



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

American Modern Life Insurance Company

NAIC Group Code 0869 0869 NAIC Company Code 65811 Employer's ID Number 86-6052181
(Current) (Prior)

Organized under the Laws of _____ (Current) (Prior) _____, State of Domicile or Port of Entry _____ Ohio _____ Ohio

Country of Domicile _____ United States of America

Incorporated/Organized 12/12/1956 Commenced Business 01/03/1957

Statutory Home Office 1300 East Ninth Street Cleveland, OH, 44114
(Street and Number) (City or Town, State, County, and Zip Code)

Main Administrative Office 400 Robert Street North
(Street and Number)
St. Paul, MN 55101-2000 651.665.3500

(City or Town, State, Country and Zip Code) _____ (Area Code) (Telephone Number) _____

400 Robert Street North, St. Paul, MN, US 55101-2098
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 400 Robert Street North
(Street and Number)
St. Paul, MN, US 55101-2098, 651-665-5678

(City or Town, State, County and Zip Code) (Address, Telephone Number)

Statutory Statement Contact Nicholas David Boehland, 651-665-5678
(Name) (Area Code) (Telephone Number)
nicholas.boehland@securian.com, 651-665-7938
(E-mail Address) (FAX Number)

OFFICERS

President & CEO William Michael Gould
Secretary Mark James Geldernick
Treasurer David John LePlavy

OTHER

Barbara Ann Baumann, Second Vice President

DIRECTORS OR TRUSTEES

State or
County of _____ Minnesota _____ SS:

Ramsey _____

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

the enclosed statement.

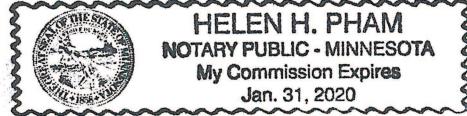




Subscribed and sworn to before me this
01 day of February 2016

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

Helen H. Pham
Notary Public
January 31, 2020





ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		261,233			261,233
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		261,233			261,233
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		34,884			34,884
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		34,884			34,884
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year			3	14,301					3	14,301
17. Incurred during current year			10	29,798					10	29,798
Settled during current year:										
18.1 By payment in full			9	34,884					9	34,884
18.2 By payment on compromised claims										
18.3 Totals paid			9	34,884					9	34,884
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			9	34,884					9	34,884
19. Unpaid Dec. 31, current year (16+17-18.6)			4	9,215					4	9,215
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			1,827	(a) 9,948,330					1,827	9,948,330
21. Issued during year			1,314	7,953,636					1,314	7,953,636
22. Other changes to in force (Net)			(1,119)	(5,833,905)					(1,119)	(5,833,905)
23. In force December 31 of current year			2,022	(a) 12,068,061					2,022	12,068,061

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	1,487	2,758		992	(100)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,487	2,758		992	(100)
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products				0	and number of persons insured under indemnity only products
				0	



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		31,194			31,194
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		31,194			31,194
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year			1	50,000					1	50,000
17. Incurred during current year			3	49,887					3	49,887
Settled during current year:										
18.1 By payment in full			2							2
18.2 By payment on compromised claims										
18.3 Totals paid			2							2
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			2							2
19. Unpaid Dec. 31, current year (16+17-18.6)			2	99,887					2	99,887
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			106	(a) 3,745,572					106	3,745,572
21. Issued during year										
22. Other changes to in force (Net)			(22)	(967,105)					(22)	(967,105)
23. In force December 31 of current year			84	(a) 2,778,468					84	2,778,468

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	16,508	16,355		23,844	25,267
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,508	16,355		23,844	25,267
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		124,237			124,237
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		124,237			124,237
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		83,082			83,082
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		83,082			83,082
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year		3		25,425				3		25,425
17. Incurred during current year		12		109,306				12		109,306
Settled during current year:										
18.1 By payment in full		13		83,082				13		83,082
18.2 By payment on compromised claims										
18.3 Totals paid		13		83,082				13		83,082
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		13		83,082				13		83,082
19. Unpaid Dec. 31, current year (16+17-18.6)		2		51,650				2		51,650
POLICY EXHIBIT										
20. In force December 31, prior year				No. of Policies						
21. Issued during year	702	(a)	16,821,086					702		16,821,086
22. Other changes to in force (Net)	195		3,244,978					195		3,244,978
23. In force December 31 of current year	(51)		(5,756,638)					(51)		(5,756,638)
	846	(a)	14,309,426					846		14,309,426

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	114,563	76,315		106,817	69,829
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	114,563	76,315		106,817	69,829
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		156,365			156,365
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		156,365			156,365
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		57,604			57,604
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		57,604			57,604
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year		2		.50,001					2	.50,001
17. Incurred during current year		3		.58,096					3	.58,096
Settled during current year:										
18.1 By payment in full		3		.57,604					3	.57,604
18.2 By payment on compromised claims										
18.3 Totals paid		3		.57,604					3	.57,604
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		3		.57,604					3	.57,604
19. Unpaid Dec. 31, current year (16+17-18.6)		2		.50,494					2	.50,494
POLICY EXHIBIT					6 No. of Policies					
20. In force December 31, prior year			436	(a) 17,727,934					436	17,727,934
21. Issued during year			1	407					1	407
22. Other changes to in force (Net)			(108)	(4,477,787)					(108)	(4,477,787)
23. In force December 31 of current year			329	(a) 13,250,554					329	13,250,554

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	96,059	95,739		37,142	24,960
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	96,059	95,739		37,142	24,960
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		122,505			122,505
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		122,505			122,505
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		671,244			671,244
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		671,244			671,244
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		2		62,300				2		62,300
17. Incurred during current year		13		740,210				13		740,210
Settled during current year:										
18.1 By payment in full		12		671,244				12		671,244
18.2 By payment on compromised claims										
18.3 Totals paid		12		671,244				12		671,244
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		12		671,244				12		671,244
19. Unpaid Dec. 31, current year (16+17-18.6)		3		131,267				3		131,267
POLICY EXHIBIT										
20. In force December 31, prior year				488 (a) 18,267,946	No. of Policies				488	18,267,946
21. Issued during year				(180) (7,309,017)					(180)	(7,309,017)
22. Other changes to in force (Net)				308 (a) 10,958,929					308	10,958,929

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	92,456	93,513		32,786	28,044
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	92,456	93,513		32,786	28,044
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		56,943			56,943
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		56,943			56,943
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year		381	(a) 3,704,613						381	3,704,613
21. Issued during year		248	2,080,333						248	2,080,333
22. Other changes to in force (Net)		(124)	(1,663,195)						(124)	(1,663,195)
23. In force December 31 of current year		505	(a) 4,121,751						505	4,121,751

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	78,672	48,155		16,024	7,497
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	78,672	48,155		16,024	7,497
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					No. of Policies					
21. Issued during year			(a)							
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 (a)	52,023				
20. In force December 31, prior year									5	52,023
21. Issued during year										
22. Other changes to in force (Net)					(3)	(33,234)			(3)	(33,234)
23. In force December 31 of current year					2 (a)	18,789			2	18,789

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)			12		
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)			12		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					(12)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		70,879			70,879
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		70,879			70,879
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		49,194			49,194
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		49,194			49,194
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year										
17. Incurred during current year		8		49,194					8	49,194
Settled during current year:										
18.1 By payment in full		8		49,194					8	49,194
18.2 By payment on compromised claims										
18.3 Totals paid		8		49,194					8	49,194
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		8		49,194					8	49,194
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		1,454	(a)	12,379,319					1,454	12,379,319
21. Issued during year		481		3,387,823					481	3,387,823
22. Other changes to in force (Net)		(848)		(7,205,819)					(848)	(7,205,819)
23. In force December 31 of current year		1,087	(a)	8,561,323					1,087	8,561,323

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	38,696	54,107		15,182	9,557
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	38,696	54,107		15,182	9,557
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		110,170			110,170
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		110,170			110,170
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		26,052			26,052
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		26,052			26,052
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year			2	13,018					2	13,018
17. Incurred during current year			5	112,543					5	112,543
Settled during current year:										
18.1 By payment in full			3	26,052					3	26,052
18.2 By payment on compromised claims										
18.3 Totals paid			3	26,052					3	26,052
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			3	26,052					3	26,052
19. Unpaid Dec. 31, current year (16+17-18.6)			4	99,510					4	99,510
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			348	(a) 11,969,392					348	11,969,392
21. Issued during year										
22. Other changes to in force (Net)			(124)	(4,537,419)					(124)	(4,537,419)
23. In force December 31 of current year			224	(a) 7,431,974					224	7,431,974

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	58,726	58,573		41,409	23,856
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	58,726	58,573		41,409	23,856
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		220,869			220,869
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		220,869			220,869
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		379,116			379,116
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		379,116			379,116
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		7		258,945			7		258,945	
17. Incurred during current year		28		269,257			28		269,257	
Settled during current year:										
18.1 By payment in full		29		379,116			29		379,116	
18.2 By payment on compromised claims										
18.3 Totals paid		29		379,116			29		379,116	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		29		379,116			29		379,116	
19. Unpaid Dec. 31, current year (16+17-18.6)		6		149,087			6		149,087	
POLICY EXHIBIT										
20. In force December 31, prior year		1,050	(a)	30,281,081	No. of Policies				1,050	30,281,081
21. Issued during year		170		4,559,068					170	4,559,068
22. Other changes to in force (Net)		(386)		(12,037,351)					(386)	(12,037,351)
23. In force December 31 of current year		834	(a)	22,802,799					834	22,802,799

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	99,324	99,788		72,419	61,911
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	99,324	99,788		72,419	61,911
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .					



