



# ANNUAL STATEMENT

For the Year Ended December 31, 2015  
of the Condition and Affairs of the

## American Mutual Life Association

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 56286	Employer's ID Number..... 34-6577472
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized.....	Commenced Business.....	
Statutory Home Office	19424 South Waterloo Road..... Cleveland ..... OH ..... US ..... 44119 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	19424 South Waterloo Road..... Cleveland ..... OH ..... US..... 44119 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	2165311900 <small>(Area Code) (Telephone Number)</small>
Mail Address	19424 South Waterloo Road..... Cleveland ..... OH ..... US ..... 44119 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	19424 South Waterloo Road..... Cleveland ..... OH ..... US ..... 44119 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	2165311900 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	www.AmericanMutual.org	
Statutory Statement Contact	Theresa Aveni <small>(Name)</small> t.aveni@americanmutual.org <small>(E-Mail Address)</small>	2165311900 <small>(Area Code) (Telephone Number) (Extension)</small>  <small>(Fax Number)</small>

### OFFICERS

Name	Title	Name	Title
1. Timothy Percic	President	2. Theresa Aveni	Secretary-Treasurer
3.		4.	

### OTHER

Joseph Zab	First Vice President	James Czeck	Second Vice President
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### DIRECTORS OR TRUSTEES

Ronald Zab	Kenneth Shine	Jaime Loncar	Alyce Kane
Charle Kohli	James Mannion		

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) Timothy Percic _____ 1. (Printed Name) President _____ (Title)	_____ (Signature) Theresa Aveni _____ 2. (Printed Name) Secretary-Treasurer _____ (Title)	_____ (Signature) _____ 3. (Printed Name) _____ (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2016

a. Is this an original filing? Yes [X] No [ ]  
b. If no 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	38,908,545		38,908,545	37,735,024
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	501,250		501,250	501,250
2.2 Common stocks.....	62,100		62,100	62,100
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	28,274		28,274	806
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	124,194		124,194	123,950
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....164,113, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	164,113		164,113	105,528
6. Contract loans (including \$.....0 premium notes).....	115,112		115,112	116,765
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).....	39,903,588	0	39,903,588	38,645,423
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	597,883		597,883	550,758
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,998		1,998	958
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	151,272		151,272	154,970
21. Furniture and equipment, including health care delivery assets (\$.....0).....	3,112	3,112	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.....	89,507	89,507	0	7,393
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	40,747,360	92,619	40,654,741	39,359,502
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	40,747,360	92,619	40,654,741	39,359,502

### 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.....	42,823	42,823	0	
2502. Prepaid Pension Cost.....	46,684	46,684	0	
2503. Tax Refund Receivable.....			0	7,393
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).....	89,507	89,507	0	7,393

## 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).....	26,156,000	25,097,000
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	57,800	62,867
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	894,552	967,510
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	140,437	126,155
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		498
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 \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		3,674
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).....	267,031	241,258
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....313 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	313	
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	53,894	53,679
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).....	132	1,420
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	45,739	58,757
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).....	321,339	252,819
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....	12,429	7,169
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.....	51,393	31,870
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	28,101,059	27,004,676
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	28,101,059	27,004,676
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.....	12,553,683	12,354,826
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	12,553,683	12,354,826
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	40,654,742	39,359,502

### DETAILS OF WRITE-INS

2201. Accrued Interest Payable on Deposits.....	13,577	14,270
2202. Reserve (Reversal) for Convention Expense.....	14,000	
2203. Reserve for Pension Projected Benefit Obligation.....	20,100	17,600
2298. Summary of remaining write-ins for Line 22 from overflow page.....	3,716	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	51,393	31,870
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).....	1,432,990	1,200,156
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	1,997,171	1,987,122
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	77,109	76,755
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.....	487	390
9. Totals (Lines 1 to 8.3).....	3,507,757	3,264,423
10. Death benefits.....	326,474	365,184
11. Matured endowments (excluding guaranteed annual pure endowments).....	3,200	1,749
12. Annuity benefits.....	724,097	957,045
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	4,601	6,845
14. Surrender benefits and withdrawals for life contracts.....	55,721	41,061
15. Interest and adjustments on contract or deposit-type contracts funds.....	37,552	46,333
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	1,053,933	704,778
18. Totals (Lines 10 to 17).....	2,205,578	2,122,995
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).....	3,190	1,995
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).....	888,086	960,828
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	28,520	29,382
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.....	14,000	(48,000)
26. Totals (Lines 18 to 25).....	3,139,374	3,067,200
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	368,383	197,223
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	88,752	90,329
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	279,631	106,894
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....102,881 transferred to the IMR).....	0	
31. Net income (Lines 29 + 30).....	279,631	106,894
<b>SURPLUS ACCOUNT</b>		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	12,354,826	12,274,441
33. Net income from operations (Line 31).....	279,631	106,894
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....	(9,755)	(711)
37. Change in liability for reinsurance in unauthorized and certified companies.....		
38. Change in reserve on account of change in valuation basis, (increase) or decrease.....		
39. Change in asset valuation reserve.....	(68,520)	(8,198)
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.....	(2,500)	(17,600)
46. Net change in surplus for the year (Lines 33 through 45).....	198,856	80,385
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	12,553,683	12,354,826

**DETAILS OF WRITE-INS**

08.301. Sunry Fees and Refunds.....	487	390
08.302. ....		
08.303. ....		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	487	390
2501. Provision for and reversal of convention expense.....	14,000	(48,000)
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).....	14,000	(48,000)
4501. Projected Benefit Obligation for Pension -one tenth.....	(2,500)	(17,600)
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).....	(2,500)	(17,600)

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	1,428,276	1,204,322
2. Net investment income.....	2,139,221	2,142,440
3. Miscellaneous income.....	487	390
4. Total (Lines 1 through 3).....	3,567,984	3,347,152
5. Benefit and loss related payments.....	1,137,861	1,429,029
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	915,218	1,012,013
8. Dividends paid to policyholders.....	88,752	90,329
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	2,141,831	2,531,371
11. Net cash from operations (Line 4 minus Line 10).....	1,426,153	815,781
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	2,433,664	835,621
12.2 Stocks.....		
12.3 Mortgage loans.....	2,532	3,115
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).....	2,436,196	838,736
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	3,687,339	1,628,794
13.2 Stocks.....		5,100
13.3 Mortgage loans.....	30,000	
13.4 Real estate.....	6,385	
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	3,723,724	1,633,894
14. Net increase (decrease) in contract loans and premium notes.....	(1,653)	6,745
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,285,874)	(801,902)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
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.....	(72,958)	(41,701)
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(8,736)	(134,221)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(81,694)	(175,922)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	58,585	(162,043)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	105,528	267,572
19.2 End of year (Line 18 plus Line 19.1).....	164,113	105,528

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

20.0001 .....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Insurance					8 Fraternal	9 Expense
		2 Life Insurance	3 Individual Annuities	4 Supplementary Contracts	5 Accident and Health	6 Aggregate of All Other Lines of Business		
1. Premiums and annuity considerations for life and accident and health contracts.....	1,432,990	180,481	1,241,985		10,524		1,432,990	
2. Considerations for supplementary contracts with life contingencies.....	0						0	
3. Net investment income.....	1,997,171	1,236,559	760,612				1,997,171	
4. Amortization of interest maintenance reserve (IMR).....	77,109	77,109					77,109	
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.....	487	487	0	0	0	0	487	0
9. Totals (Lines 1 to 8.3).....	3,507,757	1,494,636	2,002,597	0	10,524	0	3,507,757	0
10. Death benefits.....	326,474	326,474					326,474	
11. Matured endowments (excluding guaranteed annual pure endowments).....	3,200	3,200					3,200	
12. Annuity benefits.....	724,097		724,097				724,097	
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	4,601				4,601		4,601	
14. Surrender benefits and withdrawals for life contracts.....	55,721	55,721					55,721	
15. Interest and adjustments on contract or deposit-type contract funds.....	37,552	37,552					37,552	
16. Payments on supplementary contracts with life contingencies.....	0						0	
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	1,053,933	(77,126)	1,136,126		(5,067)		1,053,933	
18. Totals (Lines 10 to 17).....	2,205,578	345,821	1,860,223	0	(466)	0	2,205,578	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	3,190	3,190					3,190	
20. Commissions and expense allowances on reinsurance assumed.....	0						0	
21. General insurance expenses and fraternal expenses.....	888,086	702,103					702,103	185,983
22. Insurance taxes, licenses and fees.....	28,520	24,238					24,238	4,282
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.....	14,000	14,000	0	0	0	0	14,000	0
26. Totals (Lines 18 to 25).....	3,139,374	1,089,352	1,860,223	0	(466)	0	2,949,109	190,265
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	368,383	405,284	142,374	0	10,990	0	558,648	(190,265)
28. Refunds to members.....	88,752	88,752					88,752	
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	279,631	316,532	142,374	0	10,990	0	469,896	(190,265)

### DETAILS OF WRITE-INS

08.301. Sunry Fees and Refunds.....	487	487					487	
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
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above).....	487	487	0	0	0	0	487	0
2501. Provision for and reversal of convention expense.....	14,000	14,000					14,000	
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
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above).....	14,000	14,000	0	0	0	0	14,000	0

## ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
<b>Involving Life or Disability Contingencies (Reserves)</b>				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	25,097,000	11,631,000	13,466,000	
2. Tabular net premiums or considerations.....	1,425,454	183,469	1,241,985	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	1,020,286	414,536	605,750	
5. Tabular less actual reserve released.....	12,362		12,362	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	27,555,102	12,229,005	15,326,097	0
9. Tabular cost.....	476,320	476,320		XXX
10. Reserves released by death.....	138,857	138,857	XXX	XXX
11. Reserves released by other terminations (net).....	59,828	59,828		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	724,097		724,097	
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	1,399,102	675,005	724,097	0
15. Reserve December 31, current year.....	26,156,000	11,554,000	14,602,000	0

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....754,173	.....758,899
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....1,196,843	.....1,231,442
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....32,188	.....34,672
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....2,484	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....1,225	.....1,225
4. Real estate.....	(d).....40,000	.....40,000
5. Contract loans.....	.....6,562	.....6,562
6. Cash, cash equivalents and short-term investments.....	(e).....	.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....2,033,474	.....2,072,799
11. Investment expenses.....	.....	(g).....67,692
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....1,795
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....6,141
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....75,628
17. Net investment income (Line 10 minus Line 16).....	.....	.....1,997,171

