losses.	None	None
Related allowance for credit losses.	None	None
(7) Impaired mortgage loans without an allowance for credit losses.	None	None
(8) Average recorded investment in impaired loans.	None	None
(9) Interest income recognized during the period the loans were impaired.	None	None
(10) Amount of interest income recognized on a cash basis during the period the loans were impaired.	None	None
(11) Allowances for credit losses:	None	None
a) Balance at beginning of period	None	None
b) Additions charged to operations	None	None
c) Direct write-downs charged against the allowances.	None	None
d) Recoveries of amounts previously charged off	None	None
e) Balance at end of period	None	None
(12) The Society recognizes interest income on its impaired loans upon receipt. At year-end, interest income onimpaired loans was	None	None

B. Debt Restructuring

- (1) The total recorded investment in restructured loans as of year end.
- (2) The realized capital losses related to these loans.
- (3) Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructuring.

(4) The Company accrues interest income on impaired loans to the extent it is deemed collectible (delinquent less than 90 days) and the loan continues to perform under its original or restructured contractual terms. Interest income on non-performing loans is generally recognized on a cash basis.

C. Reverse Mortgages: None

D. Loan-Backed Securities:

- (1) The Society has elected to use the book value as of January 1, 1994 as the cost for applying the retrospective adjustment method to securities purchased prior to that date.

NOTES TO FINANCIAL STATEMENTS

(2) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.

(3) In the current year, the Society changed no securities from the retrospective to prospective methodology.

E. Repurchase Agreements: N/A

F. Real Estate: The Society has no investments in real estate.

G. Investments In Low-income Housing Tax Credits: The Society has no investments in low-income housing tax credits.

6. Joint Ventures, Partnerships and Limited Liability Companies.

A. The Society has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Society did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

A. Due and accrued income was excluded from investment income on the following basis:

Mortgage loans: On loans in foreclosure or delinquent for more than 90 days.

Bonds: Where collection of interest is uncertain and/or the bond is in default.

Real Estate: Where rent is in arrears for more than three months.

Total Amount Excluded: 0.

8. Derivative Instruments: The Society owned no derivative instruments at December 31, 2011.

9. Income Taxes: The Society, as a Fraternal Benefit Society, is not subject to income taxes.

10. Information Concerning Parent, Subsidiaries and Affiliates:

A. The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.

B. The Society does not have an affiliate or subsidiary.

C. The Society does not hold any investments in its subsidiaries which are not included in Schedule D, Summary by Country.

D. The Society has not made any agreements for the benefit of its subsidiaries which result in a material contingent exposure of the Society's assets.

E. The Society has no management or cost-sharing arrangements, otherthan cost allocation arrangements based upon generally accepted accounting principles, involving the Society or any affiliated insurer.

F - J. N/A

11. Debt: The Society has no debt or borrowed money as of December 31, 2011.

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans.

A. Defined Benefit Plan

The Society sponsors a non-contributory defined benefit pension plan covering U.S. employees. As of December 31, 2011, the Society accrued in accordance with actuarially determined amounts with an offset to the pension cost accrual for the incremental asset amortization.

A summary of assets, obligations and assumptions of the Pension Plan are as follows at December 31, 2011:

	EMPLOYEES PENSION 2011
(1) Change in benefit obligation	
a. Benefit obligation at beginning of year	380,924
b. Service cost	22,603
c. Interest cost	17,546
d. Contribution by plan participant	0
e. Actuarial (gain) loss	0
f. Foreign currency exchange rate changes	0
g. Benefits paid	(60,656)
h. Plan amendments	0
i. Business combinations, divestitures, curtailments, settlements and special termination benefits	0
j. Benefit obligation at end of year	360,417

NOTES TO FINANCIAL STATEMENTS

2) Change in plan assets

a. Fair value of plan assets at beginning of year	288,926
b. Actual return on plan assets	13,869
c. Foreign currency exchange rate changes	0
d. Employer contribution	25,000
e. Plan participants' contributions	0
f. Benefits paid	(60,656)
g. Business combinations, divestitures and settlements	0
h. Fair value of plan assets at end of year	267,139

(3) Funded status

a. Unamortized prior service cost	0
b. Unrecognized net gain or (loss)	(108,038)
c. Remaining net (obligation) or net asset at initial date of application	2,762
d. Prepaid assets or (accrued liabilities)	11,998
e. Intangible asset	0