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		217,096			217,096
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		217,096			217,096
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		175,989			175,989
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		175,989			175,989
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year			1	10,717					1	10,717
17. Incurred during current year			14	165,272					14	165,272
Settled during current year:										
18.1 By payment in full			15	175,989					15	175,989
18.2 By payment on compromised claims										
18.3 Totals paid			15	175,989					15	175,989
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			15	175,989					15	175,989
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			3,306	(a) 32,622,884					3,306	32,622,884
21. Issued during year			1,086	10,319,759					1,086	10,319,759
22. Other changes to in force (Net)			(1,339)	(15,251,866)					(1,339)	(15,251,866)
23. In force December 31 of current year			3,053	(a) 27,690,777					3,053	27,690,777

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	260,855	257,431		107,772	83,564
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	260,855	257,431		107,772	83,564
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		168,610			168,610
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		168,610			168,610
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		203,593			203,593
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		203,593			203,593
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		4	.96,332				4	.96,332		
17. Incurred during current year		9	235,466				9	235,466		
Settled during current year:										
18.1 By payment in full		8	203,593				8	203,593		
18.2 By payment on compromised claims										
18.3 Totals paid		8	203,593				8	203,593		
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		8	203,593				8	203,593		
19. Unpaid Dec. 31, current year (16+17-18.6)		5	128,205				5	128,205		
POLICY EXHIBIT										
20. In force December 31, prior year				No. of Policies						
21. Issued during year		646	(a) 18,250,131						646	18,250,131
22. Other changes to in force (Net)		(180)	(5,530,890)						(180)	(5,530,890)
23. In force December 31 of current year		466	(a) 12,719,241						466	12,719,241

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	120,668	120,711		47,867	32,507
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	120,668	120,711		47,867	32,507
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		20,988			20,988
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		20,988			20,988
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year			55 (a)	1,549,171				.55	1,549,171	
21. Issued during year			2	6,819				2	6,819	
22. Other changes to in force (Net)			(10)	(438,238)				(10)	(438,238)	
23. In force December 31 of current year			47 (a)	1,117,752				47	1,117,752	

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	11,540	11,859		1,451	(7,737)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,540	11,859		1,451	(7,737)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		73,204			73,204
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		73,204			73,204
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		159,087			159,087
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		159,087			159,087
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year		4						4		
17. Incurred during current year		7	159,087					7	159,087	
Settled during current year:										
18.1 By payment in full		5	159,087					5	159,087	
18.2 By payment on compromised claims										
18.3 Totals paid		5	159,087					5	159,087	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		5	159,087					5	159,087	
19. Unpaid Dec. 31, current year (16+17-18.6)		6						6		
POLICY EXHIBIT										
20. In force December 31, prior year			18 (a)	459,298	No. of Policies				18	459,298
21. Issued during year										
22. Other changes to in force (Net)		(5)	(200,324)						(5)	(200,324)
23. In force December 31 of current year		13 (a)	258,973						13	258,973

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	(636)	(630)			(689,342)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(636)	(630)			(689,342)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance		(58)			(58)
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		(58)			(58)
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
		1 No.	2 Amount							
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year				No. of Policies						
21. Issued during year		8 (a) 46,656						8 46,656		
22. Other changes to in force (Net)		(3) (39,255)						(3) (39,255)		
23. In force December 31 of current year		5 (a) 7,401						5 7,401		

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Dividends Paid Or Credited On Direct Business	3 Direct Losses Paid	4 Direct Losses Incurred
24. Group Policies (b)				
24.1 Federal Employees Health Benefits Plan premium (b)				
24.2 Credit (Group and Individual)	(85)	369		
24.3 Collectively renewable policies (b)				
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1 Non-cancelable (b)				
25.2 Guaranteed renewable (b)				
25.3 Non-renewable for stated reasons only (b)				
25.4 Other accident only				
25.5 All other (b)				
25.6 Totals (sum of Lines 25.1 to 25.5)	(85)	369		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(85)	369		(29)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		46			46
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	46				46
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year			74	(a) 269,463					.74	269,463
21. Issued during year			2	6,190					2	6,190
22. Other changes to in force (Net)			(37)	(170,358)					(37)	(170,358)
23. In force December 31 of current year			39	(a) 105,295					39	105,295

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	212	2,666			1,636
24.3 Collectively renewable policies (b)					4,726
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	212	2,666			1,636
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					4,726

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		229,881			229,881
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		229,881			229,881
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		478,141			478,141
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		478,141			478,141
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year			6	118,508					6	118,508
17. Incurred during current year			53	380,639					53	380,639
Settled during current year:										
18.1 By payment in full			55	478,141					55	478,141
18.2 By payment on compromised claims										
18.3 Totals paid			55	478,141					55	478,141
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			55	478,141					55	478,141
19. Unpaid Dec. 31, current year (16+17-18.6)			4	21,006					4	21,006
POLICY EXHIBIT					6. No. of Policies					
20. In force December 31, prior year			6,232	(a) 70,750,224					6,232	70,750,224
21. Issued during year			373	3,839,553					373	3,839,553
22. Other changes to in force (Net)			(2,794)	(34,196,692)					(2,794)	(34,196,692)
23. In force December 31 of current year			3,811	(a) 40,393,084					3,811	40,393,084

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	160,467	459,970		410,454	(4,733)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	160,467	459,970		410,454	(4,733)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance		289,214			289,214
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		289,214			289,214
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		269,373			269,373
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		269,373			269,373
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary 1 No.	Amount 2	Credit Life (Group and Individual) 3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	Group 5 No. of Certifs.	Amount 6	Industrial 7 No.	Amount 8	Total 9 No.	Total 10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year .....		.11	369,373					.11	369,373	
Settled during current year:										
18.1 By payment in full		9	269,373					9	269,373	
18.2 By payment on compromised claims										
18.3 Totals paid		9	269,373					9	269,373	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		9	269,373					9	269,373	
19. Unpaid Dec. 31, current year (16+17-18.6)		2	100,000					2	100,000	
POLICY EXHIBIT										
20. In force December 31, prior year				1,071	(a) 32,089,969			1,071	32,089,969	
21. Issued during year				2	37,936			2	37,936	
22. Other changes to in force (Net)				(142)	(5,052,477)			(142)	(.5,052,477)	
23. In force December 31 of current year				931	(a) 27,075,428			931	27,075,428	

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	196,654	195,777		73,683	96,401
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	196,654	195,777		73,683	96,401
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products	0				



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		28,237			28,237
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		28,237			28,237
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year			1	2,376					1	2,376
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)		1	2,376						1	2,376
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			479	(a) 3,482,555					479	3,482,555
21. Issued during year			187	1,248,816					187	1,248,816
22. Other changes to in force (Net)			(251)	(1,894,256)					(251)	(1,894,256)
23. In force December 31 of current year		415	(a) 2,837,115						415	2,837,115

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	9,316	14,068		2,301	5,141
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,316	14,068		2,301	5,141
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,324,463			2,324,463
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		2,324,463			2,324,463
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		1,155,927			1,155,927
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		1,155,927			1,155,927
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
16. Unpaid December 31, prior year		16		229,477				16		229,477
17. Incurred during current year		105		1,094,794				105		1,094,794
Settled during current year:										
18.1 By payment in full		108		1,155,927				108		1,155,927
18.2 By payment on compromised claims										
18.3 Totals paid		108		1,155,927				108		1,155,927
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		108		1,155,927				108		1,155,927
19. Unpaid Dec. 31, current year (16+17-18.6)		13		168,344				13		168,344
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		17,158		(a) 143,980,144				17,158		143,980,144
21. Issued during year		11,166		82,763,991				11,166		82,763,991
22. Other changes to in force (Net)		(9,575)		(70,769,186)				(9,575)		(70,769,186)
23. In force December 31 of current year		18,749	(a) 155,974,949					18,749		155,974,949

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	1,756,119	1,400,426		313,321	346,883
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,756,119	1,400,426		313,321	346,883
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		26,035			26,035
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		26,035			26,035
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		66,549			66,549
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		66,549			66,549
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year										
17. Incurred during current year		3	.66,549						3	.66,549
Settled during current year:										
18.1 By payment in full		3	.66,549						3	.66,549
18.2 By payment on compromised claims		3	.66,549						3	.66,549
18.3 Totals paid		3	.66,549						3	.66,549
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		3	.66,549						3	.66,549
19. Unpaid Dec. 31, current year (16+17-18.6)		3	.66,549							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		175	(a) 3,863,834						175	3,863,834
21. Issued during year										
22. Other changes to in force (Net)		(58)	(1,513,535)						(58)	(1,513,535)
23. In force December 31 of current year		117	(a) 2,350,299						117	2,350,299

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	14,425	15,891		32,761	(30,940)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,425	15,891		32,761	(30,940)
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products				0	and number of persons insured under indemnity only products
	0				



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance		83,419			83,419
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		83,419			83,419
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		172,561			172,561
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		172,561			172,561
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	2 No.	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year			1	10,495					1	10,495
17. Incurred during current year			6	188,853					6	188,853
Settled during current year:										
18.1 By payment in full			5	172,561					5	172,561
18.2 By payment on compromised claims			5	172,561					5	172,561
18.3 Totals paid			5	172,561					5	172,561
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			5	172,561					5	172,561
19. Unpaid Dec. 31, current year (16+17-18.6)			2	26,787					2	26,787
POLICY EXHIBIT										
20. In force December 31, prior year				246 (a)	7,083,951	No. of Policies				
21. Issued during year									246	7,083,951
22. Other changes to in force (Net)			(65)	(1,998,694)					(65)	(1,998,694)
23. In force December 31 of current year			181 (a)	5,085,257					181	5,085,257

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Dividends Paid Or Credited On Direct Business	3 Direct Losses Paid	4 Direct Losses Incurred
24. Group Policies (b)				
24.1 Federal Employees Health Benefits Plan premium (b)				
24.2 Credit (Group and Individual)	71,533	71,598		42,253
24.3 Collectively renewable policies (b)				50,584
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1 Non-cancelable (b)				
25.2 Guaranteed renewable (b)				
25.3 Non-renewable for stated reasons only (b)				
25.4 Other accident only				
25.5 All other (b)				
25.6 Totals (sum of Lines 25.1 to 25.5)	71,533	71,598		42,253
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)				50,584

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		21,474			21,474
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		21,474			21,474
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		10,911			10,911
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		10,911			10,911
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
16. Unpaid December 31, prior year			1	1					1	1
17. Incurred during current year			1	102,304					1	102,304
Settled during current year:										
18.1 By payment in full			1	10,911					1	10,911
18.2 By payment on compromised claims			1	10,911					1	10,911
18.3 Totals paid			1	10,911					1	10,911
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			1	10,911					1	10,911
19. Unpaid Dec. 31, current year (16+17-18.6)			1	91,395					1	91,395
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			70	(a) 2,360,661					70	2,360,661
21. Issued during year										
22. Other changes to in force (Net)			(15)	(676,473)					(15)	(676,473)
23. In force December 31 of current year			55	(a) 1,684,188					55	1,684,188