### 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 \$.....59,698 accrual of discount less \$.....242,732 amortization of premium and less \$.....27,249 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 \$.....6,141 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.....	.....11,271	.....	.....11,271	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....91,610	.....	.....91,610	.....	.....
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).....	.....102,881	.....0	.....102,881	.....0	.....0

### DETAILS OF WRITE-INS

0901. ....					
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**

	Insurance					7 Fraternal	8 Expense
	1 Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business		
<b>FIRST YEAR (other than single)</b>							
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
4. Advance.....	0					0	
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0
6. Collected during year:							
6.1 Direct.....	11,392	11,392				11,392	
6.2 Reinsurance assumed.....	0					0	
6.3 Reinsurance ceded.....	0					0	
6.4 Net.....	11,392	11,392	0	0	0	11,392	0
7. Line 5 + Line 6.4.....	11,392	11,392	0	0	0	11,392	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0	
9. First year premiums and considerations:							
9.1 Direct.....	11,392	11,392				11,392	
9.2 Reinsurance assumed.....	0					0	
9.3 Reinsurance ceded.....	0					0	
9.4 Net (Line 7 - Line 8).....	11,392	11,392	0	0	0	11,392	0
<b>SINGLE</b>							
10. Single premiums and considerations:							
10.1 Direct.....	1,288,683	48,379	1,240,304			1,288,683	
10.2 Reinsurance assumed.....	0					0	
10.3 Reinsurance ceded.....	0					0	
10.4 Net.....	1,288,683	48,379	1,240,304	0	0	1,288,683	0
<b>RENEWAL</b>							
11. Uncollected.....	1,998	1,811		187		1,998	
12. Deferred and accrued.....	0					0	
13. Deferred, accrued & uncollected:							
13.1 Direct.....	1,998	1,811		187		1,998	
13.2 Reinsurance assumed.....	0					0	
13.3 Reinsurance ceded.....	0					0	
13.4 Net (Line 11 + Line 12).....	1,998	1,811	0	187	0	1,998	0
14. Advance.....	0					0	
15. Line 13.4 - Line 14.....	1,998	1,811	0	187	0	1,998	0
16. Collected during year:							
16.1 Direct.....	131,971	119,886	1,681	10,404		131,971	
16.2 Reinsurance assumed.....	0					0	
16.3 Reinsurance ceded.....	3,770	3,770				3,770	
16.4 Net.....	128,201	116,116	1,681	10,404	0	128,201	0
17. Line 15 + Line 16.4.....	130,199	117,927	1,681	10,591	0	130,199	0
18. Prior year (uncollected + deferred and accrued - advance).....	(2,716)	(2,783)		67		(2,716)	
19. Renewal premiums and considerations:							
19.1 Direct.....	136,685	124,480	1,681	10,524		136,685	
19.2 Reinsurance assumed.....	0					0	
19.3 Reinsurance ceded.....	3,770	3,770				3,770	
19.4 Net (Line 17 - Line 18).....	132,915	120,710	1,681	10,524	0	132,915	0
<b>TOTAL</b>							
20. Total premiums and annuity considerations:							
20.1 Direct.....	1,436,760	184,251	1,241,985	10,524	0	1,436,760	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	3,770	3,770	0	0	0	3,770	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	1,432,990	180,481	1,241,985	10,524	0	1,432,990	0

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

	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			
<b>REFUNDS APPLIED (included in Part 1)</b>								
21. To pay renewal premiums.....	5,398	5,398				5,398		
22. All other.....	56,172	56,172				56,172		
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>								
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
<b>COMMISSIONS INCURRED (direct business only)</b>								
27. First year (other than single).....	1,032	1,032				1,032		
28. Single.....	2,158	2,158				2,158		
29. Renewal.....	.0					.0		
30. Deposit-type contract funds.....	.0					.0		
31. Totals (to agree with Page 6, Line 19).....	3,190	3,190	.0	.0	.0	3,190	.0	.0

### EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5 Investment	6 Fraternal	7 Total
	1 Life	2 Accident and Health		4 Aggregate of All Other Lines of Business			
		Cost Containment	3 All Other				
1. Rent.....	59,726				7,964	11,945	79,635
2. Salaries and wages.....	280,021				49,000	58,062	387,083
3.11 Insured benefit plans for employees.....	95,953						95,953
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.....	3,143						3,143
3.32 Other fieldworker welfare.....							0
4.1 Legal fees and expenses.....	3,563						3,563
4.2 Medical examination fees.....	1,282						1,282
4.3 Inspection report fees.....	50						50
4.4 Fees of public accountants and consulting actuaries.....	73,400						73,400
4.5 Expense of investigation and settlement of certificate claims.....							0
5.1 Traveling expenses.....	3,014						3,014
5.2 Advertising.....	9,393						9,393
5.3 Postage, express, telegraph and telephone.....	7,987						7,987
5.4 Printing and stationery.....	5,315						5,315
5.5 Cost or depreciation of furniture and equipment.....	404						404
5.6 Rental of equipment.....	19,641						19,641
5.7 Cost or depreciation of EDP equipment and software.....	73,098						73,098
5.8 Lodge supplies less \$.....0 from sales.....							0
6.1 Books and periodicals.....	827						827
6.2 Bureau and association dues.....	7,401						7,401
6.3 Insurance, except on real estate.....	21,065						21,065
6.4 Miscellaneous losses.....							0
6.5 Collection and bank service charges.....	851						851
6.6 Sundry general expenses.....	17,017						17,017
7.1 Field expense allowance.....	6,228						6,228
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3 Field conferences other than local meetings.....							0
8.1 Official publications.....						20,799	20,799
8.2 Expense of Supreme Lodge Meetings.....						177	177
9.1 Real estate expenses.....							0
9.2 Investment expenses not included elsewhere.....					280		280
9.3 Aggregate write-ins for expenses.....	12,724	0	0	0	10,449	94,999	118,171
10. General Expenses Incurred.....	702,103	0	0	0	67,692	(a) 185,983	(b) 955,777
11. General expenses unpaid December 31, prior year.....	20,195					33,484	53,679
12. General expenses unpaid December 31, current year.....	20,084					33,810	53,894
13. General expenses paid during year (Lines 10 + 11 - 12).....	702,214	0	0	0	67,692	185,657	955,562

#### DETAILS OF WRITE-INS

09.301 DONATIONS & SCHOLARSHIPS.....						65,302	65,302
09.302 DATA PROCESSING.....	10,449				10,449		20,897
09.303 LODGE AND FRATERNAL EXPENSES.....						29,697	29,697
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).....	12,724	0	0	0	10,449	94,999	118,171

(a) Show the distribution of this amount in the following categories:

1. Charitable \$.....12,301; 2. Institutional \$.....10,448; 3. Recreational and Health \$.....0; 4. Educational \$.....25,662  
 5. Religious \$.....3,395; 6. Membership \$.....138,459; 7. Other \$.....0; 8. Total \$.....190,265

(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

### EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health				
		3 Aggregate of All Other Lines of Business				
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	354			63		417
3. Other state taxes, including \$....457 for employee benefits.....	1,010					1,010
4. U.S. Social Security taxes.....	22,415			1,702	4,256	28,373
5. All other taxes.....	458			31	26	515
6. Taxes, licenses and fees Incurred.....	24,238	0	0	1,795	4,282	30,315
7. Taxes, licenses and fees unpaid December 31, prior year.....	1,420					1,420
8. Taxes, licenses and fees unpaid December 31, current year.....	132					132
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	25,526	0	0	1,795	4,282	31,603

### EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums.....	5,398
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....	55,172	
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	60,570	0
6. Paid-in cash.....	5,972	
7. Left on deposit.....	22,210	
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	88,752	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).....	88,752	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
<b>Life Insurance:</b>					
0100001. AE 3%.....	27,756		27,756		
0100002. AE 2.5%,AM 3%-AE 2.5%.....	1,190,092		1,190,092		
0100003. 41 CSO 2.5%,SI 3%-41 CSO 2.5%.....	992,754		992,754		
0100004. 58 CSO 2.5%-3%-58 CSO 2.5%.....	3,254,219		3,254,219		
0100005. 80 CSO 4.75%.....	2,278,186		2,278,186		
0100006. 80 CSO 4.5%.....	2,620,049		2,620,049		
0100007. 80 CSO 4.0%.....	309,490		309,490		
0100008. 2001 CSO 4.0%.....	687,988		687,988		
0100009. 2001 CSO 4.5%.....	54,508		54,508		
0100010. 2001 CSO 3.5%.....	116,431		116,431		
0100011. Unearned Premium.....	14,561		14,561		
0100012. Fraternal Paid Up.....	3,938		3,938		
0100013. C2 AIDS.....	28		28		
0199997. Totals (Gross).....	11,550,000	0	11,550,000	0	0
0199999. Totals (Net).....	11,550,000	0	11,550,000	0	0
<b>Annuities (excluding supplementary contracts with life contingencies):</b>					
0200001. Annuities 3% Guar.....	3,655,740	XXX	3,655,740	XXX	
0200002. Annuities 4.5% Guar.....	7,681,985	XXX	7,681,985	XXX	
0200003. IRAs 3% Guar.....	2,432,246	XXX	2,432,246	XXX	
0200004. IRAs 4.5% Guar.....	831,695	XXX	831,695	XXX	
0200005. Rounding.....	334	XXX	334	XXX	
0299997. Totals (Gross).....	14,602,000	XXX	14,602,000	XXX	0
0299999. Totals (Net).....	14,602,000	XXX	14,602,000	XXX	0
<b>Accidental Death Benefits:</b>					
0400001. ADB.....	4,000		4,000		
0499997. Totals (Gross).....	4,000	0	4,000	0	0
0499999. Totals (Net).....	4,000	0	4,000	0	0
9999999. Totals (Net) - Page 3, Line 1.....	26,156,000	0	26,156,000	0	0

## EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [ ]    No [X]  
 1.2 If not, state which kind is issued  
     Participating
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [ ]    No [X]  
 2.2 If not, state which kind is issued  
     Participating
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [ ]    No [X]  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.