(4) Accumulated benefit obligation for vested or partially vested employees

252,846

(5) Benefit obligation for non-vested employees

a. Projected Benefit Obligation	0
b. Accumulated Benefit Obligation	0

(6) Components of net periodic benefit cost

a. Service cost	22,603
b. Interest cost	17,546
c. Expected return on plan assets	(13,571)
d. Amortization of unrecognized transition obligation or (transition asset)	(689)
e. Amount of recognized (gains) and losses	10,035
f. Amount of prior service cost recognized	0
g. Amount of gain or loss recognized due to a settlement or curtailment	0
h. Total net periodic benefit cost	35,924

(7) A minimum pension liability adjustment is required when the actuarial present value of accumulated benefits exceeds plan assets and accrued pension liabilities. The minimum liability adjustment, less allowable intangible assets, net of tax benefit, is reported as income in the Income Statement. At December 31, 2011, the additional minimum liability was reduced to \$0 from \$0 at December 31, 2010.

(8) Weighted-average assumption as of December 31:

	<u>2011</u>	<u>2010</u>
a. Discount rate	5.00%	5.00%
b. Rate of compensation increase	3.00%	3.00%
c. Expected long-term rate of return on plan assets	5.00%	5.00%

(9) The measurement dates used to determine other postretirement benefit measurements for post-retirement benefit plans that make up at least the majority of plan assets and benefit obligations:
N/A

(10) For post retirement benefits other than pensions, the assumed health care cost trend rates: N/A

(11) For postretirement benefits other than pensions, the effect of 1% increase or decrease in assumed health care cost trend rates: N/A

(12) The defined benefit pension plan assets allocation as of the measurement date, December 31, 2011 and the target asset allocation, presented as a percentage of total plan assets were as follows

		<u>2011</u>	<u>2010</u>	<u>Target Allocation</u>
Debt Securities	%	70.09%	62.07%	60%-70%
Equity Securities	%	0.00%	0.00%	0%
Real Estate	%	0.00%	0.00%	0%
Other	%	29.10%	37.93%	30%-40%
Total	%	100.00%	100.00%	

b. The Society's defined benefit plan invests in a mix of asset classes. Investments in debt securities, and cash are made to maximize long term returns while recognizing the need for adequate liquidity to meet on-going benefit and administrative obligations. Risk tolerance of unexpected investment and actuarial outcomes is continually evaluated by understanding the pension plan's liability characteristics. This is performed through forecasting and assessing ranges of investment outcomes over short and long term horizons, and by assessing the Company's financial condition and its future potential obligations from both the pension and general corporate requirements. Complementary investment styles prove portfolio and operational risk characteristics. Fixed income investments provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.

NOTES TO FINANCIAL STATEMENTS

Asset allocations and investment performance is formally reviewed monthly. Forecasting of asset and liability growth is performed at least annually. More thorough analysis of assets and liabilities is also performed periodically.

The expected long-term rate of return is estimated based on many factors including the expected forecast for inflation, risk premiums for each asset class, expected asset allocation, current and future financial market conditions, and diversification and rebalancing strategies. Historical return patterns and correlations, consensus return forecasts and other relevant financial factors are analyzed and checked for reasonableness and appropriateness.

(13) Expected Future Payments (Lump sum only)	
a. 2012	2,120
b. 2013	1,990
c. 2014	1,852
d. 2015	1,706
e. 2016	24,748
f. Thereafter total	119,745

(14) The Society does not have any regulatory contribution requirements for 2012, however, the Society currently intends to make voluntary contributions to the defined benefit pension plan of from \$30,000 to \$45,000 in 2012.

(15) through (19): N/A

- B. Defined Contribution Plan:
The Society does not have a Defined Contribution Plan.
C. Multi-employer Plans: N/A
D. Consolidated/holding Company Plans: N/A
E. Post-employment Benefits and Compensated Absences: N/A

13. Capital and surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations.

The Society is a Fraternal Benefit Society and issues no stock.
The Society had no advances to surplus.
The Society has no special surplus funds.
The Society has no surplus notes.

14. Contingencies.

The Society had no contingencies.