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	11,880	11,863			1,122
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,880	11,863			1,122
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
			3 (a)	123,273	No. of Policies				3	123,273
21. Issued during year										
22. Other changes to in force (Net)			(1)	(69,774)					(1)	(69,774)
23. In force December 31 of current year			2 (a)	53,500					2	53,500

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance		427,954			427,954
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		427,954			427,954
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		635,987			635,987
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		635,987			635,987
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total	10			
		1 No.	2 Amount							
16. Unpaid December 31, prior year		1	18,673				1	18,673		
17. Incurred during current year		29	682,168				29	682,168		
Settled during current year:										
18.1 By payment in full		28	635,987				28	635,987		
18.2 By payment on compromised claims										
18.3 Totals paid		28	635,987				28	635,987		
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		28	635,987				28	635,987		
19. Unpaid Dec. 31, current year (16+17-18.6)		2	64,853				2	64,853		
POLICY EXHIBIT										
20. In force December 31, prior year		3,290	(a) 71,231,773	No. of Policies				3,290	71,231,773	
21. Issued during year		1,086	26,410,590					1,086	26,410,590	
22. Other changes to in force (Net)		(1,318)	(30,926,295)					(1,318)	(30,926,295)	
23. In force December 31 of current year		3,058	(a) 66,716,068					3,058	66,716,068	

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Dividends Paid Or Credited On Direct Business	3 Direct Losses Paid	4 Direct Losses Incurred
24. Group Policies (b)				
24.1 Federal Employees Health Benefits Plan premium (b)				
24.2 Credit (Group and Individual)	171,383	251,784		215,454
24.3 Collectively renewable policies (b)				180,718
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1 Non-cancelable (b)				
25.2 Guaranteed renewable (b)				
25.3 Non-renewable for stated reasons only (b)				
25.4 Other accident only				
25.5 All other (b)				
25.6 Totals (sum of Lines 25.1 to 25.5)	171,383	251,784		215,454
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	171,383	251,784		180,718

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
 DIRECT BUSINESS IN THE STATE OF North Carolina
 NAIC Group Code 0869 DURING THE YEAR 2015
 NAIC Company Code 65811

LIFE INSURANCE		1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance			(223)			(223)
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)			(223)			(223)
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1	2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year			1 (a)	7,254					1	7,254
21. Issued during year										
22. Other changes to in force (Net)				(3,785)						(3,785)
23. In force December 31 of current year			1 (a)	3,469					1	3,469

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	(283)	(280)			
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(283)	(280)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		43,148			43,148
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		43,148			43,148
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		56,302			56,302
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		56,302			56,302
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year										
17. Incurred during current year			1	.56,302					1	.56,302
Settled during current year:										
18.1 By payment in full			1	.56,302					1	.56,302
18.2 By payment on compromised claims			1	.56,302					1	.56,302
18.3 Totals paid			1	.56,302					1	.56,302
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			1	.56,302					1	.56,302
19. Unpaid Dec. 31, current year (16+17-18.6)			1	.56,302						
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			175	(a) 5,462,938					175	5,462,938
21. Issued during year			1	65,083					1	65,083
22. Other changes to in force (Net)			(45)	(1,608,898)					(45)	(1,608,898)
23. In force December 31 of current year			131	(a) 3,919,123					131	3,919,123

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	29,653	29,575		24,419	25,531
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	29,653	29,575		24,419	25,531
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,350,824			1,350,824
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		1,350,824			1,350,824
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		1,091,389			1,091,389
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		1,091,389			1,091,389
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year		28	232,829						28	232,829
17. Incurred during current year		96	1,234,181						96	1,234,181
Settled during current year:										
18.1 By payment in full		104	1,091,389						104	1,091,389
18.2 By payment on compromised claims										
18.3 Totals paid		104	1,091,389						104	1,091,389
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		104	1,091,389						104	1,091,389
19. Unpaid Dec. 31, current year (16+17-18.6)		20	375,621						20	375,621
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year			8,564	(a) 162,145,344					8,564	162,145,344
21. Issued during year			2,121	63,470,815					2,121	63,470,815
22. Other changes to in force (Net)			(3,934)	(75,903,392)					(3,934)	(75,903,392)
23. In force December 31 of current year			6,751	(a) 149,712,767					6,751	149,712,767

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	1,498,404	1,665,671		1,197,356	.816,488
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,498,404	1,665,671		1,197,356	.816,488
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,224			1,224
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		1,224			1,224
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					No. of Policies					
	2	(a)	5,729						2	5,729
21. Issued during year		1	21,745						1	21,745
22. Other changes to in force (Net)		(2)	-(5,729)						(2)	-(5,729)
23. In force December 31 of current year		1	(a)	21,745					1	21,745

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		291,879			291,879
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		291,879			291,879
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		481,303			481,303
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		481,303			481,303
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year			4	.34,347					4	.34,347
17. Incurred during current year			14	.560,720					14	.560,720
Settled during current year:										
18.1 By payment in full			14	.481,303					14	.481,303
18.2 By payment on compromised claims										
18.3 Totals paid			14	.481,303					14	.481,303
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			14	.481,303					14	.481,303
19. Unpaid Dec. 31, current year (16+17-18.6)			4	113,763					4	113,763
POLICY EXHIBIT					6 No. of Policies					
20. In force December 31, prior year									967	.39,194,607
21. Issued during year			967	(a) .39,194,607					1	.17,043
22. Other changes to in force (Net)			1	.17,043						
23. In force December 31 of current year			(286)	(12,601,581)					(286)	(12,601,581)
									682	26,610,069

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	220,618	219,810		195,645	.154,519
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	220,618	219,810		195,645	.154,519
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		34,507			34,507
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		34,507			34,507
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year			1						1	
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)			1						1	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			274	(a) 7,519,598					274	7,519,598
21. Issued during year			66	1,888,157					.66	1,888,157
22. Other changes to in force (Net)			(115)	(3,260,596)					(115)	(3,260,596)
23. In force December 31 of current year			225	(a) 6,147,159					225	6,147,159

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	17,790	26,686		21,083	(4,700)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	17,790	26,686		21,083	(4,700)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year			1 (a)	3,627					1	3,627
21. Issued during year										
22. Other changes to in force (Net)				(2,381)						(2,381)
23. In force December 31 of current year			1 (a)	1,245					1	1,245

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		25,435			25,435
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		25,435			25,435
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		62,901			62,901
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		62,901			62,901
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year		3		62,901					3	62,901
Settled during current year:										
18.1 By payment in full		3		62,901					3	62,901
18.2 By payment on compromised claims										
18.3 Totals paid		3		62,901					3	62,901
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		3		62,901					3	62,901
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			100	(a) 3,096,974					100	3,096,974
21. Issued during year										
22. Other changes to in force (Net)		(42)		(1,585,142)					(42)	(1,585,142)
23. In force December 31 of current year		58	(a)	1,511,832					58	1,511,832

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	18,397	18,892			5,975
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	18,397	18,892			5,975
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		139,496			139,496
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		139,496			139,496
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		105,242			105,242
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		105,242			105,242
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year			4	24,066					4	24,066
17. Incurred during current year			10	116,532					10	116,532
Settled during current year:										
18.1 By payment in full			9	105,242					9	105,242
18.2 By payment on compromised claims										
18.3 Totals paid			9	105,242					9	105,242
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			9	105,242					9	105,242
19. Unpaid Dec. 31, current year (16+17-18.6)			5	35,357					5	35,357
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year			1,069	(a) 9,515,489					1,069	9,515,489
21. Issued during year			552	2,551,494					552	2,551,494
22. Other changes to in force (Net)			(633)	(4,529,005)					(633)	(4,529,005)
23. In force December 31 of current year			988	(a) 7,537,977					988	7,537,977

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	45,297	52,608		85,968	48,798
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	45,297	52,608		85,968	48,798
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,327			2,327
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		2,327			2,327
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
			45 (a)	751,210					.45	.751,210
21. Issued during year			4	155,296					4	.155,296
22. Other changes to in force (Net)			(16)	(315,064)					(16)	(315,064)
23. In force December 31 of current year			33 (a)	591,442					33	591,442

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	141	139			(29)
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	141	139			(29)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		22,702			22,702
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		22,702			22,702
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		32,546			32,546
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		32,546			32,546
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year			1	1					1	1
17. Incurred during current year			2	.57,075					2	.57,075
Settled during current year:										
18.1 By payment in full			1	32,546					1	32,546
18.2 By payment on compromised claims			1	32,546					1	32,546
18.3 Totals paid			1	32,546					1	32,546
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements			1	32,546					1	32,546
19. Unpaid Dec. 31, current year (16+17-18.6)			2	24,530					2	24,530
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			73	(a) 2,482,744					73	2,482,744
21. Issued during year										
22. Other changes to in force (Net)			(16)	(285,504)					(16)	(285,504)
23. In force December 31 of current year			57	(a) 2,197,240					57	2,197,240

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	11,878	11,768			852
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,878	11,768			852
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance		(2,147)			(2,147)
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		(2,147)			(2,147)
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		1,255			1,255
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		1,255			1,255
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	2 No.	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount	
16. Unpaid December 31, prior year			3	8,815					3	8,815	
17. Incurred during current year			1	(6,272)					1	(6,272)	
Settled during current year:											
18.1 By payment in full			3	1,255					3	1,255	
18.2 By payment on compromised claims											
18.3 Totals paid			3	1,255					3	1,255	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements			3	1,255					3	1,255	
19. Unpaid Dec. 31, current year (16+17-18.6)			1	1,287					1	1,287	
POLICY EXHIBIT											
20. In force December 31, prior year				287	(a)	1,350,225				287	1,350,225
21. Issued during year											
22. Other changes to in force (Net)				(171)	(828,903)				(171)	(828,903)	
23. In force December 31 of current year				116	(a)	521,322				116	521,322

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Dividends Paid Or Credited On Direct Business	3 Direct Losses Paid	4 Direct Losses Incurred
24. Group Policies (b)				
24.1 Federal Employees Health Benefits Plan premium (b)				
24.2 Credit (Group and Individual)	(1,885)	8,332		15,446
24.3 Collectively renewable policies (b)				12,649
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1 Non-cancelable (b)				
25.2 Guaranteed renewable (b)				
25.3 Non-renewable for stated reasons only (b)				
25.4 Other accident only				
25.5 All other (b)				
25.6 Totals (sum of Lines 25.1 to 25.5)	(1,885)	8,332		15,446
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(1,885)	8,332		12,649