4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [ ]    No [X]  
 4.1 Amount of insurance: \$.....  
 4.2 Amount of reserve: \$.....  
 4.3 Basis of reserve:  
  
 4.4 Basis of regular assessments:  
  
 4.5 Basis of special assessments:  
  
 4.6 Assessments collected during year: \$.....
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [ ]    No [X]  
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....  
  
 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....  
 Attach statement of methods employed in their valuation.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [ ]    No [X]  
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....  
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:  
  
 7.3 State the amount of reserves established for this business: \$.....  
 7.4 Identify where the reserves are reported in the blank.
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [ ]    No [X]  
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements. \$.....  
 8.2 State the amount of reserves established for this business. \$.....  
 8.3 Identify where the reserves are reported in the blank.
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [ ]    No [X]  
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. \$.....  
 9.2 State the amount of reserves established for this business. \$.....  
 9.3 Identify where the reserves are reported in the blank.

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

1 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 Total	2 Collectively Renewable	Other Individual Contracts				7 All Other
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	
<b>ACTIVE LIFE RESERVE</b>							
1. Unearned premium reserves.....	1,400	1,400					
2. Additional contract reserves (a).....	56,400	56,400					
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).....	57,800	57,800	0	0	0	0	0
7. Reinsurance ceded.....	0						
8. Totals (Net).....	57,800	57,800	0	0	0	0	0
<b>CLAIM RESERVE</b>							
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).....	57,800	57,800	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 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	967,511		138,485		596,711	232,314
2. Deposits received during the year.....	84,314		50,329		28,473	5,512
3. Investment earnings credited to the account.....	38,244		2,975		26,261	9,008
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	195,517		107,556		76,233	11,728
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).....	894,552	0	84,233	0	575,213	235,107
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).....	894,552	0	84,233	0	575,213	235,107

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

### PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	.0										
1.2 Reinsurance assumed.....	.0										
1.3 Reinsurance ceded.....	.0										
1.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	.0										
2.12 Reinsurance assumed.....	.0										
2.13 Reinsurance ceded.....	.0										
2.14 Net.....	.0	.0	(b).....0	(b).....0	.0	(b).....0	(b).....0	.0	.0	.0	.0
2.2 Other:											
2.21 Direct.....	130,437		130,437								
2.22 Reinsurance assumed.....	.0										
2.23 Reinsurance ceded.....	.0										
2.24 Net.....	130,437	.0	(b).....130,437	(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.....	140,437	.0	140,437	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net.....	140,437	(a).....0	(a).....140,437	.0	.0	.0	(a).....0	.0	.0	.0	.0

15

(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 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	1,044,588		315,392	724,097							5,099
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net..... (d)	1,044,588	0	315,392	724,097	0	0	0	0	0	0	5,099
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	140,437	0	140,437	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	140,437	0	140,437	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	126,653		126,155								498
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	126,653	0	126,155	0	0	0	0	0	0	0	498
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	1,058,372	0	329,674	724,097	0	0	0	0	0	0	4,601
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.....	1,058,372	0	329,674	724,097	0	0	0	0	0	0	4,601

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....3,200 in Line 1.1, \$.....3,200 in Line 1.4, \$.....3,200 in Line 6.1 and \$.....3,200 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....3,200 in Line 1.1, \$.....3,200 in Line 1.4, \$.....3,200 in Line 6.1 and \$.....3,200 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....3,200 in Line 1.1, \$.....3,200 in Line 1.4, \$.....3,200 in Line 6.1 and \$.....3,200 in line 6.4.

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

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Derivatives (Schedule DB).....			.0
8. Other invested assets (Schedule BA).....			.0
9. Receivables for securities.....			.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....			.0
14. Investment income due and accrued.....			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.0
16.2 Funds held by or deposited with reinsured companies.....			.0
16.3 Other amounts receivable under reinsurance contracts.....			.0
17. Amounts receivable relating to uninsured plans.....			.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
18.2 Net deferred tax asset.....			.0
19. Guaranty funds receivable or on deposit.....			.0
20. Electronic data processing equipment and software.....			.0
21. Furniture and equipment, including health care delivery assets.....	3,112	3,343	231
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.....	89,507	79,521	(9,986)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	92,619	82,864	(9,755)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	92,619	82,864	(9,755)

**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.....	42,823	42,614	(209)
2502. Prepaid Pension Cost.....	46,684	36,907	(9,777)
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).....	89,507	79,521	(9,986)

**NOTES TO FINANCIAL STATEMENTS**

## NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

## 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.

	State of Domicile	2015	PRIORYEAR
<b>NET INCOME</b>			
(1) American Mutual Life Association state basis (Page 4, Line 35, Columns 1 & 2)	OH	\$ 279,632	\$ 106,894
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 - 2 - 3 = 4)	OH	\$ 279,632	\$ 106,894
<b>SURPLUS</b>			
(5) American Mutual Life Association state basis (Page 3, line 37, Columns 1 & 2)	OH	\$ 12,553,683	\$ 12,354,826
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 - 6 - 7 = 8)	OH	\$ 12,553,683	\$ 12,354,826

## B. Use of Estimates in the Preparation of the Financial Statement

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

## C. Accounting Policy

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 ratably, 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.

**NOTES TO FINANCIAL STATEMENTS**

(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

D. Going Concern

**NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

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

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

A. Statutory Purchase Method The Society had no business combination accounted for as a statutory purchase.

B. Statutory Merger The Society had no statutory merger.

C. Assumption Reinsurance

D. Impairment Loss The Society has had no impairment loss

**NOTE 4 – DISCONTINUED OPERATIONS**

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1) Not Applicable

(2)

(3)

(4)

(5) The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Summary of Operations as follows:

Balance sheet December 31, 2015

Assets

a. Line 5	Cash	\$
b. Line 28	Totals	\$

Liabilities, Surplus and Other Funds

c. Line 23	Total Liabilities	\$
d. Line 30	Surplus	\$
e. Line 31	Total	\$

Summary of Operations December 31, 2015

f. Line 1	Premiums	\$
g. Line 17	Increase in aggregate reserves for accident & health (current year less prior year)	\$
h. N/A	Federal and foreign income taxes incurred	\$
i. Line 30	Net realized capital gains (losses)	\$
j. Line 31	Net Income	\$

B. Change in Plan of Sale of Discontinued Operation

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal

D. Equity Interest Retained in the Discontinued Operation After Disposal

**NOTE 5 – INVESTMENTS**

A. Mortgage Loans, including Mezzanine Real Estate Loans

(1) The maximum and minimum lending rates for mortgage loans during 2015 were:

## NOTES TO FINANCIAL STATEMENTS

(2) 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 mortgage was \_\_\_\_%.

Current Year                      Prior Year

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total        \$    \$

(4) Age Analysis of Mortgage Loans:

		Residential			Commercial		Mezzanine	Total
		Farm	Insured	All Other	Insured	All Other		
a. Current Year								
1. Recorded Investment (All)								
	(a) Current	\$	\$	\$	\$	\$	\$	\$
	(b) 30-59 Days Past Due							
	(c) 60-89 Days Past Due							
	(d) 90-179 Days Past Due							
	(e) 180+ Days Past Due							
2. Accruing Interest 90-179 Days Past Due								
	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	(b) Interest Accrued	\$	\$	\$	\$	\$	\$	\$
3. Accruing Interest 180+ Days Past Due								
	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	(b) Interest Accrued							
4. Interest Reduced								
	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	(b) Number of Loans							
	(c) Percent Reduced	%	%	%	%	%	%	%
b. Prior Year								
1. Recorded Investment (All)								
	(a) Current	\$	\$	\$	\$	\$	\$	\$
	(b) 30-59 Days Past Due							
	(c) 60-89 Days Past Due							
	(d) 90-179 Days Past Due							
	(e) 180+ Days Past Due							
2. Accruing Interest 90-179 Days Past Due								
	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	(b) Interest Accrued							
3. Accruing Interest 180+ Days Past Due								
	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	(b) Interest Accrued							
4. Interest Reduced								
	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	(b) Number of Loans							
	(c) Percent Reduced	%	%	%	%	%	%	%

(5) Investment Impaired Loans With or Without Allowance for Credit Losses:

		Residential			Commercial		Mezzanine	Total
		Farm	Insured	All Other	Insured	All Other		
a. Current Year								
	1. With Allowance for Credit Losses	\$	\$	\$	\$	\$	\$	\$
	2. No Allowance for Credit Losses							
b. Prior Year								
	1. With Allowance for Credit Losses	\$	\$	\$	\$	\$	\$	\$
	2. No Allowance for Credit Losses							

**NOTES TO FINANCIAL STATEMENTS**

- (6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

		Residential			Commercial		Mezzanine	Total
		Farm	Insured	All Other	Insured	All Other		
a.	Current Year							
1.	Average Recorded Investment	\$	\$	\$	\$	\$	\$	\$
2.	Interest Income Recognized							
3.	Recorded Investments on Nonaccrual Status							
4.	Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							
b.	Prior Year							
1.	Average Recorded Investment	\$	\$	\$	\$	\$	\$	\$
2.	Interest Income Recognized							
3.	Recorded Investments on Nonaccrual Status							
4.	Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							

		Current Year	Prior Year
(7)	Allowance for credit losses:		
a.	Balance at beginning of period	\$	\$
b.	Additions charged to operations		
c.	Direct write-downs charged against the allowances		
d.	Recoveries of amounts previously charged off		
e.	Balance at end of period	\$	\$

		Current Year
(8)	Mortgage Loans Derecognized as a Result of Foreclosure:	
a.	Aggregate amount of mortgage loans derecognized	\$
b.	Real estate collateral recognized	\$
c.	Other collateral recognized	\$
d.	Receivable recognized from a government guarantee of the foreclosed mortgage loan	\$

- (9) The company recognizes interest income on its impaired loans upon receipt.

## B. Debt Restructuring

		Current Year	Prior Year
(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 owing receivables whose terms have been modified in troubled debt restructurings	\$	\$

(4)

## C. Reverse Mortgages

(1)

(2)

(3) At December 31, 2015, the actuarial reserve of \$ reduced the asset value of the group of reverse mortgages.

(4) American Mutual Life Association recorded an unrealized loss \$ as a result of the re-estimates of the cash flows.

