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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 NAIC Company Code 65811 Employer's ID Number 86-6052181

(Current)      (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OhioCountry of Domicile United States of AmericaIncorporated/Organized 12/12/1956 Commenced Business 01/03/1957Statutory Home Office 1300 East Ninth Street, Cleveland, OH, US 44114  
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 400 Robert Street North  
(Street and Number) St. Paul, MN, US 55101-2098, 651-665-3500  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address 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, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address www.securian.comStatutory Statement Contact Nicholas David Boehland, 651-665-5678  
(Name) nicholas.boehland@securian.com, 651-665-7938  
(E-mail Address) (FAX Number)**OFFICERS**President & CEO William Michael Gould Treasurer David John LePlavy  
Secretary Mark James Geldernick**OTHER**

Barbara Ann Baumann, Second Vice President

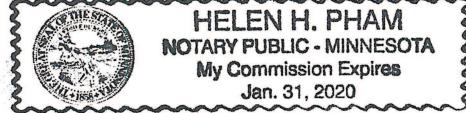
**DIRECTORS OR TRUSTEES**  
William Michael Gould David John LePlavy Warren John Zaccaro  
Kristi Jo Nelson Gary Roger Christensen Suzette Louise Huovinen #  
Daniel Patrick Preiner #State of Minnesota SS:  
County of Ramsey

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 to the enclosed statement.

William Michael Gould  
President & CEOMark James Geldernick  
SecretaryDavid John LePlavy  
Treasurer

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....

3. Number of pages attached.....

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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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
<b>POLICY EXHIBIT</b>					6 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)
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 Arizona DURING THE YEAR 2015  
NAIC Group Code 0869 NAIC Company Code 65811

<b>LIFE INSURANCE</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>						
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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 .....						
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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 .....			2						2	
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
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....					702	(a) 16,821,086			702	16,821,086
21. Issued during year .....					195	3,244,978			195	3,244,978
22. Other changes to in force (Net) .....					(51)	(5,756,638)			(51)	(5,756,638)
23. In force December 31 of current year .....					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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
<b>POLICY EXHIBIT</b>					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			
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			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....				37,142	24,960

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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		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
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			488	(a) 18,267,946					488	18,267,946
21. Issued during year .....										
22. Other changes to in force (Net) .....			(180)	(7,309,017)					(180)	(7,309,017)
23. In force December 31 of current year .....			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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
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) .....										
<b>POLICY EXHIBIT</b>					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
	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) .....	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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					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 District of Columbia

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					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 Florida

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					5 (a)	52,023	No. of Policies			
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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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) .....										
<b>POLICY EXHIBIT</b>					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 \$ .

Includes Group Credit Life Insurance 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
24.3 Collectively renewable policies (b) .....					9,557
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					9,557

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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		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
<b>POLICY EXHIBIT</b>					5 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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			1,050	(a) 30,281,081					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
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 Indiana

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 Settled during current year:			14	165,272					14	165,272
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) .....										
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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	.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
<b>POLICY EXHIBIT</b>					646 (a)	18,250,131	No. of Policies			
20. In force December 31, prior year .....									646	18,250,131
21. Issued during year .....										
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
24.3 Collectively renewable policies (b) .....					32,507
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					32,507

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
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) .....										
<b>POLICY EXHIBIT</b>					5 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
24.3 Collectively renewable policies (b) .....					(7,737)
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					(7,737)

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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							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	
<b>POLICY EXHIBIT</b>										
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)			
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)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					(689,342)

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 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)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 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) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			8 (a) .....	46,656					8 .....	46,656
21. Issued during year .....										
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 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) .....	(85) .....	369			(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) .....	(85) .....	369			(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 Massachusetts

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 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) .....										
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		.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	
<b>POLICY EXHIBIT</b>			No. of Policies						
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
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 Mississippi

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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
<b>POLICY EXHIBIT</b>										
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
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
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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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 .....										
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) .....										
<b>POLICY EXHIBIT</b>					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)
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 Nebraska

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		1	10,495				1	10,495
17. Incurred during current year Settled during current year:		6	188,853				6	188,853
18.1 By payment in full .....		5	172,561				5	172,561
18.2 By payment on compromised claims .....								
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
<b>POLICY EXHIBIT</b>			No. of Policies					
20. In force December 31, prior year .....		246	(a) 7,083,951				246	7,083,951
21. Issued during year .....								
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 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) .....	71,533	71,598		42,253	50,584
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) .....	71,533	71,598		42,253	50,584
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 Nevada

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1	2	Credit Life (Group and Individual)	3	4	5	6	7	8	9	Total
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	10
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 .....			1	10,911						1	10,911
18.5 Amount rejected .....			1	10,911						1	10,911
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
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 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) .....										
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			3 (a)	123,273					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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	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
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....									3,290	.71,231,773
21. Issued during year .....									1,086	.26,410,590
22. Other changes to in force (Net) .....									(1,318)	(30,926,295)
23. In force December 31 of current year .....									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 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) .....	171,383	251,784			
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) .....	171,383	251,784			
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 Carolina

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 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) .....										
<b>POLICY EXHIBIT</b>					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 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) .....	(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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 .....										
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) .....										
<b>POLICY EXHIBIT</b>										
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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....									8,564	162,145,344
(a) ...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

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	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 .....			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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....									967	.39,194,607
21. Issued during year .....									1	.17,043
22. Other changes to in force (Net) .....									(286)	(12,601,581)
23. In force December 31 of current year .....									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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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	
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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) .....										
<b>POLICY EXHIBIT</b>					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) .....					29,348
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			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....				5,975	29,348

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
<b>POLICY EXHIBIT</b>					6 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 DURING THE YEAR 2015  
NAIC Group Code 0869 NAIC Company Code 65811