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		336,860			336,860
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		336,860			336,860
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		685,213			685,213
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		685,213			685,213
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year		7		186,512					7	186,512
17. Incurred during current year		13		636,908					13	636,908
Settled during current year:										
18.1 By payment in full		15		685,213					15	685,213
18.2 By payment on compromised claims										
18.3 Totals paid		15		685,213					15	685,213
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		15		685,213					15	685,213
19. Unpaid Dec. 31, current year (16+17-18.6)		5		138,207					5	138,207
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		1,056	(a)	43,504,307					1,056	43,504,307
21. Issued during year		1		6,400					1	6,400
22. Other changes to in force (Net)		(294)		(12,904,254)					(294)	(12,904,254)
23. In force December 31 of current year		763	(a)	30,606,453					763	30,606,453

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	238,299	240,969			151,424
24.3 Collectively renewable policies (b)					103,145
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	238,299	240,969		151,424	103,145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		(25,494)			(25,494)
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		(25,494)			(25,494)
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		96,748			96,748
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		96,748			96,748
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year		8		54,283					8	54,283
17. Incurred during current year		7		66,427					7	66,427
Settled during current year:										
18.1 By payment in full		11		96,748					11	96,748
18.2 By payment on compromised claims										
18.3 Totals paid		11		96,748					11	96,748
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		11		96,748					11	96,748
19. Unpaid Dec. 31, current year (16+17-18.6)		4		23,962					4	23,962
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		1,720	(a)	13,515,756					1,720	13,515,756
21. Issued during year		44		1,205,908					44	1,205,908
22. Other changes to in force (Net)		(788)		(6,958,146)					(788)	(6,958,146)
23. In force December 31 of current year		976	(a)	7,763,518					976	7,763,518

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	(9,082)	45,020			24,283
24.3 Collectively renewable policies (b)					2,708
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(9,082)	45,020			24,283
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					2,708

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance		271,897			271,897
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		271,897			271,897
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		627,320			627,320
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		627,320			627,320
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total	10				
		1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		6	149,008					6	149,008		
17. Incurred during current year		25	671,390					25	671,390		
Settled during current year:											
18.1 By payment in full		24	627,320					24	627,320		
18.2 By payment on compromised claims											
18.3 Totals paid		24	627,320					24	627,320		
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements		24	627,320					24	627,320		
19. Unpaid Dec. 31, current year (16+17-18.6)		7	193,077					7	193,077		
POLICY EXHIBIT											
20. In force December 31, prior year		1,046	(a) 33,265,898	No. of Policies				1,046	33,265,898		
21. Issued during year		34	1,042,480					34	1,042,480		
22. Other changes to in force (Net)		(288)	(10,156,944)					(288)	(10,156,944)		
23. In force December 31 of current year		792	(a) 24,151,434					792	24,151,434		

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Dividends Paid Or Credited On Direct Business	3 Direct Losses Paid	4 Direct Losses Incurred
24. Group Policies (b)				
24.1 Federal Employees Health Benefits Plan premium (b)				
24.2 Credit (Group and Individual)	156,700	155,753		189,381
24.3 Collectively renewable policies (b)				73,031
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1 Non-cancelable (b)				
25.2 Guaranteed renewable (b)				
25.3 Non-renewable for stated reasons only (b)				
25.4 Other accident only				
25.5 All other (b)				
25.6 Totals (sum of Lines 25.1 to 25.5)	156,700	155,753		189,381
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	156,700	155,753		189,381
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	0			
insured under indemnity only products	0			



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,443			9,443
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		9,443			9,443
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year		42 (a)	1,233,299					42	1,233,299	
21. Issued during year										
22. Other changes to in force (Net)		(12)	(350,729)					(12)	(350,729)	
23. In force December 31 of current year		30 (a)	882,570					30	882,570	

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	10,171	10,810		7,000	1,475
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,171	10,810		7,000	1,475
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,566,836			7,566,836
2. Annuity considerations		XXX		XXX	
3. Deposit-type contract funds					
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)		7,566,836			7,566,836
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		7,869,514			7,869,514
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals		7,869,514			7,869,514
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
16. Unpaid December 31, prior year		116		1,648,055					116	1,648,055
17. Incurred during current year		493		8,321,336					493	8,321,336
Settled during current year:										
18.1 By payment in full		501		7,869,514					501	7,869,514
18.2 By payment on compromised claims										
18.3 Totals paid		501		7,869,514					501	7,869,514
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		501		7,869,514					501	7,869,514
19. Unpaid Dec. 31, current year (16+17-18.6)		108		2,099,877					108	2,099,877
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year		55,050		(a) 836,116,282					55,050	836,116,282
21. Issued during year		19,138		216,284,318					19,138	216,284,318
22. Other changes to in force (Net)		(25,400)		(349,849,834)					(25,400)	(349,849,834)
23. In force December 31 of current year		48,788	(a)	702,550,765					48,788	702,550,765

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	5,616,917	5,844,852		3,513,546	1,583,490
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,616,917	5,844,852		3,513,546	1,583,490
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	0				
insured under indemnity only products	0				

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	(292,897)
2. Current year's realized pre-tax capital gains/(losses) of \$ 128,696 transferred into the reserve net of taxes of \$ 45,044	83,653
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(209,245)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(743)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(208,502)

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2015	(33,338)	32,595		(743)
2. 2016	(12,410)	2,157		(10,253)
3. 2017	(48,355)	2,213		(46,142)
4. 2018	(59,718)	2,319		(57,399)
5. 2019	(50,175)	2,426		(47,749)
6. 2020	(30,291)	2,535		(27,756)
7. 2021	(1,532)	2,574		1,042
8. 2022	2,335	2,703		5,038
9. 2023	5,607	2,727		8,334
10. 2024	6,862	2,852		9,714
11. 2025	(1,691)	2,873		1,182
12. 2026	(5,265)	3,063		(2,202)
13. 2027	(4,696)	3,114		(1,582)
14. 2028	(4,166)	3,267		(899)
15. 2029	(7,771)	3,369		(4,402)
16. 2030	(8,675)	3,574		(5,101)
17. 2031	(8,774)	3,267		(5,507)
18. 2032	(7,620)	2,604		(5,016)
19. 2033	(8,630)	1,889		(6,741)
20. 2034	(8,508)	1,123		(7,385)
21. 2035	(6,700)	409		(6,292)
22. 2036	486			486
23. 2037	150			150
24. 2038	(6)			(6)
25. 2039	(16)			(16)
26. 2040				
27. 2041				
28. 2042				
29. 2043				
30. 2044				
31. 2045 and Later				
32. Total (Lines 1 to 31)	(292,897)	83,653		(209,245)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	44,184		44,184				44,184
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	(32,468)		(32,468)	188,438		188,438	155,970
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	9,799		9,799				9,799
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	21,514		21,514	188,438		188,438	209,953
9. Maximum reserve	59,668		59,668				59,668
10. Reserve objective	42,849		42,849				42,849
11. 20% of (Line 10 - Line 8)	4,267		4,267	(37,688)		(37,688)	(33,421)
12. Balance before transfers (Lines 8 + 11)	25,781		25,781	150,751		150,751	176,532
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero				(150,751)		(150,751)	(150,751)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	25,781		25,781				25,781

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1 2 3 4 5 6 7 8 9	Exempt Obligations	16,232,694	XXX	XXX	16,232,694	0.0000		0.0000		0.0000	
2.		Highest Quality	11,991,319	XXX	XXX	11,991,319	0.0004	4,797	0.0023	27,580	0.0030	35,974
3.		High Quality	2,632,639	XXX	XXX	2,632,639	0.0019	5,002	0.0058	15,269	0.0090	23,694
4.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
5.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
6.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
7.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Bonds (Sum of Lines 1 through 8)	30,856,652	XXX	XXX	30,856,652	XXX	9,799	XXX	42,849	XXX	59,668
PREFERRED STOCK												
10.	1 2 3 4 5 6 7	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	
SHORT - TERM BONDS												
18.	1 2 3 4 5 6 7	Exempt Obligations	712,308	XXX	XXX	712,308	0.0000		0.0000		0.0000	
19.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
20.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	712,308	XXX	XXX	712,308	XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.	1 2 3 4 5 6 7	Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	31,568,960	XXX	XXX	31,568,960	XXX	9,799	XXX	42,849	XXX	59,668