## D. Loan-Backed Securities

(1)

**NOTES TO FINANCIAL STATEMENTS**

		1	2a	2b	c
(2)		Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss		Fair Value 1 - (2a + 2b)
	OTTI recognized 1 <sup>st</sup> Quarter		Interest	Non-Interest	
a.	Intent to sell	\$	\$	\$	\$
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
c.	Total 1 <sup>st</sup> Quarter	\$	\$	\$	\$
	OTTI recognized 2 <sup>nd</sup> Quarter				
d.	Intent to sell	\$	\$	\$	\$
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
f.	Total 2 <sup>nd</sup> Quarter	\$	\$	\$	\$
	OTTI recognized 3 <sup>rd</sup> Quarter				
g.	Intent to sell	\$	\$	\$	\$
h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
i.	Total 4 <sup>th</sup> Quarter	\$	\$	\$	\$
	OTTI recognized 4 <sup>th</sup> Quarter				
j.	Intent to sell	\$	\$	\$	\$
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
l.	Total 4 <sup>th</sup> Quarter	\$	\$	\$	\$
m.	Annual aggregate total	XXX	\$	\$	XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
						December 30, 1899
Total			\$			

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$
		2.	12 Months or Longer	\$
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$
		2.	12 Months or Longer	\$

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(1)

(2)

(3) Collateral Received

a.	Aggregate Amount Collateral Received	Fair Value
1.	Repurchase Agreement	
(a)	Open	\$
(b)	30 Days or Less	
(c)	31 to 60 Days	
(d)	61 to 90 Days	
(e)	Greater Than 90 Days	
(f)	Sub-Total	

## NOTES TO FINANCIAL STATEMENTS

	(g)	Securities Received	
	(h)	Total Collateral Received	\$
2.		Securities Lending	
	(a)	Open	\$
	(b)	30 Days or Less	
	(c)	31 to 60 Days	
	(d)	61 to 90 Days	
	(e)	Greater Than 90 Days	
	(f)	Sub-Total	
	(g)	Securities Received	
	(h)	Total Collateral Received	\$
3.		Dollar Repurchase Agreement	
	(a)	Open	\$
	(b)	30 Days or Less	
	(c)	31 to 60 Days	
	(d)	61 to 90 Days	
	(e)	Greater Than 90 Days	
	(f)	Sub-Total	
	(g)	Securities Received	
	(h)	Total Collateral Received	\$
b.		The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$

c.

(4)

(5) Collateral Reinvestment

a.	Aggregate Amount Collateral Reinvested		Amortized Cost	Fair Value
1.	Repurchase Agreement			
	(a)	Open	\$	\$
	(b)	30 Days or Less		
	(c)	31 to 60 Days		
	(d)	61 to 90 Days		
	(e)	91 to 120 Days		
	(f)	121 to 180 Days		
	(g)	181 to 365 Days		
	(h)	1 to 2 Years		
	(i)	2 to 3 Years		
	(j)	Greater Than 3 Years		
	(k)	Sub-Total		
	(l)	Securities Received		
	(m)	Total Collateral Reinvested	\$	\$
2.	Securities Lending			
	(a)	Open	\$	\$
	(b)	30 Days or Less		
	(c)	31 to 60 Days		
	(d)	61 to 90 Days		
	(e)	91 to 120 Days		

## NOTES TO FINANCIAL STATEMENTS

a.	Aggregate Amount Collateral Reinvested	Amortized Cost	Fair Value
	(f) 121 to 180 Days		
	(g) 181 to 365 Days		
	(h) 1 to 2 Years		
	(i) 2 to 3 Years		
	(j) Greater Than 3 Years		
	(k) Sub-Total		
	(l) Securities Received		
	(m) Total Collateral Reinvested	\$	\$
	3. Dollar Repurchase Agreement		
	(a) Open	\$	\$
	(b) 30 Days or Less		
	(c) 31 to 60 Days		
	(d) 61 to 90 Days		
	(e) 91 to 120 Days		
	(f) 121 to 180 Days		
	(g) 181 to 365 Days		
	(h) 1 to 2 Years		
	(i) 2 to 3 Years		
	(j) Greater Than 3 Years		
	(k) Sub-Total		
	(l) Securities Received		
	(m) Total Collateral Reinvested	\$	\$

b.

(6)

(7) Collateral for Securities Lending transactions that extend beyond one year from the reporting date.

Description of Collateral	Amount
0	\$
Total Collateral extending beyond one year of the reporting date	\$

F. Real Estate

(1)

(2)

(3)

(4)

(5)

G. Investments in Low-Income Housing Trade Credits (LIHTC)

(1)

(2)

(3)

(4)

(5)

(6)

(7)

H. Restricted Assets

## NOTES TO FINANCIAL STATEMENTS

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted					6	7	8	Percentage	
	Current Year								9	10
	1	2	3	4	5					
Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
a. Subject to contractual obligation for which liability is not shown										
b. Collateral held under security lending arrangements										
c. Subject to repurchase agreements										
d. Subject to reverse repurchase agreements										
e. Subject to dollar repurchase agreements										
f. Subject to dollar reverse repurchase agreements										
g. Placed under option contracts										
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock										
i. FHLB capital stock										
j. On deposit with states										
k. On deposit with other regulatory bodies										
l. Pledged as collateral to FHLB (including assets backing funding agreements)										
m. Pledged as collateral not captured in other categories										
n. Other restricted assets										
<b>o. Total Restricted Assets</b>	\$	\$	\$	\$	\$	\$	\$	\$	%	%

(a) Subset of column 1  
 (b) Subset of column 3

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross Restricted					6	7	8	Percentage	
	Current Year								9	10
	1	2	3	4	5					
Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
0	\$	\$	\$	\$	\$	\$	\$	\$		
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$	\$		

(a) Subset of column 1  
 (b) Subset of column 3

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross Restricted					6	7	8	Percentage	
	Current Year								9	10
	1	2	3	4	5					
Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
0	\$	\$	\$	\$	\$	\$	\$	\$		
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$	\$		

(a) Subset of column 1  
 (b) Subset of column 3

I. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

	Gross Asset CY	Non-admitted Asset CY	Net Admitted Asset CY
a. WCFI Designation 1	\$	\$	\$
b. WCFI Designation 2			
c. WCFI Designation 3			
d. WCFI Designation 4			
e. WCFI Designation 5			
f. WCFI Designation 6			

**NOTES TO FINANCIAL STATEMENTS**

g.	Total	\$	\$	\$
----	-------	----	----	----

## (2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

		Book/Adjusting Carrying Value
a.	Up to 180 Days	\$
b.	181 to 365 Days	
c.	Total	\$

## J. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
(1) Assets			
0	\$	\$	\$
(2) Liabilities			
0	\$	\$	\$

## K. Structured Notes

CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage-Referenced Security (YES/NO)
	\$	\$	\$	
XXX	\$	\$	\$	XXX

## +NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

A. The Society has no investments in Joint Ventures, Partnerships, and Limited Liability Companies

B.

## NOTE 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.**B. **Total Amount Excluded: 0.**

## NOTE 8 – DERIVATIVE INSTRUMENTS

A. The Society has owned no derivative instruments as of 12/31/2015

B.

C.

D.

E.

F.

(1)

(2)

## NOTE 9 – INCOME TAXES

The Society, as a fraternal benefit society, is not subject to income taxes

A. Deferred Tax Assets/(Liabilities)

## 1. Components of Net Deferred Tax Asset/(Liability)

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)									
d. Deferred tax assets									

## NOTES TO FINANCIAL STATEMENTS

nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)									
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$	\$	\$	\$	\$	\$	\$	\$	\$

2. Admission Calculation Components

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	\$	\$	\$	\$	\$	\$	\$	\$	\$

3. Other Admissibility Criteria

	2015	2014
a. Ratio percentage used to determine recovery period and threshold limitation amount	%	%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$	\$

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/15		12/31/14		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$	\$	\$	\$	\$	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross	\$	\$	\$	\$	\$	\$

**NOTES TO FINANCIAL STATEMENTS**

	DTAs amount from Note 9A1(e)						
4	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance?

B. Deferred Tax Liabilities Not Recognized

C. Current and Deferred Income Taxes

## 1. Current Income Tax

	1 2015	2 2014	3 (Col 1-2) Change
a. Federal	\$	\$	\$
b. Foreign			
c. Subtotal	\$	\$	\$
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	\$	\$	\$

## 2. Deferred Tax Assets

	1 2015	2 2014	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$	\$	\$
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	\$	\$	\$
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$	\$	\$
e. Capital:			
1. Investments	\$	\$	\$
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			

**NOTES TO FINANCIAL STATEMENTS**

	1	2	3
	2015	2014	(Col 1-2) Change
99. Subtotal	\$	\$	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$	\$	\$

## 3. Deferred Tax Liabilities

	1	2	3
	2015	2014	(Col 1-2) Change
<b>a. Ordinary:</b>			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal	\$	\$	\$
<b>b. Capital:</b>			
1. Investments	\$	\$	\$
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal			
<b>c. Deferred tax liabilities (3a99+3b99)</b>	\$	\$	\$

4. Net Deferred Tax Assets (2i - 3c)	\$	\$	\$
--------------------------------------	----	----	----

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate  
Among the more significant book to tax adjustments were the following:

	2015	
	Amount	Effective Tax Rate (%)
<b>Permanent Differences:</b>		
Provision computed at statutory rate		
Proration of tax exempt investment income		
Tax exempt income deduction		
Dividends received deduction		
Disallowed travel and entertainment		
Other permanent differences		
<b>Temporary Differences:</b>		
Total ordinary DTAs		
Total ordinary DTLs		
Total capital DTAs		
Total capital DTLs		
<b>Other:</b>		
Statutory valuation allowance adjustment		
Accrual adjustment - prior year		
Other		
Totals		
Federal and foreign income taxes incurred		
Realized capital gains (losses) tax		
Change in net deferred income taxes		
Total statutory income taxes		

## E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2015, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2015 and 2014 that is available for recoupment in the event of future net losses:

## NOTES TO FINANCIAL STATEMENTS

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Year	Amount
2015	
2014	

**The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.**

F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

>> *Enter Entities Here* <<

2. The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return. Intercompany tax balances are settled monthly.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

**NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES**

- A. The society is not directly, or indirectly owned or controlled by another company, corporation, group of companies, partnerships, or individuals. The society has no affiliate or subsidiary.