15. Leases

The Society does not have any material lease obligations at this time.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Risk.

The Society has no financial instruments with off-balance sheet risk or concentrations of risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:

None.

18. Gain or Loss to the Reporting Entity from uninsured Plans and the Uninsured Portion of Partially Insured Plans:

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:

The Society has no direct premium written/produced by managing general agents/third party administrators.

20. Fair Value Measurement:

The Society has no preferred stock, common stock or derivative assets. The Society's bonds are reported and measured at amortized cost. The Society has no derivative liabilities.

21. Other Items:

The Society has no other items that require reporting.

22. Events Subsequent:

The Society has nothing to report as Events Subsequent including no recovery of business interruption insurance.

23. Reinsurance:

A. Ceded Reinsurance Report

NOTES TO FINANCIAL STATEMENTS

Section 1 - General interrogatories

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

Section 2 - Ceded Reinsurance Report - Part A

- 1. Does the Society have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
No.
 - a. N/A
 - b. N/A
- 2. Does the Society have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured certificates?
No.

Section 3 - Ceded Reinsurance Report - Part B

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

If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such new agreements or amendments?
N/A

B. Uncollectible Reinsurance

The Society has no uncollectible reinsurance.

C. Commutation of Ceded Reinsurance:

None.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination:

The Society has no retrospectively rated contracts or contracts subject to redetermination.

25. Change in Incurred Losses and Loss Adjustment Expenses:

The Society has no change in incurred losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements:

The Society has no Intercompany pooling arrangements.

27. Structured Settlement:

The Society has no Structured Settlements.

28. Health Care Receivables:

The Society has no Health Care Receivables.

29. Participating Policies

- A. 100% of life insurance is participating.
- B. The portfolio average method is applied, recognizing plan of insurance, amount of insurance, year of issue and age at issue.
- C. The Society paid dividends in the amount shown on Exhibit 4 to policy holders.
- D. The Society did not allocate any additional income to its policyholders.

NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves.

Not Applicable.

31. Reserves for Life Contracts and Deposit-type Contracts:

(1). 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 computed reserves.

(2). 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). As of December 31, 2011, 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). The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line5) has been determined by formula as described in the instructions for Page 7 by formula.

(5). 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 Page 7, 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). The details for "Other Increases" (net) under Page 7, Line7, are: None.

32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics:

	Amount	% of Total
A. Subject to discretionary withdrawal		
(1) with fair value adjustment:		
(2) at book value less current surrender charges of 5% or more:		
(3) at fair value:		
(4) Total with adjustments or at fair value (Total 1 through 3):		
(5) At book value without adjustment:	9,947,460	88.55%
B. Not subject to discretionary withdrawal provision:	1,286,678	11.45%
C. Total Gross:	11,243,138	100.0%
D. Reinsurance ceded:	0	
E. Total (Net) * (C) - (D)	11,234,138	100.0%

* Reconciliation of Total Annuity Actuarial Reserves and Deposit Fund Liabilities.

F. Annual Statement:

1. Exh. 5, Annuities, Totals (Net):	9,947,460
2. Exh. 5, Suppl. Contracts w/ Life Contingencies, Total (Net):	19,540
3. Exh. 7, L14, Col. 1:	1,267,138
4. Subtotal:	11,234,138

33. Premium and Annuity Considerations Deferred and Uncollected:

The Society's uncollected premiums are shown on Page 2, Line 15.1, Column 1 and on Exhibit 1.

34. Separate Accounts:

The Society does not have any separate accounts.

35. Loss/Claim Adjustment Expenses:

Not required.

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?

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?

Ohio

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 [☒ X]

No [☐]

2.2

If yes, date of change:

06/06/2011

3.1

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

06/06/2011

3.2

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

12/31/2010

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).

08/02/2011

3.4

By what department or departments?

Ohio Dept. 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 [☐]

No [☐]

N/A [☒ X]

3.6

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

Yes [☐]

No [☐]

N/A [☒ X]

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?

Yes [☐]

No [☒ X]

5.2

If yes, provide the name of the 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 Co. Code	State of Domicile

6.1

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

Yes [☐]

No [☒ 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(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated by 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 response to 8.3 is yes, please provide 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 Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Hudak & Vrana CPAs 662 Hanna Building, 1422 Euclid Avenue, Cleveland, Ohio 44115

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 the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A 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:

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 answer 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?