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality				XXX		0.0010		0.0050		0.0065
36.		Farm Mortgages - CM2 - High Quality				XXX		0.0035		0.0100		0.0130
37.		Farm Mortgages - CM3 - Medium Quality				XXX		0.0060		0.0175		0.0225
38.		Farm Mortgages - CM4 - Low Medium Quality				XXX		0.0105		0.0300		0.0375
39.		Farm Mortgages - CM5 - Low Quality				XXX		0.0160		0.0425		0.0550
40.		Residential Mortgages - Insured or Guaranteed				XXX		0.0003		0.0006		0.0010
41.		Residential Mortgages - All Other				XXX		0.0013		0.0030		0.0040
42.		Commercial Mortgages - Insured or Guaranteed				XXX		0.0003		0.0006		0.0010
43.		Commercial Mortgages - All Other - CM1 - Highest Quality				XXX		0.0010		0.0050		0.0065
44.		Commercial Mortgages - All Other - CM2 - High Quality				XXX		0.0035		0.0100		0.0130
45.		Commercial Mortgages - All Other - CM3 - Medium Quality				XXX		0.0060		0.0175		0.0225
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality				XXX		0.0105		0.0300		0.0375
47.		Commercial Mortgages - All Other - CM5 - Low Quality				XXX		0.0160		0.0425		0.0550
Overdue, Not in Process:												
48.		Farm Mortgages				XXX		0.0420		0.0760		0.1200
49.		Residential Mortgages - Insured or Guaranteed				XXX		0.0005		0.0012		0.0020
50.		Residential Mortgages - All Other				XXX		0.0025		0.0058		0.0090
51.		Commercial Mortgages - Insured or Guaranteed				XXX		0.0005		0.0012		0.0020
52.		Commercial Mortgages - All Other				XXX		0.0420		0.0760		0.1200
In Process of Foreclosure:												
53.		Farm Mortgages				XXX		0.0000		0.1700		0.1700
54.		Residential Mortgages - Insured or Guaranteed				XXX		0.0000		0.0040		0.0040
55.		Residential Mortgages - All Other				XXX		0.0000		0.0130		0.0130
56.		Commercial Mortgages - Insured or Guaranteed				XXX		0.0000		0.0040		0.0040
57.		Commercial Mortgages - All Other				XXX		0.0000		0.1700		0.1700
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)				XXX		XXX		XXX		XXX
59.		Schedule DA Mortgages				XXX		0.0030		0.0100		0.0130
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)				XXX		XXX		XXX		XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.	COMMON STOCK	Unaffiliated - Public		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1600		0.1600	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0050		0.0080	
4.		Affiliated - Life with AVR	12,276,728	XXX	XXX	12,276,728	0.0000		0.0000		0.0000	
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
7.		Fixed Income - Highest Quality					XXX		XXX		XXX	
8.		Fixed Income - High Quality					XXX		XXX		XXX	
9.		Fixed Income - Medium Quality					XXX		XXX		XXX	
10.		Fixed Income - Low Quality					XXX		XXX		XXX	
11.		Fixed Income - Lower Quality					XXX		XXX		XXX	
12.		Fixed Income - In/Near Default					XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public					0.0000		0.1300 (a)		0.1300 (a)	
14.		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
15.		Real Estate					(b)		(b)		(b)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
17.		Affiliated - All Other		XXX	XXX		0.0000		0.1600		0.1600	
		Total Common Stock (Sum of Lines 1 through 16)	12,276,728			12,276,728	XXX		XXX		XXX	
18.	REAL ESTATE	Home Office Property (General Account only)					0.0000		0.0750		0.0750	
19.		Investment Properties					0.0000		0.0750		0.0750	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
22.	1 OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
24.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
25.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
26.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
27.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
28.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
31.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
32.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
33.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
34.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
33		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
	38.	Mortgages - CM1 - Highest Quality			XXX		0.0010		0.0050		0.0065	
	39.	Mortgages - CM2 - High Quality			XXX		0.0035		0.0100		0.0130	
	40.	Mortgages - CM3 - Medium Quality			XXX		0.0060		0.0175		0.0225	
	41.	Mortgages - CM4 - Low Medium Quality			XXX		0.0105		0.0300		0.0375	
	42.	Mortgages - CM5 - Low Quality			XXX		0.0160		0.0425		0.0550	
	43.	Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
	44.	Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
	45.	Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
		Overdue, Not in Process Affiliated:										
	46.	Farm Mortgages			XXX		0.0420		0.0760		0.1200	
	47.	Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
	48.	Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
	49.	Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
	50.	Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure Affiliated:										
	51.	Farm Mortgages			XXX		0.0000		0.1700		0.1700	
	52.	Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
	53.	Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
	54.	Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
	55.	Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
	56.	Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
	57.	Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
	58.	Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0010		0.0050		0.0065	
	59.	Unaffiliated - In Good Standing Primarily Senior			XXX		0.0035		0.0110		0.0130	
	60.	Unaffiliated - In Good Standing All Other			XXX		0.0060		0.0175		0.0225	
	61.	Unaffiliated - Overdue, Not in Process			XXX		0.0420		0.0760		0.1200	
	62.	Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1700		0.1700	
	63.	Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
	64.	Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
67.		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
68.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
70.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1600		0.1600	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
73.		Investment Properties					0.0000		0.0750		0.0750	
74.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
78.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
80.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0037		0.0037	
83.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0120		0.0120	
84.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1300		0.1300	
85.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1300		0.1300	
		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)					XXX		XXX		XXX	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve Replications (Synthetic) Assets
N O N E

Schedule F - Claims
N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %		
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,601,137	XXX		XXX	1,601,137	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	1,855,758	XXX		XXX	1,855,758	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	879,060	47.4			879,060	47.4												
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	879,060	47.4			879,060	47.4												
6. Increase in contract reserves																		
7. Commissions (a)	418,362	22.5			418,362	22.5												
8. Other general insurance expenses	835,957	45.0			835,957	45.0												
9. Taxes, licenses and fees	221,378	11.9			221,378	11.9												
10. Total other expenses incurred	1,475,697	79.5			1,475,697	79.5												
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	(498,999)	(26.9)			(498,999)	(26.9)												
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	(498,999)	(26.9)			(498,999)	(26.9)												
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	3,435,248			3,435,248					
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	3,435,248			3,435,248					
5. Total premium reserves, prior year	3,689,869			3,689,869					
6. Increase in total premium reserves	(254,621)			(254,621)					
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year	2,019,689			2,019,689					
2. Total prior year	2,801,905			2,801,905					
3. Increase	(782,216)			(782,216)					

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	1,413,570			1,413,570					
1.2 On claims incurred during current year	247,706			247,706					
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	1,260,752			1,260,752					
2.2 On claims incurred during current year	758,937			758,937					
3. Test:									
3.1 Lines 1.1 and 2.1	2,674,322			2,674,322					
3.2 Claim reserves and liabilities, December 31, prior year	2,801,905			2,801,905					
3.3 Line 3.1 minus Line 3.2	(127,583)			(127,583)					

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	117,086			117,086					
2. Premiums earned	117,086			117,086					
3. Incurred claims	1,000,348			1,000,348					
4. Commissions	20,207			20,207					
B. Reinsurance Ceded:									
1. Premiums written	4,092,880			4,092,880					
2. Premiums earned	4,106,180			4,106,180					
3. Incurred claims	1,704,777			1,704,777					
4. Commissions	1,634,550			1,634,550					

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			1,583,490	1,583,490
2. Beginning Claim Reserves and Liabilities			6,584,371	6,584,371
3. Ending Claim Reserves and Liabilities			4,654,315	4,654,315
4. Claims Paid			3,513,546	3,513,546
B. Assumed Reinsurance:				
5. Incurred Claims.....			1,000,348	1,000,348
6. Beginning Claim Reserves and Liabilities			180,860	180,860
7. Ending Claim Reserves and Liabilities			197,044	197,044
8. Claims Paid			984,164	984,164
C. Ceded Reinsurance:				
9. Incurred Claims.....			1,704,778	1,704,778
10. Beginning Claim Reserves and Liabilities			4,159,997	4,159,997
11. Ending Claim Reserves and Liabilities			3,015,720	3,015,720
12. Claims Paid			2,849,055	2,849,055
D. Net:				
13. Incurred Claims.....			879,060	879,060
14. Beginning Claim Reserves and Liabilities			2,605,234	2,605,234
15. Ending Claim Reserves and Liabilities			1,835,639	1,835,639
16. Claims Paid			1,648,655	1,648,655
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			879,060	879,060
18. Beginning Reserves and Liabilities			2,605,234	2,605,234
19. Ending Reserves and Liabilities			1,835,638	1,835,638
20. Paid Claims and Cost Containment Expenses			1,648,656	1,648,656

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates											
0699999. Total General Account - Non-U.S. Affiliates											
0799999. Total General Account - Affiliates											
.....60242 .....,61-1316749 .....,04/12/1999 ....SOUTHERN FINANCIAL LIFE INS CO				KY	CO/G	5,568,370	4,210	74,383	45,219		
0899999. General Account - U.S. Non-Affiliates						5,568,370	4,210	74,383	45,219		
1099999. Total General Account - Non-Affiliates						5,568,370	4,210	74,383	45,219		
1199999. Total General Account						5,568,370	4,210	74,383	45,219		
1499999. Total Separate Accounts - U.S. Affiliates											
1799999. Total Separate Accounts - Non-U.S. Affiliates											
1899999. Total Separate Accounts - Affiliates											
2199999. Total Separate Accounts - Non-Affiliates											
2299999. Total Separate Accounts											
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						5,568,370	4,210	74,383	45,219		
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)											
9999999 - Totals						5,568,370	4,210	74,383	45,219		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates											
0699999. Total - Non-U.S. Affiliates											
0799999. Total - Affiliates											
.....60242 ..61-1316749 ..04/12/1999 ..SOUTHERN FINANCIAL LIFE INS CO	KY	CO/G				117,086		175,621	21,423		
0899999. U.S. Non-Affiliates						117,086		175,621	21,423		
1099999. Total - Non-Affiliates						117,086		175,621	21,423		
1199999. Total U.S. (Sum of 0399999 and 0899999)						117,086		175,621	21,423		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)											
9999999 - Totals						117,086		175,621	21,423		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
93793 .. 86-0420759 .. 05/06/1999 .. MIAMI VALLEY INSURANCE COMPANY ..				AZ ..		7,069
78905 .. 86-0557836 .. 05/06/1999 .. ELAN LIFE INSURANCE COMPANY ..				AZ ..		
89516 .. 34-1253670 .. 10/01/1999 .. NEW BREMEN LIFE INSURANCE COMPANY ..				AZ ..		
97381 .. 86-0441303 .. 10/19/2001 .. US BANCORP INS CO ..				VT ..	96,925	2,005,910
0899999. Life and Annuity - U.S. Non-Affiliates					96,925	2,012,979
00000 .. 98-0558492 .. 01/01/1994 .. DEVONSHIRE TCI INSURANCE COMPANY LTD ..				TCA ..	85	119,282
00000 .. AA-0052804 .. 06/28/2006 .. FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD ..				TCA ..	8,200	4,115
00000 .. 98-1132003 .. 10/01/2013 .. FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD ..				TCA ..	20,540	26,780
00000 .. AA-0051293 .. 07/01/2008 .. INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD ..				TCA ..		16,075
00000 .. AA-0040087 .. 07/01/2008 .. CASTLETON FINANCIAL INS CO LTD ..				VGB ..		2,119
0999999. Life and Annuity - Non-U.S. Non-Affiliates					28,825	168,371
1099999. Total Life and Annuity - Non-Affiliates					125,750	2,181,350
1199999. Total Life and Annuity					125,750	2,181,350
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
93793 .. 86-0420759 .. 05/06/1999 .. MIAMI VALLEY INSURANCE COMPANY ..				AZ ..	31,253	552
78905 .. 86-0557836 .. 05/06/1999 .. ELAN LIFE INSURANCE COMPANY ..				AZ ..		
89516 .. 34-1253670 .. 10/01/1999 .. NEW BREMEN LIFE INSURANCE COMPANY ..				AZ ..		
97381 .. 86-0441303 .. 10/19/2001 .. US BANCORP INS CO ..				VT ..	78,092	362,912
1999999. Accident and Health - U.S. Non-Affiliates					109,345	363,464
00000 .. 98-0558492 .. 01/01/1994 .. DEVONSHIRE TCI INSURANCE COMPANY LTD ..				TCA ..	47,315	135,146
00000 .. AA-0052804 .. 06/28/2006 .. FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD ..				TCA ..	9,385	
00000 .. 98-1132003 .. 10/01/2013 .. FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD ..				TCA ..	12,065	
00000 .. AA-0051293 .. 07/01/2008 .. INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD ..				TCA ..	5,085	
00000 .. AA-0040087 .. 07/01/2008 .. CASTLETON FINANCIAL INS CO LTD ..				VGB ..		856
2099999. Accident and Health - Non-U.S. Non-Affiliates					74,706	135,146
2199999. Total Accident and Health - Non-Affiliates					184,051	498,610
2299999. Total Accident and Health					184,051	498,610
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					206,270	2,376,443
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					103,531	303,517
9999999 Totals - Life, Annuity and Accident and Health					309,801	2,679,960