B. **B-L are not applicable**

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)

C.

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- (1)
- (2)
- (3)
- (4)

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE 11 – DEBT**

A. **The Society has no debt or borrowed money as of December 31, 2015**

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B. **FHLB (Federal Home Loan Bank) Agreements**

(1)

(2) **FHLB Capital Stock**

a. **Aggregate Totals**

1. **Current Year**

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a) Membership Stock – Class A	\$ 62,100	\$ 62,100	\$
(b) Membership Stock – Class B			
(c) Activity Stock			
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	\$ 62,100	\$ 62,100	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 201,714	XXX	XXX

2. **Prior Year**

**NOTES TO FINANCIAL STATEMENTS**

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a) Membership Stock – Class A	\$ 58,066	\$ 58,066	\$
(b) Membership Stock – Class B			
(c) Activity Stock	4,034	4,034	
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	\$ 62,100	\$ 62,100	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 201,714	XXX	XXX

## b. Membership Stock (Class A and B) Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	\$ 62,100	\$	\$ 62,100	\$	\$	\$
2. Class B	\$	\$	\$	\$	\$	\$

## (3) Collateral Pledged to FHLB

## a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
4. Current Year Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	\$ 527,400	\$ 505,922	\$ 557,861
5. Current Year General Account Total Collateral Pledged	\$ 527,400	\$ 505,922	\$ 557,861
6. Current Year Separate Accounts Total Collateral Pledged	\$	\$	\$
7. Prior Year Total General and Separate Accounts Total Collateral Pledged	\$ 500,000	\$ 500,000	\$ 557,861

## b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total General and Separate Accounts Total Collateral Pledged (Lines 2+3)	\$ 500,000	\$ 500,000	\$
2. Current Year General Account Total Collateral Pledged	\$ 500,000	\$ 500,000	\$
3. Current Year Separate Accounts Total Collateral Pledged	\$	\$	\$
4. Prior Year Total General and Separate Accounts Total Collateral Pledged	\$ 500,000	\$ 500,000	\$ 200,000

## (4) Borrowing from FHLB

## a. Amount as of the Reporting Date

## 1. Current Year

	1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

## 2. Prior Year

	1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

## b. Maximum Amount During Reporting Period (Current Year)

	1	2	3

## NOTES TO FINANCIAL STATEMENTS

	Total 2 + 3	General Account	Protected Cell Accounts
1. Debt	\$	\$	\$
2. Funding Agreements			
3. Other			
4. Aggregate Total (Lines 1+2+3)	\$	\$	\$

## c. FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	no
2. Funding Agreements	no
3. Other	no

## NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

## A. Defined Benefit Plan

(1)	Change in Benefit Obligation	Overfunded		Underfunded	
		2015	2014	2015	2014
a.	Pension Benefits				
1.	Benefit obligation at beginning of year	\$	\$	\$ 467,846	\$ 439,247
2.	Service cost			19,161	12,986
3.	Interest cost			20,142	21,941
4.	Continuation by plan participants				
5.	Actuarial gain (loss)			(47,657)	(5,478)
6.	Foreign currency exchange rate changes			(130,267)	
7.	Benefits paid				
8.	Plan amendments				(850)
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits			329,226	467,846
10.	Benefit obligation at end of year	\$	\$	\$ (1)	\$ 1,700
b.	Postretirement Benefits				
1.	Benefit obligation at beginning of year	\$	\$	\$	\$
2.	Service cost				
3.	Interest cost				
4.	Continuation by plan participants				
5.	Actuarial gain (loss)				
6.	Foreign currency exchange rate changes				
7.	Benefits paid				
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$	\$
c.	Special or Contractual Benefits per SSAP No. 11				
1.	Benefit obligation at beginning of year	\$	\$	\$	\$
2.	Service cost				
3.	Interest cost				
4.	Continuation by plan participants				

**NOTES TO FINANCIAL STATEMENTS**

5.	Actuarial gain (loss)				
6.	Foreign currency exchange rate changes				
7.	Benefits paid				
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$	\$

(2)	Change in plan assets		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
			2015	2014	2015	2014	2015	2014
a.	Fair value of plan assets at beginning of year	\$ 366,866	\$ 364,429	\$	\$	\$	\$	
b.	Actual return on plan assets	25,271	20,577	(				
c.	Foreign currency exchange rate changes							
d.	Reporting entity contribution	41,432	23,864					
e.	Plan participants' contributions							
f.	Benefits paid	130,267	850	(				
g.	Business combinations, divestitures and settlements							
h.	Fair value of plan assets at end of year	\$ 303,302	\$ 368,566	\$	\$	\$	\$	

(3)	Funded status		Pension Benefits		Postretirement Benefits	
	Overfunded:		2015	2014	2015	2014
a.	Assets (nonadmitted)					
1.	Prepaid benefit costs		\$	\$	\$	\$
2.	Overfunded plans assets					
3.	Total assets (nonadmitted)		\$	\$	\$	\$
	Underfunded:					
b.	Liabilities recognized					
1.	Accrued benefits costs		\$ (46,684)	\$ (36,907)	\$	\$
2.	Liability for pension benefits		72,608	137,887		
3.	Total liabilities recognized		\$ 25,924	\$ 100,980	\$	\$
c.	Unrecognized liabilities			\$ 83,380	\$	\$

(4)	Components of net periodic benefit cost		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
			2015	2014	2015	2014	2015	2014
a.	Service cost	\$ 19,161	\$ 12,986	\$	\$	\$	\$	
b.	Interest cost	20,142	21,941					
c.	Expected return on plan assets	(16,133)	(18,795)	(				
d.	Transition asset or obligation	(695)	(689)	(				
e.	Gains and losses	9,180	8,680					
f.	Prior service cost or credit							
g.	Gain or loss recognized due to a settlements curtailment							
h.	Total net periodic benefit cost	\$ 31,655	\$ 24,123	\$	\$	\$	\$	

(5)	Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2015	2014	2015	2014

**NOTES TO FINANCIAL STATEMENTS**

a.	Items not yet recognized as a component of net periodic cost – prior year	\$ 137,887	\$ 111,984	\$	\$
b.	Net transition asset or obligation recognized	695	689		
c.	Net prior service cost or credit arising during the period				
d.	Net prior service cost or credit recognized				
e.	Net gain and loss arising during the period	(56,794)	33,894		
f.	Net gain and loss recognized	(9,180)	(8,680)		
g.	Items not yet recognized as a component of net periodic cost – current year	\$ 72,608	\$ 137,887	\$	\$
(6)	Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2015	2014	2015	2014
a.	Net transition asset or obligations	\$	\$ 689	\$	\$
b.	Net prior service cost or credit				
c.	Net recognized gains and losses	\$ (3,969)	\$ (11,485)	\$	\$
(7)	Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2015	2014	2015	2014
a.	Net transition asset or obligations	\$	\$ (695)	\$	\$
b.	Net prior service cost or credit				
c.	Net recognized gains and losses	\$ 72,608	\$ 138,582	\$	\$

(8)	Weighted-average assumptions used to determine net periodic benefit cost as of December 31	2015	2014
a.	Weighted-average discount rate	0% 0.05	% 0.050
b.	Expected long-term rate of return on plan assets	0% 0.05	% 0.050
c.	Rate of compensation increase	5% 0.01	% 0.015
	Weighted-average assumptions used to determine projected benefit obligations as of December 31		
d.	Weighted-average discount rate	0% 0.05	% 0.015
e.	Rate of compensation increase	5% 0.01	% 0.015

(9) The amount of the accumulated benefit obligation for defined benefit pension plans was \$298,523 for the current year and \$390,702 for the prior year.

(10)

(11)	Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage point change in assumed health care cost trend rates would have the following effects:	1 Percentage Point Increase	1 Percentage Point Decrease
a.	Effect on total of service and interest cost components	\$	\$
b.	Effect on postretirement benefit obligation	\$	\$

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the year indicated:

	Year(s)	Amount
a.	2016	\$ 9,421
b.	2017	\$ 12,673
c.	2018	\$ 12,301
d.	2019	\$ 12,216
e.	2020	\$ 12,352
f.	2021 through 20__	\$ 117,347

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## NOTES TO FINANCIAL STATEMENTS

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B. Investment Policies and Strategies

C. Fair Value of Plan Assets

(1) Fair Value Measurements of Plans Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Fund	\$ 232,896	\$	\$	\$ 232,896
Cash	9,397			9,397
Insurance Cash Value		61,009		61,009
<b>Total Plan Assets</b>	<b>\$ 242,293</b>	<b>\$ 61,009</b>	<b>\$</b>	<b>\$ 303,302</b>

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

Description for each class of plan assets	Beginning Balance at 1/1/2015	Transfers into Level 3	Transfers out of Level 3	Return on Assets Still Held	Return on Assets Sold	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2015
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total Plan Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

(3)

D. Basis Used to Determine Expected Long-Term Rate-of-Return

E. Defined Contribution Plans

F. Multiemployer Plans

G. Consolidated/Holding Company Plans

H. Postemployment Benefits and Compensated Absences

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

(1)

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(3)

**NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

(1) **The Society is a Fraternal Benefit Society and issues no stock.**

(2) **The Society had no advances on surplus**

(3) **The Society has no special surplus funds**

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(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is:         

(11) The reporting entity issued the following surplus debentures or similar obligations:

## NOTES TO FINANCIAL STATEMENTS

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note*	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity
	%	\$	\$	\$	\$	\$	
<b>Total</b>	XXX	\$	\$	\$	\$	\$	XXX

\* Total should agree with Page 3, Line 32.

(12) The impact of any restatement due to prior quasi-reorganizations is as follows:

Description (Year)	Change in Surplus	Change in Gross Paid in and Contributed Surplus
	\$	\$

(13) The effective dates of all quasi-reorganizations in the prior 10 years are: \_\_\_\_\_.

### NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments: **NONE**

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$.