Edward F. Cowman, Actuary, Bruce and Bruce Company, 915 Sherwood Dr. Lake Bluff, IL 60044

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

.....

12.13

Total book/adjusted carrying value

.....

12.2

If yes, provide explanation.

GENERAL INTERROGATORIES

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

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

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☐ N/A ☒

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

Yes ☒ 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 ☒

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 ☒

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 with a NAIC rating of 3 or below?

Yes ☐ No ☒

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

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

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

Yes ☒ 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 ☒ 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 ☒ No ☐

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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

Yes ☐ No ☒

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 reported in the statement?

Yes ☐ No ☒

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

21.21 Rented from others

.....

21.22 Borrowed from others

.....

21.23 Leased from others

.....

21.24 Other

.....

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 ☒

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

.....

22.22 Amount paid as expenses

.....

22.23 Other amounts paid

.....

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

Yes ☐ No ☒

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

.....

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 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 24.3)?

Yes ☐ No ☒

24.2 If no, give full and complete information relating thereto.

All stocks, bonds and other securities are held in book entry form pursuant to a custodial agreement with KeyBank NA

24.3 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).

24.4 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 ☒

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.

.....

24.6 If answer to 24.4 is no, report amount of collateral for other programs.

.....

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.7

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]

24.8

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

Yes []

No []

N/A [X]

24.9

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]

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 currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3)

Yes []

No [X]

25.2

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

25.21

Subject to repurchase agreements

25.22

Subject to reverse repurchase agreements

25.23

Subject to dollar repurchase agreements

25.24

Subject to reverse dollar repurchase agreements

25.25

Pledged as collateral

25.26

Placed under option agreements

25.27

Letter stock or securities restricted as to sale

25.28

On deposit with state or other regulatory body

25.29

Other

25.3

For category (25.27) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1

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

Yes []

No [X]

26.2

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

Yes []

No []

N/A [X]

27.1

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

Yes []

No [X]

27.2

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

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	2
Name of Custodian(s)	Custodian's Address
KeyBank NA	4900 Tiedeman Rd. Brooklyn, Ohio 44144

28.02

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

1	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 [X]

No []

28.04

If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
J. P. Morgan Chase Bank	KeyBank NA	01/27/2011	Chase Bank terminated safekeeping services

28.05

Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address

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 [X]

29.2

If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adj.Carrying Value
29.2999. TOTAL		0

29.3

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

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to 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.....	34,148,974	40,183,996	6,035,022
30.2 Preferred stocks.....			0
30.3 Totals.....	34,148,974	40,183,996	6,035,022

30.4

Describe the sources or methods utilized in determining the fair values:
NAIC Securities Valuation Office, brokers and FINRA TRACE service

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 [X]

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 [X]

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 Securities Valuation Office been followed?

Yes [X]

No []

32.2

If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

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

1 Name	2 Amount Paid
American Fraternal Alliance	3,276

34.1 Amount of payments for legal expenses, if any? \$.....688

34.2 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
Thomas G. Lobe LPA	688

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 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 - FRATERNAL INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes []

No [X]

1.2

If yes, indicate premium earned on U.S. business only

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

1.62

Total incurred claims

1.63

Number of covered lives

All years prior to most current three years:

1.64

Total premium earned

1.65

Total incurred claims

1.66

Number of covered lives

1.7

Group policies:

Most current three years:

1.71

Total premium earned

1.72

Total incurred claims

1.73

Number of covered lives

All years prior to most current three years:

1.74

Total premium earned

1.75

Total incurred claims

1.76

Number of covered lives

2.1

Does this reporting entity have Separate Accounts?

Yes []

No [X]

2.2

If yes, has a Separate Accounts statement been filed with this Department?

Yes []

No []

N/A [X]

2.3

What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

2.4

State the authority under which Separate Accounts are maintained:

2.5

Was any of the reporting entity's Separate Accounts business reinsured as of December 31?

Yes []

No [X]

2.6

Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?

Yes []

No [X]

2.7

If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"

3.

Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?

Yes [X]

No []

4.

How often are meetings of the subordinate branches required to be held?

Monthly

5.