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance										
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year												
0399999. Total General Account - Authorized U.S. Affiliates																								
0699999. Total General Account - Authorized Non-U.S. Affiliates																								
0799999. Total General Account - Authorized Affiliates																								
82627	.06-0839705	01/01/2013	SWISS RE LIFE & HEALTH AMERICA INC.	CT	CAT/G.	CL					152													
37273	.39-1338397	01/01/2013	AXIS INSURANCE COMPANY	IL	CAT/G.	CL					93													
16535	.36-4233459	01/01/2013	ZURICH AMERICAN INSURANCE COMPANY	NY	CAT/G.	CL					121													
93572	.43-1235868	01/01/2013	RGA REINSURANCE COMPANY	MO	CAT/G.	CL					123													
10227	.13-4924125	01/01/2013	MUNICH REINSURANCE AMERICA, INC.	DE	CAT/G.	CL					54													
23043	.04-1543470	01/01/2014	LIBERTY MUTUAL INSURANCE COMPANY	MA	CAT/G.	CL					105													
0899999. General Account - Authorized U.S. Non-Affiliates																								
00000	AA-1120071	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. NVA 2007	GB	CAT/G.	CL					9													
00000	AA-1126005	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. PEM 4000	GB	CAT/G.	CL					11													
00000	AA-1120085	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AUW 1274	GB	CAT/G.	CL					6													
00000	AA-1127084	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. CS 1084	GB	CAT/G.	CL					5													
00000	AA-1128001	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AML 2001	GB	CAT/G.	CL					8													
00000	AA-1126780	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. ADV 0780	GB	CAT/G.	CL					5													
00000	AA-1127861	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. ANV 1861	GB	CAT/G.	CL					22													
00000	AA-1120104	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AAA 2012	GB	CAT/G.	CL					41													
00000	AA-1127200	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AMA 1200	GB	CAT/G.	CL					3													
00000	AA-1120075	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. ARK 4020	GB	CAT/G.	CL					21													
00000	AA-1126609	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. AUW 0609	GB	CAT/G.	CL					21													
00000	AA-1120055	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AFB 3623	GB	CAT/G.	CL					63													
00000	AA-1128003	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. SJC 2003	GB	CAT/G.	CL					13													
00000	AA-1126382	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. HDU 0382	GB	CAT/G.	CL					20													
00000	AA-1126033	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. HIS 0033	GB	CAT/G.	CL					40													
00000	AA-1126510	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. KLN 510	GB	CAT/G.	CL					31													
00000	AA-1126006	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. LIB 4472	GB	CAT/G.	CL					29													
00000	AA-1120124	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. SII 1945	GB	CAT/G.	CL					34													
00000	AA-1127301	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. TUL 1301	GB	CAT/G.	CL					4													
00000	AA-1120158	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. ACA 2014	GB	CAT/G.	CL					11													
00000	AA-1120064	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. CVS 1919	GB	CAT/G.	CL					8													
00000	AA-1120048	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. ANV 05820	GB	CAT/G.	CL					3													
00000	AA-1120106	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. APL 1969	GB	CAT/G.	CL					3													
00000	AA-1128987	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. BRT 2987	GB	CAT/G.	CL					9													
00000	AA-1120103	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. WRB 1967	GB	CAT/G.	CL					9													
00000	AA-1120114	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. CHN 2015	GB	CAT/G.	CL																		
00000	AA-1126003	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. TRV 5000	GB	CAT/G.	CL						429												
0999999. General Account - Authorized Non-U.S. Non-Affiliates																								
1099999. Total General Account - Authorized Non-Affiliates																								
1199999. Total General Account Authorized																								
1499999. Total General Account - Unauthorized U.S. Affiliates																								
1799999. Total General Account - Unauthorized Non-U.S. Affiliates																								
1899999. Total General Account - Unauthorized Affiliates																								
93793	.86-0420759	05/06/1999	MIAMI VALLEY INSURANCE COMPANY	AZ	CO/G.	CL	1,277,260	.71,099	.28,354		(1,164)													
78905	.86-0557836	05/06/1999	ELAN LIFE INSURANCE COMPANY	AZ	CO/G.	CL			100,608		(5,069)													
89516	.34-1253670	10/01/1999	NEW BREMEN LIFE INSURANCE COMPANY	AZ	CO/G.	CL																		
97381	.86-0441303	10/19/2001	US BANCORP INS CO	VT	CO/G.	CL	247,582,685	.18,514	.48,458		2,881,821													
1999999. General Account - Unauthorized U.S. Non-Affiliates																								
00000	.98-0558492	01/01/1994	DEVONSHIRE TCI INSURANCE COMPANY LTD	TC	CO/G.	CL	58,091,175	1,128	.3,073		.554,883													
00000	.AA-0052804	06/28/2006	FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD	TC	CO/G.	CL	4,731,823	117,800	.266,674		(27,755)													
00000	.98-1132003	10/01/2013	FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD	TC	CO/G.	CL	72,985,303	308,899	.772,712		1,394,244													
00000	.AA-0051293	07/01/2008	INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD	BVI	CO/G.	CL	14,886,577	.177,449	.191,637		.111,317													
00000	.AA-0040087	07/01/2008	CASTLETON FINANCIAL INS CO LTD	BVI	CO/G.	CL	1,962,484	.26,582	.28,779		.14,927													
2099999. General Account - Unauthorized Non-U.S. Non-Affiliates																								
2199999. Total General Account - Unauthorized Non-Affiliates																								

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
2299999. Total General Account Unauthorized							401,517,307	721,471	1,440,295	4,923,204				1,022,576
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														
2999999. Total General Account - Certified Affiliates														
3299999. Total General Account - Certified Non-Affiliates														
3399999. Total General Account Certified														
3499999. Total General Account Authorized, Unauthorized and Certified							401,517,307	721,471	1,440,295	4,924,281				1,022,576
3799999. Total Separate Accounts - Authorized U.S. Affiliates														
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
4199999. Total Separate Accounts - Authorized Affiliates														
4499999. Total Separate Accounts - Authorized Non-Affiliates														
4599999. Total Separate Accounts Authorized														
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates														
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Unauthorized Affiliates														
5599999. Total Separate Accounts - Unauthorized Non-Affiliates														
5699999. Total Separate Accounts Unauthorized														
5999999. Total Separate Accounts - Certified U.S. Affiliates														
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates														
6399999. Total Separate Accounts - Certified Affiliates														
6699999. Total Separate Accounts - Certified Non-Affiliates														
6799999. Total Separate Accounts Certified														
6899999. Total Separate Accounts Authorized, Unauthorized and Certified														
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							248,859,945	89,613	177,420	2,876,236				
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							152,657,362	631,858	1,262,875	2,048,045				1,022,576
9999999 - Totals							401,517,307	721,471	1,440,295	4,924,281				1,022,576

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates												
0699999.	Total General Account - Authorized Non-U.S. Affiliates												
0799999.	Total General Account - Authorized Affiliates												
1099999.	Total General Account - Authorized Non-Affiliates												
1199999.	Total General Account Authorized												
1499999.	Total General Account - Unauthorized U.S. Affiliates												
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates												
1899999.	Total General Account - Unauthorized Affiliates												
93793	.86-0420759	.05/06/1999	MIAMI VALLEY INSURANCE COMPANY	AZ	CO/G...	CAH		(357)		1,003	1,194,047		7,076
78905	.86-0557836	.05/06/1999	ELAN LIFE INSURANCE COMPANY	AZ	CO/G...	CAH		(687)					
89516	.34-1253670	.10/01/1999	NEW BREMEN LIFE INSURANCE COMPANY	AZ	CO/G...	CAH							
97381	.86-0441303	.10/19/2001	US BANCORP INS CO	VT	CO/G...	CAH		1,836,182		.9,343	679,695		
1999999.	General Account - Unauthorized U.S. Non-Affiliates							1,835,138		10,346	1,873,742		7,076
.00000	.98-0558492	.01/01/1994	DEVONSHIRE TCI INSURANCE COMPANY LTD	TC	CO/G...	CAH		853,852			459,319		
.00000	.AA-0052804	.06/28/2006	FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD	TC	CO/G...	CAH		(15,235)					98,465
.00000	.98-1132003	.10/01/2013	FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD	TC	CO/G...	CAH		1,242,191					1,395,522
.00000	.AA-0051293	.07/01/2008	INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD	TC	CO/G...	CAH		162,182					382,811
.00000	.AA-0040087	.07/01/2008	CASTLETON FINANCIAL INS CO LTD	BVI	CO/G...	CAH		14,752					33,127
2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates							2,257,742			459,319		1,909,925
2199999.	Total General Account - Unauthorized Non-Affiliates							4,092,880		10,346	2,333,061		1,917,001
2299999.	Total General Account Unauthorized							4,092,880		10,346	2,333,061		1,917,001
2599999.	Total General Account - Certified U.S. Affiliates												
2899999.	Total General Account - Certified Non-U.S. Affiliates												
2999999.	Total General Account - Certified Affiliates												
3299999.	Total General Account - Certified Non-Affiliates												
3399999.	Total General Account Certified												
3499999.	Total General Account Authorized, Unauthorized and Certified							4,092,880		10,346	2,333,061		1,917,001
3799999.	Total Separate Accounts - Authorized U.S. Affiliates												
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates												
4199999.	Total Separate Accounts - Authorized Affiliates												
4499999.	Total Separate Accounts - Authorized Non-Affiliates												
4599999.	Total Separate Accounts Authorized												
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates												
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates												
5299999.	Total Separate Accounts - Unauthorized Affiliates												
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates												
5699999.	Total Separate Accounts Unauthorized												
5999999.	Total Separate Accounts - Certified U.S. Affiliates												
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates												
6399999.	Total Separate Accounts - Certified Affiliates												
6699999.	Total Separate Accounts - Certified Non-Affiliates												
6799999.	Total Separate Accounts Certified												
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified												
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,835,138		10,346	1,873,742		7,076
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							2,257,742			459,319		1,909,925
9999999 - Totals								4,092,880		10,346	2,333,061		1,917,001