(2) Detail of other contingent commitments

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception Allowed Under SSAP No. 5R)	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted
	\$		\$	
<b>Total</b>	\$	XXX	\$	XXX

(3)

a.	Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal the total of column 4 for (2) above.)	\$
b.	Current liability recognized in F/S	
1.	Noncontingent liabilities	\$
2.	Contingent liabilities	\$
c.	Ultimate financial statement impact if action under the guarantee is required	
1.	Investments in SCA	\$
2.	Joint Venture	
3.	Dividends to stockholders (capital contribution)	
4.	Expense	
5.	Other	
6.	Total (should equal (3)a)	\$

B. Assessments: **NONE**

(1) Where Amount is Unknown

Where Amount is Known

(2)

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year –end	\$
b.	Decreases current year:	\$
c.	Increases current year:	\$
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$

C. Gain Contingencies **NONE**

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits **NONE**

American Mutual Life Association paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period:

(a)	(b)	(c)	(d)	(e)
-----	-----	-----	-----	-----

## NOTES TO FINANCIAL STATEMENTS

0-25 Claims	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant:

(f) Per Claim [    ]                      (g) Per Claimant [    ]

E. All Other Contingencies **NONE**

### NOTE 15 – LEASES

A. Lessee Operating Lease **The Society has no material lease obligations**

(1)

(2)

At January 1, 2016 the minimum aggregate rental commitments are as follows:		
	Year Ending December 31	Operating Leases
1.	2016	\$
2.	2017	\$
3.	2018	\$
4.	2019	\$
5.	2020	\$
6.	Total	\$

(3)

B. Revenue, Net Income or Assets with Respect to Leases

(1) For operating leases:

a.

b.

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:		
	Year Ending December 31	Operating Leases
1.	2016	\$
2.	2017	\$
3.	2018	\$
4.	2019	\$
5.	2020	\$
6.	Total	\$

(d)

(2) For leveraged leases:

(a)

(b)

		2015	2014
1.	Income from leveraged leases before income tax including investment tax credit	\$	\$
2.	Less current income tax		
3.	Net income from leveraged leases	\$	\$

(c) The components of the investment in leveraged leases at December 31, 2015 and 2014 were as shown below:

		2015	2014
1.	Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2.	Estimated residual value of leased assets		
3.	Unearned and deferred income		
4.	Investment in leveraged leases		
5.	Deferred income taxes related to leveraged leases		

**NOTES TO FINANCIAL STATEMENTS**

6.	Net investment in leveraged leases	\$	\$
----	------------------------------------	----	----

**NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:

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

		Assets		Liabilities	
		2015	2014	2015	2014
a.	Swaps	\$	\$	\$	\$
b.	Futures				
c.	Options				
d.	Total	\$	\$	\$	\$

(2)

(3).

(4)

**NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

A. Transfers of Receivables Reported as Sales **NONE**

(1)

(2)

B. Transfer and Servicing of Financial Assets **NONE**

(1)

(2)

(3)

(4)

(5)

(6)

(7)

C. Wash Sales **NONE**

(1)

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2015 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
			\$	\$	\$

**NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS**

**NONE**

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2015:

		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	\$	\$
b.	Total net other income or expenses (including interest paid to or receive from plans)			
c.	Net gain or (loss) from operations			
d.	Total claim payment volume	\$	\$	\$

B. ASC Plans

## NOTES TO FINANCIAL STATEMENTS

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2015:

		ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASCO
a.	Gross reimbursement for medical cost incurred	\$	\$	\$
b.	Gross administrative fees accrued			
c.	Other income or expenses (including interest paid to or received from plans)			
d.	Gross expenses incurred (claims and administrative)			
e.	Total net gain or loss from operations	\$	\$	\$

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

- (1)
- (2)
- (3)
- (4)

**NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**

**NONE**

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/ Produced By
					\$
Total	XXX	XXX	XXX	XXX	\$

**NOTE 20 – FAIR VALUE MEASUREMENTS**

A. **The Society has no assets or liabilities that are measured and reported at fair value in its statement of financial position as of December 31, 2015.**

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Total	\$	\$	\$	\$

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Total	\$	\$	\$	\$

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

a. Assets	Beginning Balance at 1/1/2015	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2015
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

b. Liabilities	Beginning Balance at 1/1/2015	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2015
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3)
- (4)
- (5)

B.  
C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
	\$	\$	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective	Maturity Date	Explanation
---------------------------------------	----------------	-----------	---------------	-------------

**NOTES TO FINANCIAL STATEMENTS**

		Interest Rate		
	\$	%		

**NOTE 21 – OTHER ITEMS**

- A. Unusual or Infrequent Items **The Society has no extraordinary events or transactions that require disclosure**
- B. Troubled Debt Restructuring Debtors **The Society has no troubled debt restructurings during the reporting period.**
- C. Other Disclosures **The Society has no unusual items requiring disclosure.**
- D. Business Interruption Insurance Recoveries **The Society recognized no business interruption recoveries during the reporting period.**
- E. State Transferable and Non-Transferable Tax Credits **The Society has no transferrable and non-transferrable tax credits**

- (1) Carrying Value of Transferable and Non-Transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-Transferable State Tax Credits by State and in Total

Description of State Transferable and Non-Transferable Tax Credits	State	Carrying Value	Unused Amount
		\$	\$
Total		\$	\$

- (2) Method of Estimating Utilization of Remaining Transferable and Non-Transferable State Tax Credits

- (3) Impairment Loss

- (4) State Tax Credits Admitted and Nonadmitted

		Total Admitted	Total Nonadmitted
a.	Transferable	\$	\$
b.	Non-Transferable	\$	\$

- F. Subprime Mortgage Related Risk Exposure **The Society has no direct or indirect investments in subprime mortgage loans or securities with underlying subprime exposure during the reporting period.**

- (1)

- (2) Direct Exposure Through Investments in Subprime Mortgage Loans

	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a.	Mortgages in the process of foreclosure	\$	\$	\$	%
b.	Mortgages in good standing				%
c.	Mortgages with restored terms				%
d.	Total	\$	\$	\$	XXX

- (3) Direct Exposure Through Other Investments

	Actual Cost	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a.	Residential mortgage backed securities	\$	\$	\$
b.	Commercial mortgage backed securities			
c.	Collateralized debt obligations			
d.	Structured securities			
e.	Equity investments in SCAs*			
f.	Other assets			
g.	Total	\$	\$	\$

\* These investments comprise % of the company's invested assets.

- (4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at end of Current Period	IBNR Reserves at End of Current Period
a.	Mortgage guaranty coverage	\$	\$	\$
b.	Financial guaranty coverage			
c.	Other lines (specify):			
d.	Total	\$	\$	\$

**NOTES TO FINANCIAL STATEMENTS**

G. Retained Assets **The Society did not use retained asset accounts for beneficiaries during the reporting period.**

(1)

(2)

		As of End of Current Year		In Force As of End of Prior Year	
		Number	Balance	Number	Balance
		a.	Up to and including 12 months	\$	\$
b.	13 to 24 months				
c.	25 to 36 months				
d.	37 to 48 months				
e.	49 to 60 months				
f.	Over 60 months				
g.	Total	\$	\$	\$	\$

(3)

		Individual		Group	
		Number	Balance/Amount	Number	Balance/Amount
a.	Number/balance of retained asset account at the beginning of the year		\$		\$
b.	Number/amount of retained asset accounts issued/added during the year				
c.	Investment earnings credited to retained asset accounts during the year		N/A		N/A
d.	Fees and other charges assessed to retained asset accounts during the year		N/A		N/A
e.	Number/amount of retained asset accounts transfer to state unclaimed property funds during the year				
f.	Number/amount of retained asset accounts closed/withdrawn during the year				
g.	Number balance of retained asset accounts at the end of the year		\$		\$

H.

**NOTE 22 – EVENTS SUBSEQUENT**

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [ ] No [ x ]

B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid		
D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 30)		
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 30 minus 22B above)		
G.	Authorized control level (Five-Year Historical Line 31)	\$	

H. Would reporting the ACA assessment as of December 31, 2015 have triggered an RBC action level (YES/NO)?

Yes [ ] No [ x ]

**NOTE 23. – REINSURANCE**

A. Ceded Reinsurance Report

## Section 1 – General Interrogatories

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

## Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? **NO**

## NOTES TO FINANCIAL STATEMENTS

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

**Section 3 – Ceded Reinsurance Report – Part B**

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

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ \_\_\_\_\_

**B. Uncollectible Reinsurance**

**The Society has no uncollectable reinsurance.**

- (1) American Mutual Life Association has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

	Claims incurred	\$
b.	Claims adjustment expenses incurred	
c.	Premiums earned	
d.	Other	
	Entity	Amount

**C. Commutation of Ceded Reinsurance**

American Mutual Life Association has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Claims incurred	\$
(2)	Claims adjustment expenses incurred	
(3)	Premiums earned	
(4)	Other	
	Entity	Amount

**D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation**

**Not Applicable**

- (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a.

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				%	%	\$	\$

- (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		%	%	\$	\$

E.

F.

G.

**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION**

A. **Not applicable.**

B.

C.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid					

**NOTES TO FINANCIAL STATEMENTS**

(3)	Medical loss ratio rebates unpaid					
(4)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date						
(7)	Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8)	Medical loss ratio rebates paid					
(9)	Medical loss ratio rebates unpaid					
(10)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a.	Permanent ACA Risk Adjustment Program	AMOUNT									
Assets											
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$									
Liabilities											
2.	Risk adjustment user fees payable for ACA Risk Adjustment										
3.	Premium adjustments payable due to ACA Risk Adjustment										
Operations (Revenue & Expenses)											
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment										
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$									
b.	Transitional ACA Reinsurance Program										
Assets											
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$									
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)										
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance										
Liabilities											
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium										
5.	Ceded reinsurance premiums payable due to ACA Reinsurance										
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$									
Operations (Revenue & Expenses)											
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$									
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments										
9.	ACA Reinsurance contributions – not reported as ceded premium	\$									
c.	Temporary ACA Risk Corridors Program										
Assets											
1.	Accrued retrospective premium due to ACA Risk Corridors	\$									
Liabilities											
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors										
Operations (Revenue & Expenses)											
3.	Effect of ACA Risk Corridors on net premium income (paid/received)										
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$									

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments		Unsettled Balances as of the Reporting Date					
			Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)				
			1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a.	Permanent ACA Risk Adjustment Program											
1.	Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2.	Premium adjustments payable									B		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
b.	Transitional ACA Reinsurance Program											
1.	Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2.	Amounts recoverable for claims unpaid (contra liability)									D		
3.	Amounts receivable relating to uninsured plans									E		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		



## NOTES TO FINANCIAL STATEMENTS

B. The portfolio average method of accounting for certificate holder dividends 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.