How are the subordinate branches represented in the supreme or governing body?

By delelgate

6.

What is the basis of representation in the governing body?

2 delegates for up to 150 members and 1 additional delegate for each 150 members

7.1

How often are regular meetings of the governing body held?

Every 4 years

7.2

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

August 7-8, 2010.....

7.3

When and where will the next regular or special meeting of the governing body be held?

2014 in Cleveland, Ohio (Month & day as yet undetermined)

7.4

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

.....72

7.5

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

.....61

8.

How are the expenses of the governing body defrayed?

General funds

9.

When and by whom are the officers and directors elected?

Full-time officers and directors are elected by convention delegates. Part-time officers elected by directors at their first meeting following the convention.

10.

What are the qualifications for membership?

Good moral character and health, of Slovenian extraction or marriage to one of Slovenian extraction, or others who subscribe to the Declaration of Principles and Mission Statement

11.

What are the limiting ages for admission?

0-95

12.

What is the minimum and maximum insurance that may be issued on any one life?

Minimum \$2,000

Maximum \$25,000 with amounts over \$25,000 reinsured

13.

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

Yes []

No [X]

14.

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

Yes []

No [X]

15.1

Are notices of the payments required sent to the members?

Yes []

No []

N/A [X]

15.2

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

Yes []

No []

16.

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

16.11

First year

.....0.0 %

16.12

Subsequent years

.....0.0 %

GENERAL INTERROGATORIES

PART 2 - FRATERNAL INTERROGATORIES

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

Yes [] No [X]

17.2 If so, what amount and for what purpose?

18.1 Does the reporting entity pay an old age disability benefit?

Yes [] No [X]

18.2 If yes, at what age does the benefit commence?

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

Yes [] No [X]

19.2 If yes, when?

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and of all the laws, rules and regulations in force at the present time? If not, please do so.

Yes [X] No []

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

Yes [] No [X]

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

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

21.3 If yes, explain

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

Yes [] No [X]

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

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

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

Yes [] No [X]

24.1 Does the company have variable annuities with guaranteed benefits?

Yes [] No [X]

24.2 If 24.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1	2	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
Guaranteed Death Benefit	Guaranteed Living Benefit							

25. For reporting entities having sold annuities to another insurer when 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:

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

\$.....0

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

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

26.1 Do you act as a custodian for health savings account?

Yes [] No [X]

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

26.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

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

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

Yes [] No [X]

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

	Outstanding Lien Amount
Date	

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
Amounts of life insurance in this exhibit should be shown in thousands (omit 000).

	1 2011	2 2010	3 2009	4 2008	5 2007
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	31,161	30,021	30,103	29,854	30,053
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	1,802	540	842	492	1,214
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	6,923	5,735	4,633	8,169	40,230
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	552,997	140,985	187,309	185,697	168,856
5. Annuity (Line 20.4, Column 3).....	1,311,950	1,334,624	973,957	472,515	436,590
6. Accident and health (Line 20.4, Column 4).....	15,019	16,405	17,658	18,768	20,616
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	1,886,889	1,497,749	1,183,557	685,149	666,292
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	35,221,471	33,937,227	32,832,568	31,860,286	31,639,842
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	23,180,497	21,691,368	20,764,213	19,995,334	19,721,006
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	20,886,000	19,801,000	18,784,000	17,941,000	17,637,882
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	83,795	89,957	97,076	105,225	115,303
13. Deposit-type contract funds (Page 3, Line 3).....	1,267,138	863,715	873,676	891,322	809,766
14. Asset valuation reserve (Page 3, Line 21.1).....	164,070	149,357	145,572	106,494	98,381
15. Surplus (Page 3, Line 30).....	12,040,974	12,245,859	12,068,355	11,864,952	11,918,836
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	1,299,239	1,212,333	979,762	478,392	714,431
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	12,255,044	12,445,215	12,263,929	12,021,446	12,067,717
18. 50% of the Calculated RBC Amount.....	440,493	398,948	350,169	297,934	237,053
Percentage Distribution of Cash, Cash Equivalent and Invested Assets (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	98.3	97.7	97.6	97.7	98.3
20. Stocks (Lines 2.1 and 2.2).....			0.2		
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	0.4	0.6	0.4	0.5	0.5
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.3	0.3	0.3	0.3	0.3
23. Cash, cash equivalents and short-term investments (Line 5).....	0.7	1.0	1.1	1.1	0.5
24. Contract loans (Line 6).....	0.3	0.4	0.4	0.4	0.4
25. Derivatives (Line 7).....			XXX	XXX	XXX
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....			XXX	XXX	XXX
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
Total Nonadmitted Assets and Admitted Assets					
38. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	59,455	56,124	55,362	66,998	61,814
39. Total admitted assets (Page 2, Line 28, Col. 3).....	35,221,471	33,937,227	32,832,568	31,860,286	31,639,842
Investment Data					
40. Net investment income (Exhibit of Net Investment Income, Line 17).....	1,679,640	1,642,954	1,648,058	1,640,641	1,610,600
41. Realized capital gains (losses) (Page 4, Line 30, Column 1).....		(5,187)			
42. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....		15,065	19,435		
43. Total of above Lines 40, 41 and 42.....	1,679,640	1,652,832	1,667,493	1,640,641	1,610,600