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8	
0399999. Total General Account - Life and Annuity U.S. Affiliates									XXX						
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates									XXX						
0799999. Total General Account - Life and Annuity Affiliates									XXX						
.93793 .86-0420759 .05/06/1999 MIAMI VALLEY INSURANCE COMPANY				.71,099	.7,069	3	.78,171			.2,719,569				.2	.78,171
.78905 .86-0557836 .05/06/1999 ELAN LIFE INSURANCE COMPANY															
.89516 .34-1253670 .10/01/1999 NEW BREMEN LIFE INSURANCE COMPANY															
.97381 .86-0441303 .10/19/2001 US BANCORP INS CO				.18,514	.2,102,835	142,295	.2,263,644			.2,194,991				.409,044	.2,263,644
0899999. General Account - Life and Annuity U.S. Non-Affiliates				.89,613	.2,109,904	142,298	.2,341,815		XXX	.4,914,560				.409,046	.2,341,815
.00000 .98-0558492 .01/01/1994 DEVONSHIRE TCI INSURANCE COMPANY LTD				.1,128	.119,367	.81,165	.201,660			.791,551				.90,618	.201,660
.00000 .AA-0052804 .06/28/2006 FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD				.117,800	.12,315	.4,831	.134,946			.448,139				.1,612	.134,946
.00000 .98-1132003 .10/01/2013 FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD				.308,899	.47,320	.60,298	.416,517			.583,174				.113,942	.416,517
.00000 .AA-0051293 .07/01/2008 INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD				.177,449	.16,075	.11,512	.205,036			.190,129				.25,348	.205,036
.00000 .AA-0040087 .07/01/2008 CASTLETON FINANCIAL INS CO LTD				.26,582	.2,119	.660	.29,361			.82,245				.1,346	.29,361
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates				.631,858	.197,196	158,466	.987,520		XXX	.2,095,238				.232,866	.987,520
1099999. Total General Account - Life and Annuity Non-Affiliates				.721,471	.2,307,100	300,764	.3,329,335		XXX	.7,009,798				.641,912	.3,329,335
1199999. Total General Account - Life and Annuity				.721,471	.2,307,100	300,764	.3,329,335		XXX	.7,009,798				.641,912	.3,329,335
1499999. Total General Account - Accident and Health U.S. Affiliates															
1799999. Total General Account - Accident and Health Non-U.S. Affiliates															
1899999. Total General Account - Accident and Health Affiliates															
.93793 .86-0420759 .05/06/1999 MIAMI VALLEY INSURANCE COMPANY				.1,195,050	.31,805	.88	.1,226,943			.1,226,943					.1,226,943
.78905 .86-0557836 .05/06/1999 ELAN LIFE INSURANCE COMPANY															
.89516 .34-1253670 .10/01/1999 NEW BREMEN LIFE INSURANCE COMPANY															
.97381 .86-0441303 .10/19/2001 US BANCORP INS CO				.689,038	.441,004	114,111	.1,244,153			.902,448				.341,705	.1,244,153
1999999. General Account - Accident and Health U.S. Non-Affiliates				.1,884,088	.472,809	114,199	.2,471,096		XXX	.2,129,391				.341,705	.2,471,096
.00000 .98-0558492 .01/01/1994 DEVONSHIRE TCI INSURANCE COMPANY LTD				.459,319	.182,461	.308,743	.950,523			.813,169				.137,354	.950,523
.00000 .AA-0052804 .06/28/2006 FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD					.9,385	.13,828	.23,213			.23,213					.23,213
.00000 .98-1132003 .10/01/2013 FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD					.12,065	.72,596	.84,661			.19,359				.65,302	.84,661
.00000 .AA-0051293 .07/01/2008 INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD					.5,085	.12,266	.17,351							.30,714	.17,351
.00000 .AA-0040087 .07/01/2008 CASTLETON FINANCIAL INS CO LTD					.856	.1,108	.1,964			.1,754				.210	.1,964
2099999. General Account - Accident and Health Non-U.S. Non-Affiliates				.459,319	.209,852	408,541	.1,077,712		XXX	.857,495				.233,580	.1,077,712
2199999. Total General Account - Accident and Health Non-Affiliates				.2,343,407	.682,661	.522,740	.3,548,808		XXX	.2,986,886				.575,285	.3,548,808
2299999. Total General Account Accident and Health				.2,343,407	.682,661	.522,740	.3,548,808		XXX	.2,986,886				.575,285	.3,548,808
2399999. Total General Account				.3,064,878	.2,989,761	.823,504	.6,878,143		XXX	.9,996,684				.1,217,197	.6,878,143
2699999. Total Separate Accounts - U.S. Affiliates															
2999999. Total Separate Accounts - Non-U.S. Affiliates															
3099999. Total Separate Accounts - Affiliates															
3399999. Total Separate Accounts - Non-Affiliates															
3499999. Total Separate Accounts															
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				.1,973,701	.2,582,713	.256,497	.4,812,911		XXX	.7,043,951				.750,751	.4,812,911
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				.1,091,177	.407,048	.567,007	.2,065,232		XXX	.2,952,733				.466,446	.2,065,232
9999999 - Totals				.3,064,878	.2,989,761	.823,504	.6,878,143		XXX	.9,996,684				.1,217,197	.6,878,143

(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NONE	

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	9,017	10,813	11,536	14,179	18,764
2. Commissions and reinsurance expense allowances	3,230	4,347	4,778	5,472	5,126
3. Contract claims	9,272	7,893	7,949	11,577	12,973
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded	1,517	322	15	(104)	
7. Increase in aggregate reserve for life and accident and health contracts					(1,973)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,206	1,307	879	1,156	
9. Aggregate reserves for life and accident and health contracts	3,065	4,998	6,031	8,217	11,163
10. Liability for deposit-type contracts					
11. Contract claims unpaid	2,680	2,104	1,370	2,500	2,225
12. Amounts recoverable on reinsurance	310	605	636	613	841
13. Experience rating refunds due or unpaid				523	1,150
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset			66		
17. Offset for reinsurance with Certified Reinsurers					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)	9,997	14,784	17,105	20,857	24,055
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					XXX
23. Funds deposited by and withheld from (F)					XXX
24. Letters of credit (L)					XXX
25. Trust agreements (T)					XXX
26. Other (O)					XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	44,853,082		44,853,082
2. Reinsurance (Line 16)	1,079,426	(1,079,426)	
3. Premiums and considerations (Line 15)	298,739	1,205,903	1,504,642
4. Net credit for ceded reinsurance	XXX	5,618,359	5,618,359
5. All other admitted assets (balance)	673,479		673,479
6. Total assets excluding Separate Accounts (Line 26)	46,904,726	5,744,836	52,649,562
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	46,904,726	5,744,836	52,649,562
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	12,085,635	3,064,877	15,150,512
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	1,197,556	2,679,959	3,877,515
12. Policyholder dividends/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)			
14. Other contract liabilities (Line 9)	672,210		672,210
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	3,911,462		3,911,462
20. Total liabilities excluding Separate Accounts (Line 26)	17,866,863	5,744,836	23,611,699
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	17,866,863	5,744,836	23,611,699
23. Capital & surplus (Line 38)	29,037,863	XXX	29,037,863
24. Total liabilities, capital & surplus (Line 39)	46,904,726	5,744,836	52,649,562
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	3,064,877		
26. Claim reserves	2,679,959		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	1,079,426		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	6,824,262		
34. Premiums and considerations	1,205,903		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	1,205,903		
41. Total net credit for ceded reinsurance		5,618,359	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Life (Group and Individual)	Direct Business Only				
		2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	261,233		1,487		262,720
2. Alaska	AK					
3. Arizona	AZ	31,194		16,508		47,702
4. Arkansas	AR	124,237		114,563		238,800
5. California	CA	156,365		96,059		252,424
6. Colorado	CO	122,505		92,456		214,961
7. Connecticut	CT	56,943		78,672		135,615
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA	70,879		38,696		109,575
12. Hawaii	HI					
13. Idaho	ID	110,170		58,726		168,896
14. Illinois	IL	220,869		99,324		320,193
15. Indiana	IN	217,096		260,855		477,951
16. Iowa	IA	168,610		120,668		289,278
17. Kansas	KS	20,988		11,540		32,528
18. Kentucky	KY	73,204		(636)		72,568
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD	(58)		(85)		(143)
22. Massachusetts	MA	46		212		258
23. Michigan	MI	229,881		160,467		390,348
24. Minnesota	MN	289,214		196,654		485,868
25. Mississippi	MS	28,237		9,316		37,553
26. Missouri	MO	2,324,463		1,756,116		4,080,579
27. Montana	MT	26,035		14,425		40,460
28. Nebraska	NE	83,419		71,533		154,952
29. Nevada	NV	21,474		11,880		33,354
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY	427,954		171,383		599,337
34. North Carolina	NC	(223)		(283)		(506)
35. North Dakota	ND	43,148		29,653		72,801
36. Ohio	OH	1,350,824		1,498,404		2,849,228
37. Oklahoma	OK	1,224				1,224
38. Oregon	OR	291,879		220,618		512,497
39. Pennsylvania	PA	34,507		17,790		52,297
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD	25,435		18,397		43,832
43. Tennessee	TN	139,496		45,297		184,793
44. Texas	TX	2,327		141		2,468
45. Utah	UT	22,702		11,878		34,580
46. Vermont	VT					
47. Virginia	VA	(2,147)		(1,885)		(4,032)
48. Washington	WA	336,860		238,299		575,159
49. West Virginia	WV	(25,494)		(9,082)		(34,576)
50. Wisconsin	WI	271,897		156,700		428,597
51. Wyoming	WY	9,443		10,171		19,614
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total		7,566,836		5,616,917		13,183,753