## NOTE 30 – PREMIUM DEFICIENCY RESERVES

Not applicable.

(1) Liability carried for premium deficiency reserve:	\$ _
(2) Date of most recent evaluation of this liability:	-
(3) Was anticipated investment income utilized in the calculation?	-

## NOTE 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, 2012, 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 changes:

Item	ORDINARY					GROUP		
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life Group and Individual	Life Insurance	Annuities
Total	\$	\$	\$	\$	\$	\$	\$	\$

## NOTE 32 – ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS

A.	Subject to Discretionary Withdrawal:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1)	With market value adjustment	\$	\$	\$	\$	%
(2)	At book value less current surrender charge of 5% or more					%
(3)	At fair value					%
(4)	Total with market value adjustment or at fair value (total of 1 through 3)					%
(5)	At book value without adjustment (minimal or no charge or adjustment)	14,602,000			14,602,000	94.227%
B.	Not subject to discretionary withdrawal	894,552			894,552	5.773%
C.	Total (gross: direct + assumed)	15,496,552			15,496,552	10.000%
D.	Reinsurance ceded					
E.	Total (net (C) - (D))	\$ 15,496,552	\$	\$	\$ 15,496,552	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 14,602,000
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	894,552
(4)	Subtotal	\$ 15,496,552
Separate Accounts Statement:		
(5)	Exhibit 3, Line 0299999, Column 2	\$
(6)	Exhibit 3, Line 0399999, Column 2	

## NOTES TO FINANCIAL STATEMENTS

(7)	Policyholder dividend and coupon accumulations	
(8)	Policyholder premiums	
(9)	Guaranteed interest contracts	
(10)	Other contract deposit funds	
(11)	Subtotal	\$
(12)	Combined Total	\$ 15,496,552

**NOTE 33 – PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED**

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2015 were:

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

**NOTE 34 – SEPARATE ACCOUNTS**

A. Separate Account Activity

(1)

(2) In accordance with the products/transactions recorded within the separate account, some assets are considered legally insulated whereas others are not legally insulated from the general account. (The legal insulation of the separate account assets prevents such assets from being generally available to satisfy claims resulting from the general account.)

As of December 31, 2015 and 2014 the Company separate account statement included legally insulated assets of \$ \_\_\_\_\_ and \$ \_\_\_\_\_, respectively. The assets legally insulated from the general account as of December 31, 2015 are attributed to the following products/transactions:

Product/Transaction	Legally Insulated Assets	Separate Account Assets (Not Legally Insulated)
	\$	\$
Total	\$	\$

(3) In accordance with the products/transaction recorded within the separate account, some separate account liabilities are guaranteed by the general account. (In accordance with the guarantees provided, if the investment proceeds are insufficient to cover the rate of return guaranteed for the product, the policyholder proceeds will be remitted by the general account.)

As of December 31, 2015, the general account of XYZ Company had a maximum guarantee for separate account liabilities of \$ \_\_\_\_\_. To compensate the general account for the risk taken, the separate account has paid risk charges as follows for the past five (5) years:

a.	2015	\$
b.	2014	\$
c.	2013	\$
d.	2012	\$
e.	2011	\$

As of December 31, 2015, the general account of XYZ Company had paid \$ \_\_\_\_\_ toward separate account guarantees. The total separate account guarantees paid by the general account for the preceding four years ending December 31, 2014, 2013, 2012, and 2011 was \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_, and \$ \_\_\_\_\_, respectively.

(4)

B. General Nature and Characteristics of Separate Accounts Business

Separate Accounts with Guarantees

		Index	Nonindexed Guarantee Less than/equal to 4%	Nonindexed Guarantee More than 4%	Nonguaranteed Separate Accounts	Total
(1)	Premiums, considerations or deposits for year ended 12/31/2015	\$	\$	\$	\$	\$
<b>Reserves at 12/31/2015</b>						
(2)	For accounts with assets at:					
a.	Fair value	\$	\$	\$	\$	\$
b.	Amortized cost					
c.	Total reserves*	\$	\$	\$	\$	\$

**NOTES TO FINANCIAL STATEMENTS**

(3)	By withdrawal characteristics					
a.	Subject to discretionary withdrawal					
1.	With market value adjustment	\$	\$	\$	\$	\$
2.	At book value without market value adjustment and with current surrender charge of 5% or more					
3.	At fair value					
4.	At book value without market value adjustment and with current surrender charge less than 5%					
5.	Subtotal	\$	\$	\$	\$	\$
b.	Not subject to discretionary withdrawal					
c.	Total	\$	\$	\$	\$	\$
(4)	Reserves for asset default risk in lieu of AVR	\$	\$	\$	\$	\$

\* Line 2(c) should equal Line 3(h)

C. Reconciliation of Net Transfers to or (from) Separate Accounts

(1) Transfers as reported in the Summary of Operations of the Separate Accounts Statement:

a.	Transfers to Separate Accounts (Page 4, Line 1.4)	\$
b.	Transfer from Separate Accounts (Page 4, Line 10)	
c.	Net transfers to or (from) Separate Accounts (a) - (b)	\$

(2) Reconciling adjustments:

Adjustment	Amount
	\$

(3) Transfers as reported in the Summary of Operations of the Life, Accident & Health Annual Statement  
(1c) + (2) = (Page 4, Line 26) \$

**NOTE 35 – LOSS/CLAIM ADJUSTMENT EXPENSES**

**Not Required**

The balance in the liability for unpaid accident and health claim adjustment expenses as of \_\_\_\_ and \_\_\_\_ was \$\_\_\_\_ and \$\_\_\_\_, respectively. American Mutual Life Association incurred \$\_\_\_\_ and paid \$\_\_\_\_ of claim adjustment expenses in the current year, of which \$\_\_\_\_ of the paid amount was attributable to insured or covered events of prior years. American Mutual Life Association did not increase or decrease the provision for insured events of prior years. American Mutual Life Association took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$\_\_\_\_.

# 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]  
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 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 [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 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). 08/02/2010
- 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 name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC<br>Company<br>Code | 3<br>State of<br>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<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
- | 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
James G. Zupka, CPA Inc. 5240 East 98th Street Garfield Heights, Ohio 44125
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain:

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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?  
Grant Hemphill, 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 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. **FOR UNITED STATES BRANCES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ X ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ X ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors an all subordinator committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
- 22.22 Amount paid as expenses \$ 0
- 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

### INVESTMENT

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

24.01 Were all of the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes  No

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

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

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes  No  N/A

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$                      0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$                      0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes  No  N/A

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes  No  N/A

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes  No  N/A

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$                      0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$                      0

24.103 Total payable for securities lending reported on the liability page: \$                      0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes  No

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

25.21 Subject to repurchase agreements \$                      0

25.22 Subject to reverse repurchase agreements \$                      0

25.23 Subject to dollar repurchase agreements \$                      0

25.24 Subject to reverse dollar repurchase agreements \$                      0

25.25 Placed under option agreements \$                      0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$                      0

25.27 FHLB Capital Stock \$                      0

25.28 On deposit with states \$                      0

25.29 On deposit with other regulatory bodies \$                      0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$                      0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$                      0

25.32 Other \$                      0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ <u>                    </u>

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes  No

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

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

27.2 If yes, state the amount thereof at December of the current year: \$                      0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes  No

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

1 Name of Custodian(s)	2 Custodian Address
Key Bank	4900 Tiedeman Road Brooklyn, Ohio 44144
JP Morgan Clearing Corp.	3 Metrotech Center NY1-H051, Brooklyn, NNew York 11245
Sandler O'Neil Partners L.P.	1251 Avenue of the Americas 6th Floor New York, New York 10020

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes  No

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

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

28.05 Identify all investment advisors, broker/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 Central Registration Depository	2 Name(s)	3 Address

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	38,908,545	42,393,942	3,485,397
30.2	Preferred Stocks	501,250	476,275	(24,975)
30.3	Totals	39,409,795	42,870,217	3,460,422

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

Brokers and FINRA Trace

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 reliance pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

### 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	\$ 5,000
Ohio Fraternal Alliance	100

34.1 Amount of payments for legal expenses, if any? \$ 0

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	\$ 3,562.50

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 the 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?		
	<u>Monthly</u>		
5.	How are the subordinate branches represented in the supreme or governing body?		
	<u>By Lodge-elected Delegates</u>		
6.	What is the basis of representation in the governing body?		
	<u>Quadrennial Convention</u>		
7.1	How often are regular meetings of the governing body held?		
	<u>Every 4 years</u>		
7.2	When was the last regular meeting of the governing body held?		
7.3	When and where will the next regular or special meeting of the governing body be held?		
7.4	How many members of the governing body attended the last regular meeting?		65
7.5	How many of the same were delegates of the subordinate branches?		55
8.	How are the expenses of the governing body defrayed?		
	<u>General fund</u>		
9.	When and by whom are the officers and directors elected?		
	<u>Directors are elected by the convention delegates. Full-time officers are hired by the convention-elected board of directors. Part time officers are elected by the board of directors from the ranks of the board at the board's first regular meeting</u>		

# GENERAL INTERROGATORIES

## PART 2 – FRATERNAL INTERROGATORIES

10. What are the qualifications for membership?  
Good moral character and health. Slovenian extraction or marriage to one of Slovenian extraction, others who subscribe to the Declaration of Principals in the AMLA 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 of \$2,000 in face value Maximum of \$50,000 in face; with larger certificates re-insured.
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 year's payments may be used for management expenses?
- |       |                  |   |
|-------|------------------|---|
| 16.11 | First Year       | % |
| 16.12 | Subsequent Years | % |
- 
- 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 all of the laws, rules and regulations in force at the present time? 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, on an 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 where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:
- 25.1 Amount of loss reserves established by these annuities during the current year: \$
- 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<br>P&C Insurance Company<br>and<br>Location | 2<br>Statement Value<br>on Purchase Date of<br>Annuities (i.e., Present<br>Value) |
|   | \$  |
- 26.1 Do you act as a custodian for health savings accounts? 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?
- | Date | Outstanding Lien Amount |
|------|-------------------------|
|      | \$                      |
- 28.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [X] N/A [ ]
- 28.2 If the answer to 28.1 is yes, please provide the following:

## GENERAL INTERROGATORIES

### PART 2 – FRATERNAL INTERROGATORIES

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0					

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

29.1	Direct Premiums Written	\$	184,461
29.2	Total Incurred Claims	\$	329,674
29.3	Number of Covered Lives		8,465

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

**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 2015	2 2014	3 2013	4 2012	5 2011
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Total (Line 21, Column 2).....	33,415	33,125	32,806	32,774	31,161
<b>New Business Issued (Exhibit of Life Insurance)</b>					
2. Total (Line 2, Column 2).....	883	1,007	745	462	1,802
<b>Premium Income (Exhibit 1, Part 1)</b>					
3. Life insurance - first year (Line 9.4, Column 2).....	11,392	5,571	5,341	3,681	6,923
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	169,089	166,052	149,946	207,255	552,997
5. Annuity (Line 20.4, Column 3).....	1,241,985	1,016,816	1,009,165	1,395,149	1,311,950
6. Accident and health (Line 20.4, Column 4).....	10,524	11,717	12,802	13,666	15,019
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	1,432,990	1,200,156	1,177,254	1,619,751	1,886,889
<b>Balance Sheet Items (Pages 2 and 3)</b>					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	40,654,741	39,359,502	38,710,484	37,547,704	35,221,471
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	28,101,059	27,004,676	26,436,043	25,343,502	23,180,497
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	26,156,000	25,097,000	24,384,000	23,167,000	20,886,000
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	57,800	62,867	71,089	77,307	83,795
13. Deposit-type contract funds (Page 3, Line 3).....	894,552	967,510	1,009,211	1,169,801	1,267,138
14. Asset valuation reserve (Page 3, Line 21.1).....	321,339	252,819	244,621	196,581	164,070
15. Surplus (Page 3, Line 30).....	12,553,683	12,354,826	12,274,441	12,204,202	12,040,974
<b>Cash Flow (Page 5)</b>					
16. Net cash from operations (Line 11).....	1,426,153	815,781	1,492,769	1,656,316	1,299,239
<b>Risk-Based Capital Analysis</b>					
17. Total Adjusted Capital.....	12,925,022	12,657,645	12,569,062	12,450,783	12,255,044
18. 50% of the Calculated RBC Amount.....	688,355	573,389	361,999	467,651	440,493
<b>Percentage Distribution of Cash, Cash Equivalent and Invested Assets</b> (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	97.5	97.6	97.2	98.0	98.3
20. Stocks (Lines 2.1 and 2.2).....	1.4	1.5	1.5		
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	0.1	0.0	0.0	0.2	0.4
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.3	0.3	0.3	0.2	0.3
23. Cash, cash equivalents and short-term investments (Line 5).....	0.4	0.3	0.7	1.3	0.7
24. Contract loans (Line 6).....	0.3	0.3	0.3	0.3	0.3
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Subsidiaries and Affiliates</b>					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
<b>Total Nonadmitted Assets and Admitted Assets</b>					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	92,619	82,864	82,153	45,913	59,455
40. Total admitted assets (Page 2, Line 28, Col. 3).....	40,654,741	39,359,502	38,710,484	37,547,704	35,221,471
<b>Investment Data</b>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	1,997,171	1,987,122	1,949,621	1,810,545	1,679,640
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	0			0	
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total of above Lines 41, 42 and 43.....	1,997,171	1,987,122	1,949,621	1,810,545	1,679,640

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Benefits and Reserve Increases (Page 6)</b>					
45. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	1,109,492	1,365,039	752,803	897,876	1,446,530
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....	4,601	6,845	9,492	10,949	12,128
47. Increase in Life Reserves (Line 17, Column 2).....	(77,126)	37,040	90,917	23,466	457,000
48. Increase in Accident and Health Reserves (Line 17, Column 5).....	(5,067)	(8,222)	(6,135)	(6,488)	(6,162)
49. Refunds to Members (Line 28, Column 1).....	88,752	90,329	90,409	91,038	94,276
<b>Operating Percentages</b>					
50. Insurance Expense Percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	62.2	80.2	76.1	51.0	43.2
51. Lapse Percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	0.7	0.8	1.2	1.0	1.2
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	(3.3)	(11.4)	26.4	33.5	40.4
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....					
<b>Accident and Health Reserve Adequacy</b>					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....	498	617	538	942	776
<b>Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)</b>					
57. Life Insurance (Column 2).....	316,532	(1,633)	(29,649)	352,501	220,930
58. Annuity (Column 3).....	142,374	95,433	174,722	37,327	90,075
59. Supplementary Contracts (Column 4).....					
60. Accident and Health (Column 5).....	10,990	13,094	9,445	9,205	9,053
61. Aggregate of All Other Lines of Business (Column 6).....					
62. Fraternal (Column 8).....	(190,265)			(208,054)	(212,304)
63. Expense (Column 9).....					
64. Total (Column 1).....	279,631	106,894	154,518	190,979	107,754

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 [X]

If no, please explain:

## EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	22,253	33,125
2. Issued during year.....	91	883
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	91	883
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).....	22,344	34,008
Deductions During Year:		
10. Death.....	475	331
11. Maturity.....	3	1
12. Disability.....		
13. Expiry.....	11	18
14. Surrender.....	72	119
15. Lapse.....	21	124
16. Conversion.....		
17. Decreased (net).....		
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	582	593
21. In force end of year (b) (Line 9 minus 20).....	21,762	33,415
22. Reinsurance ceded end of year.....	XXX	4,819
23. Line 21 minus Line 22.....	XXX	28,596

### 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....21,060 , Amount, \$....29,975,391.  
 Additional accidental death benefits included in life certificates were in amount, \$....4,090,289. 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.....		98	485	
2. Issued during year.....		9	17	
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. TOTALS (Lines 1 to 4).....	0	107	502	0
Deduction during year:				
6. Decreased during year (net).....		30	12	
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	30	12	0
9. In force end of year (Line 5 minus Line 8).....	0	77	490	0
10. Amount on deposit.....				XXX
<b>Income now payable:</b>				
11. Amount of income payable.....				XXX
<b>Deferred fully paid:</b>				
12. Account balance.....	XXX	XXX		XXX
<b>Deferred not fully paid:</b>				
13. Account balance.....	XXX	XXX		XXX

**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	1	Direct Business					7		
		Life Contracts		4	5	6			
		2	3					Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations
Active Status	Life Insurance Premiums	Annuity Considerations				Deposit-Type Contracts			
1. Alabama.....	AL	N							
2. Alaska.....	AK	N							
3. Arizona.....	AZ	N							
4. Arkansas.....	AR	N							
5. California.....	CA	N							
6. Colorado.....	CO	N							
7. Connecticut.....	CT	N							
8. Delaware.....	DE	N							
9. District of Columbia.....	DC	N							
10. Florida.....	FL	N							
11. Georgia.....	GA	N							
12. Hawaii.....	HI	N							
13. Idaho.....	ID	N							
14. Illinois.....	IL	N							
15. Indiana.....	IN	N							
16. Iowa.....	IA	N							
17. Kansas.....	KS	N							
18. Kentucky.....	KY	N							
19. Louisiana.....	LA	N							
20. Maine.....	ME	N							
21. Maryland.....	MD	N							
22. Massachusetts.....	MA	N							
23. Michigan.....	MI	N							
24. Minnesota.....	MN	N							
25. Mississippi.....	MS	N							
26. Missouri.....	MO	N							
27. Montana.....	MT	N							
28. Nebraska.....	NE	N							
29. Nevada.....	NV	N							
30. New Hampshire.....	NH	N							
31. New Jersey.....	NJ	N							
32. New Mexico.....	NM	N							
33. New York.....	NY	N							
34. North Carolina.....	NC	N							
35. North Dakota.....	ND	N							
36. Ohio.....	OH	L	113,547	1,241,985	10,404		1,365,936		84,314
37. Oklahoma.....	OK	N							
38. Oregon.....	OR	N							
39. Pennsylvania.....	PA	N							
40. Rhode Island.....	RI	N							
41. South Carolina.....	SC	N							
42. South Dakota.....	SD	N							
43. Tennessee.....	TN	N							
44. Texas.....	TX	N							
45. Utah.....	UT	N							
46. Vermont.....	VT	N							
47. Virginia.....	VA	N							
48. Washington.....	WA	N							
49. West Virginia.....	WV	N							
50. Wisconsin.....	WI	N							
51. Wyoming.....	WY	N							
52. American Samoa.....	AS	N							
53. Guam.....	GU	N							
54. Puerto Rico.....	PR	N							
55. US Virgin Islands.....	VI	N							
56. Northern Mariana Islands.....	MP	N							
57. Canada.....	CAN	N							
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal.....	(a).....1		113,547	1,241,985	10,404	0	1,365,936		84,314
90. Reporting entity contributions for employee benefit plans.....	XXX						0		
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX		55,172				55,172		
92. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX		3,398				3,398		
93. Premium or annuity considerations waived under disability or other contract provisions.....	XXX		3,770				3,770		
94. Aggregate other amounts not allocable by State.....	XXX		0	0	0	0	0		0
95. Totals (Direct Business).....	XXX		175,887	1,241,985	10,404	0	1,428,276		84,314
96. Plus Reinsurance Assumed.....	XXX						0		
97. Totals (All Business).....	XXX		175,887	1,241,985	10,404	0	1,428,276		84,314
98. Less Reinsurance Ceded.....	XXX						0		
99. Totals (All Business) less reinsurance ceded.....	XXX		175,887	1,241,985	(b).....10,404	0	1,428,276		84,314

**DETAILS OF WRITE-INS**

58001.....	XXX						0		
58002.....	XXX						0		
58003.....	XXX						0		
58998. Summ. of remaining write-ins for line 58 from overflow.....	XXX		0	0	0	0	0		0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58).....	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.....	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.**

L

(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: SCHEDULE H

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

PART 1 – ORGANIZATIONAL CHART

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**2015 ALPHABETICAL INDEX  
FRATERNAL ANNUAL STATEMENT BLANK**

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