American Mutual Life Association
FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Benefits and Reserve Increases (Page 6)					
44. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	1,446,530	1,050,465	889,136	1,008,260	780,313
45. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	12,128	13,486	10,146	15,629	17,376
46. Increase in Life Reserves (Line 17, Column 2).....	457,000	(50,994)	34,000	31,352	131,005
47. Increase in Accident and Health Reserves (Line 17, Column 5).....	(6,162)	(7,119)	(8,149)	(10,078)	(13,221)
48. Refunds to Members (Line 28, Column 1).....	94,276	94,824	99,137	98,564	98,416
Operating Percentages					
49. Insurance Expense Percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	43.2	53.9	64.9	118.5	113.9
50. Lapse Percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	1.2	1.1	0.7	1.1	1.0
51. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	40.4	39.3	12.1	29.9	21.0
52. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
53. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
54. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....					
55. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....	776	1,300	1,860	1,302	927
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
56. Life Insurance (Column 2).....	220,930	380,141	400,483	308,731	350,326
57. Annuity (Column 3).....	90,075	5,125	9,261	(12,799)	14,247
58. Supplementary Contracts (Column 4).....					
59. Accident and Health (Column 5).....	9,053	10,038	15,661	13,217	16,461
60. Aggregate of All Other Lines of Business (Column 6).....		1	1	1	1
61. Fraternal (Column 8).....	(212,304)	(223,133)	(213,994)	(216,610)	(213,358)
62. Expense (Column 9).....					
63. Total (Column 1).....	107,754	172,171	211,411	92,539	167,676

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

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	20,713	30,021
2. Issued during year.....	2,556	1,802
3. Reinsurance assumed.....		
4. Revived during year.....	2	1
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	2,558	1,803
7. Additions by refunds during year.....	XXX	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	23,271	31,824
Deductions During Year:		
10. Death.....	400	264
11. Maturity.....	5	6
12. Disability.....		
13. Expiry.....	13	21
14. Surrender.....	95	121
15. Lapse.....	65	245
16. Conversion.....		
17. Decreased (net).....	1	6
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	579	663
21. In force end of year (b) (Line 9 minus 20).....	22,692	31,161
22. Reinsurance ceded end of year.....	XXX	4,606
23. Line 21 minus Line 22.....	XXX	26,555

DETAILS OF WRITE-INS

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

- (a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).
- (b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates), number of certificates.....27,367 , Amount, \$.....26,716,098.
Additional accidental death benefits included in life certificates were in amount, \$.....4,605,761. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]
If not, how are such expenses met?.....

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

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....		204	439	
2. Issued during year.....		23	23	
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. TOTALS (Lines 1 to 4).....	0	227	462	0
Deduction during year:				
6. Decreased during year (net).....		66	17	
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	66	17	0
9. In force end of year (Line 5 minus Line 8).....	0	161	445	0
10. Amount on deposit.....				XXX
Income now payable:				
11. Amount of income payable.....				XXX
Deferred: fully paid:				
12. Deferred: fully paid - account balance.....	XXX	XXX		XXX
Deferred: not fully paid:				
13. Deferred: not fully paid - account balance.....	XXX	XXX		XXX