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Relation- ship to Reportin g Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
	Minnesota Mutual Group	66168	41-0417830				MINNESOTA LIFE INSURANCE COMPANY .....	..MN .....	..UDP	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			36-2259815				PERSONAL FINANCE COMPANY, LLC .....	..DE .....	..NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1412668				OAKLEAF SERVICE CORPORATION .....	..MN .....	..NIA	ENTERPRISE HOLDING CORPORATION	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1792781				ADVANTUS CAPITAL MANAGEMENT, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1486060				SECURIAN FINANCIAL SERVICES, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1612506				C.R.I. SECURITIES, LLC .....	..MN .....	..NIA	ENTERPRISE HOLDING CORPORATION	Ownership .....	.50.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. .....	.1
..0869	Minnesota Mutual Group	93742	41-1412669				SECURIAN LIFE INSURANCE COMPANY .....	..MN .....	..IA	MINNESOTA LIFE INSURANCE COMPANY	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
..0869	Minnesota Mutual Group	10054	41-1741988				SECURIAN CASUALTY COMPANY .....	..MN .....	..IA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1741986				SECURIAN FINANCIAL NETWORK, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1630884				MMLIC FUNDING, INC .....	..MN .....	..NIA	ENTERPRISE HOLDING CORPORATION	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1872681				MCM FUNDING 1997-1, INC. .....	..MN .....	..NIA	ENTERPRISE HOLDING CORPORATION	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1917565				MCM Funding 1998-1, INC. .....	..MN .....	..NIA	ENTERPRISE HOLDING CORPORATION	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1919755				CAPITOL CITY PROPERTY MANAGEMENT, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1919754				MINNESOTA MUTUAL COMPANIES, INC. .....	..MN .....	..UIP	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1919753				SECURIAN HOLDING COMPANY .....	..DE .....	..UIP	MINNESOTA MUTUAL COMPANIES, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1919752				SECURIAN FINANCIAL GROUP, INC. .....	..DE .....	..UIP	SECURIAN HOLDING COMPANY	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
		03-0388793	3089752				SECURIAN TRUST COMPANY, NA .....		..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1972962				SECURIAN VENTURES, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-2016575				ROBERT STREET PROPERTY MANAGEMENT, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			35-2125376				ALLIED SOLUTIONS, LLC .....	..IN .....	..NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1658115				ENTERPRISE HOLDING COMPANY .....	..MN .....	..NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			52-1657498				CAPITAL FINANCIAL GROUP, INC. .....	..MD .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			52-1321340				H. BECK, INC. .....	..MD .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			41-1598541				OCHS, INC. .....	..MN .....	..NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			90-0481794				SECURIAN AAM HOLDINGS INC .....	..DE .....	..NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership .....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- niliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			36-4418695				ASSET ALLOCATION & MANAGEMENT COMPANY LLC	IL	NIA	SECURIAN AAM HOLDINGS LLC	Ownership	.66.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
0869	Minnesota Mutual Group	65811	86-6052181				AMERICAN MODERN LIFE INSURANCE COMPANY	OH	RE	MINNESOTA LIFE INSURANCE COMPANY	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
0869	Minnesota Mutual Group	74365	62-0754973				SOUTHERN PIONEER LIFE INSURANCE COMPANY	AR	DS	AMERICAN MODERN LIFE INSURANCE COMPANY	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			27-1769315				MARKETVIEW PROPERTIES, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			27-2123801				MARKETVIEW PROPERTIES II, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			45-4174429				MARKETVIEW PROPERTIES III, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			45-4174567				MARKETVIEW PROPERTIES IV, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			47-4991843				LOWERTOWN CAPITAL, LLC	DE	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	
			30-0884520				LOWERTOWN CAPITAL FUND I, LP	DE	NIA	LOWERTOWN CAPITAL, LLC	Ownership	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	

52.1

Asterisk	Explanation
1	There are no voting right preferences between the 50% owners.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.66168	41-0417830	MINNESOTA LIFE INSURANCE COMPANY	11,000,000				20,645,387	(1,860,480)		(84,203,678)	(54,418,771)	(4,140,143)
	36-2259815	PERSONAL FINANCE COMPANY, LLC					(15,717,397)			92,605,494	.76,888,097	
	41-1792781	ADVANTUS CAPITAL MANAGEMENT, INC.					(10,053,868)				(10,053,868)	
	41-1486060	SECURIAN FINANCIAL SERVICES, INC.					(34,448,085)				(34,448,085)	
	41-1612506	C.R.I. SECURITIES, LLC					2,253,977				2,253,977	
.93742	41-1412669	SECURIAN LIFE INSURANCE COMPANY					(17,627,452)	1,860,480			(15,766,972)	4,140,143
10054	41-1741988	SECURIAN CASUALTY COMPANY					47,723,871				.47,723,871	
	41-1741986	SECURIAN FINANCIAL NETWORK, INC.					(8,883)				(8,883)	
	41-1658213	VIVID PRINT SOLUTIONS, INC.										
	41-1919755	CAPITOL CITY PROPERTY MANAGEMENT, INC.					10,041,924				10,041,924	
	41-1919754	MINNESOTA MUTUAL COMPANIES, INC.	1,500,000				(1,237,581)				262,419	
	41-1919753	SECURIAN HOLDING COMPANY	(1,500,000)				(78,027)				(1,578,027)	
	41-1919752	SECURIAN FINANCIAL GROUP, INC.	4,175,000				42,488,229				.38,261,413	
03-0388793	SECURIAN TRUST COMPANY, NA						(3,997,454)				(3,997,454)	
	41-1972962	SECURIAN VENTURES, INC.	(3,500,000)				(916,594)				(4,416,594)	
	41-2016575	ROBERT STREET PROPERTY MANAGEMENT, INC.					(12,125)				(12,125)	
35-2125376	ALLIED SOLUTIONS, LLC		(10,000,000)				(37,022,261)				(47,022,261)	
58-0900608	CNL FINANCIAL CORPORATION						7,987,142				7,987,142	
52-1657498	CAPITAL FINANCIAL GROUP, INC.											
52-1570425	CFG INSURANCE SERVICES, INC.											
52-1321340	H. BECK, INC.						(8,415,414)				(8,415,414)	
41-1598541	OCHS, INC.		(675,000)				2,177,106				1,502,106	
27-1769315	MARKETVIEW PROPERTIES, LLC						(55)				(55)	
27-2123801	MARKETVIEW PROPERTIES II, LLC						13,927				.13,927	
45-4174429	MARKETVIEW PROPERTIES III, LLC						8,821				.8,821	
45-4174567	MARKETVIEW PROPERTIES IV, LLC						241,487				241,487	
.65811	86-6052181	AMERICAN MODERN LIFE INSURANCE COMPANY					(1,867,676)				(1,867,676)	
.74365	62-0754973	SOUTHERN PIONEER LIFE INSURANCE COMPANY					(719,565)				(719,565)	
	90-0481794	SECURIAN AAM HOLDINGS, LLC	(1,000,000)				(1,448,609)				(2,448,609)	
	36-4418695	ASSET ALLOC & MGMT					(10,825)				(10,825)	
999999 Control Totals									XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>		
MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) be filed with the state of domicile by March 15?	.....	YES

APRIL FILING

41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO

42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? NO

43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? YES

44. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES

45. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? NO

46. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? NO

47. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? NO

48. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? NO

49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? NO

50. Will the Supplemental XXX/XXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? NO

AUGUST FILING

51. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES

Explanations:

- 12. Not applicable
- 13. Not applicable
- 14. Not applicable
- 15. Not applicable
- 16. Not applicable
- 17. Not applicable
- 18. Not applicable
- 19. Not applicable
- 20. Not applicable
- 21. Not applicable
- 22. Not applicable
- 23. Not applicable
- 24. Not applicable
- 25. Not applicable
- 26. Not applicable
- 27. Not applicable
- 28. Not applicable
- 29. Not applicable
- 30. Not applicable
- 31. Not applicable
- 32. Not applicable
- 33. Not applicable
- 34. Not applicable
- 36. Not applicable
- 37. Not applicable
- 38. Not applicable
- 39. Not applicable
- 41. Not applicable
- 42. Not applicable
- 45. Not applicable
- 46. Not applicable
- 47. Not applicable
- 48. Not applicable
- 49. Not applicable
- 50. Not applicable

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]
13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
14. Trusteed Surplus Statement [Document Identifier 490]
15. Participating Opinion for Exhibit 5 [Document Identifier 371]
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17. Actuarial Opinion on X-Factors [Document Identifier 442]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
35. Medicare Part D Coverage Supplement [Document Identifier 365]
36. Medicare Part D Coverage Supplement [Document Identifier 365]
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
39. Relief from the Requirements for Audit Committees [Document Identifier 226]
40. Long-Term Care Experience Reporting Forms [Document Identifier 306]
41. Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]
42. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]
43. Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]
44. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
45. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
46. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
47. Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

Of The American Modern Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
NAIC Group Code 0869 NAIC Company Code 65811 Employer's Identification Number (FEIN) 86-6052181

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2011	2 2012	3 2013	4 2014	5 2015(a)
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior	2,640	2,069	1,117	792	318
2. 2011	(988)	685	461	170	120
3. 2012	XXX	932	569	312	243
4. 2013	XXX	XXX	661	443	338
5. 2014	XXX	XXX	XXX	605	394
6. 2015	XXX	XXX	XXX	XXX	248

Section D -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

(a) See paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A
N O N E

Supplement Schedule O - Part 2 Section B
N O N E

Supplement Schedule O - Part 2 Section C
N O N E

Supplement Schedule O - Part 2 Section D
N O N E

Supplement Schedule O - Part 2 Section E
N O N E

Supplement Schedule O - Part 2 Section F
N O N E

Supplement Schedule O - Part 2 Section G
N O N E

SUPPLEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2011	1,165	921	772	XXX	XXX
2. 2012	XXX	2,743	2,166	2,094	XXX
3. 2013	XXX	XXX	1,914	1,553	1,647
4. 2014	XXX	XXX	XXX	1,769	1,436
5. 2015	XXX	XXX	XXX	XXX	1,007

Section D -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section E -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section F -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section G -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011					
2. 2012	XXX				
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2011	1,165	921	772	598	546
2. 2012	XXX	2,743	2,166	2,094	2,173
3. 2013	XXX	XXX	1,914	1,553	1,647
4. 2014	XXX	XXX	XXX	1,769	1,436
5. 2015	XXX	XXX	XXX	XXX	1,007

Section D -

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section E -

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section F -

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

Section G -

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XXX			
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life	Standard Factor	765
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health	Standard Factor	2,020
10. Other Accident and Health		
11. Total		2,785

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