Annual Statement for the year 2011 of the

American Mutual Life Association

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.		1	Direct Business					
			Life Contracts		4	5	6	7
			2	3				
		Active Status	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					0	
2.	Alaska.....	AK N					0	
3.	Arizona.....	AZ N					0	
4.	Arkansas.....	AR N					0	
5.	California.....	CA N					0	
6.	Colorado.....	CO N					0	
7.	Connecticut.....	CT N					0	
8.	Delaware.....	DE N					0	
9.	District of Columbia.....	DC N					0	
10.	Florida.....	FL N					0	
11.	Georgia.....	GA N					0	
12.	Hawaii.....	HI N					0	
13.	Idaho.....	ID N					0	
14.	Illinois.....	IL 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	499,076	1,311,950	14,989		1,826,015	570,371
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.....	CN N					0	
58.	Aggregate Other Alien.....	OT XXX	0	0	0	0	0	0
59.	Subtotal.....	(a).....1	499,076	1,311,950	14,989	0	1,826,015	570,371
90.	Reporting entity contributions for employee benefit plans.....	XXX					0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX	55,980				55,980	
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX	8,157				8,157	
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX	68				68	
94.	Aggregate other amounts not allocable by State.....	XXX	0	0	0	0	0	0
95.	Totals (Direct Business).....	XXX	563,281	1,311,950	14,989	0	1,890,220	570,371
96.	Plus Reinsurance Assumed.....	XXX					0	
97.	Totals (All Business).....	XXX	563,281	1,311,950	14,989	0	1,890,220	570,371
98.	Less Reinsurance Ceded.....	XXX	2,914				2,914	
99.	Totals (All Business) less reinsurance ceded.....	XXX	560,367	1,311,950	(b).....14,989	0	1,887,306	570,371

DETAILS OF WRITE-INS								
5801.	.....	XXX					0	
5802.	.....	XXX					0	
5803.	.....	XXX					0	
5898.	Summ. of remaining write-ins for line 58 from overflow page.....	XXX	0	0	0	0	0	0
5899.	Total (Lines 5801 thru 5803 plus 5898) (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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

(a) Insert the number of L responses except for Canada and Other Alien.
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which: EXHIBIT 1, LINES 6.4,10.4, ;& 16.4, COL 4

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

2011 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve (Replications (Synthetic) Assets	32	Schedule D – Part 3	E13
Asset Valuation Reserve Default Component	27	Schedule D – Part 4	E14
Asset Valuation Reserve Equity Component	29	Schedule D – Part 5	E15
Asset Valuation Reserve	26	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Part 2 – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	14	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 1	15	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2	16	Schedule DB – Part D	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Verification	SI14
Exhibit of Life Insurance	24	Schedule DL – Part 1	E23
Exhibit of Net Investment Income	8	Schedule DL – Part 2	E24
Exhibit of Nonadmitted Assets	17	Schedule E – Part 1 – Cash	E25
Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance	24	Schedule E – Part 2 – Cash Equivalents	E26
Five-Year Historical Data	21	Schedule E – Part 3 – Special Deposits	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	25	Schedule E – Verification Between Years	SI15
General Interrogatories	19	Schedule F	33
Jurat Page	1	Schedule H – Accident and Health Exhibit – Part 1	34
Liabilities, Surplus and Other Funds	3	Schedule H – Part 5 – Health Claims	36
Life Insurance (State Page)	23	Schedule H – Parts – 2, 3, and 4	35
Notes To Financial Statements	18	Schedule S – Part 1 – Section 1	37
Overflow Page For Write-Ins	51	Schedule S – Part 1 – Section 2	38
Schedule A – Part 1	E01	Schedule S – Part 2	39
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 1	40
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 2	41
Schedule A – Verification Between Years	SI02	Schedule S – Part 4	42
Schedule B – Part 1	E04	Schedule S – Part 5	43
Schedule B – Part 2	E05	Schedule S – Part 6	44
Schedule B –Part 3	E06	Schedule T – Part 2 – Interstate Compact	46
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Annuity Considerations	45
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	47
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	48
Schedule BA –Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	49
Schedule BA – Verification Between Years	SI03	Summary Investment Schedule	SI01
Schedule D – Part 1	E10	Summary of Operations	4
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	50
Schedule D – Part 1A – Section 2	SI08		