<b>LIFE INSURANCE</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>						
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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 .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
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
	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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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					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 .....										
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
<b>POLICY EXHIBIT</b>					6 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 \$ \_\_\_\_\_

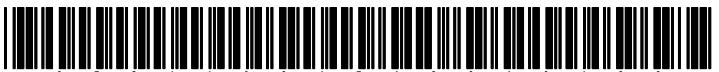
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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) .....										
<b>POLICY EXHIBIT</b>					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 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)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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
<b>POLICY EXHIBIT</b>					5 No. of Policies					
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 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) .....	(1,885)	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) .....					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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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
<b>POLICY EXHIBIT</b>				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	.103,145
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) .....	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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....			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
<b>POLICY EXHIBIT</b>					5 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) .....	(9,082)	45,020			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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

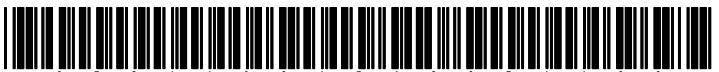
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....		6	149,008						6	.149,008
17. Incurred 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
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....		1,046	(a) 33,265,898						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 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) .....	156,700	155,753		189,381	.73,031
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) .....	156,700	155,753		189,381	.73,031
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 Wyoming

NAIC Group Code 0869

DURING THE YEAR 2015

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
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) .....										
<b>POLICY EXHIBIT</b>					5 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
24.3 Collectively renewable policies (b) .....					1,475
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					1,475

(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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....		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
<b>POLICY EXHIBIT</b>			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
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 \_\_\_\_\_ and number of persons 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		
36.		Farm Mortgages - CM2 - High Quality .....				XXX		0.0035		0.0100		
37.		Farm Mortgages - CM3 - Medium Quality .....				XXX		0.0060		0.0175		
38.		Farm Mortgages - CM4 - Low Medium Quality .....				XXX		0.0105		0.0300		
39.		Farm Mortgages - CM5 - Low Quality .....				XXX		0.0160		0.0425		
40.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0003		0.0006		
41.		Residential Mortgages - All Other .....				XXX		0.0013		0.0030		
42.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0003		0.0006		
43.		Commercial Mortgages - All Other - CM1 - Highest Quality .....				XXX		0.0010		0.0050		
44.		Commercial Mortgages - All Other - CM2 - High Quality .....				XXX		0.0035		0.0100		
45.		Commercial Mortgages - All Other - CM3 - Medium Quality .....				XXX		0.0060		0.0175		
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality .....				XXX		0.0105		0.0300		
47.		Commercial Mortgages - All Other - CM5 - Low Quality .....				XXX		0.0160		0.0425		
Overdue, Not in Process:												
48.		Farm Mortgages .....				XXX		0.0420		0.0760		
49.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0005		0.0012		
50.		Residential Mortgages - All Other .....				XXX		0.0025		0.0058		
51.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0005		0.0012		
52.		Commercial Mortgages - All Other .....				XXX		0.0420		0.0760		
In Process of Foreclosure:												
53.		Farm Mortgages .....				XXX		0.0000		0.1700		
54.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0000		0.0040		
55.		Residential Mortgages - All Other .....				XXX		0.0000		0.0130		
56.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0000		0.0040		
57.		Commercial Mortgages - All Other .....				XXX		0.0000		0.1700		
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)				XXX		XXX		XXX		
59.		Schedule DA Mortgages				XXX		0.0030		0.0100		
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)				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	REAL ESTATE										
19.		Home Office Property (General Account only) .....					0.0000		0.0750		0.0750	
20.		Investment Properties .....					0.0000		0.0750		0.0750	
21.		Properties Acquired in Satisfaction of Debt .....					0.0000		0.1100		0.1100	
		Total Real Estate (Sum of Lines 18 through 20) .....					XXX		XXX		XXX	
22.	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 %		
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
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)												
<b>DETAILS OF WRITE-INS</b>																		
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
<b>PART 2. - RESERVES AND LIABILITIES</b>									
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 ..																		
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				1,022,576										
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								XXX						
1799999.	Total General Account - Accident and Health Non-U.S. Affiliates								XXX						
1899999.	Total General Account - Accident and Health Affiliates								XXX						
.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								XXX						
2999999.	Total Separate Accounts - Non-U.S. Affiliates								XXX						
3099999.	Total Separate Accounts - Affiliates								XXX						
3399999.	Total Separate Accounts - Non-Affiliates								XXX						
3499999.	Total Separate Accounts								XXX						
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
			<b>NONE</b>	

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 6**Five Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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.		Direct Business Only					
		1 Life (Group and Individual)	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 Percent- age	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
	Minnesota Mutual Group .....	66168	41-0417830	.....	.....	MINNESOTA LIFE INSURANCE COMPANY .....	..MN..	....UDP..	SEURIAN 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..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			41-1486060	.....	.....	SEURIAN FINANCIAL SERVICES, INC. .....	..MN..	....NIA..	SEURIAN 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	.....	.....	SEURIAN 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	.....	.....	SEURIAN CASUALTY COMPANY .....	..MN..	....IA..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			41-1741986	.....	.....	SEURIAN FINANCIAL NETWORK, INC. .....	..MN..	....NIA..	SEURIAN 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..	SEURIAN 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	.....	.....	SEURIAN HOLDING COMPANY .....	..DE..	....UIP..	MINNESOTA MUTUAL COMPANIES, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			41-1919752	.....	.....	SEURIAN FINANCIAL GROUP, INC. .....	..DE..	....UIP..	SEURIAN HOLDING COMPANY .....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			03-0388793	3089752	.....	SEURIAN TRUST COMPANY, NA .....	.....	....NIA..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			41-1972962	.....	.....	SEURIAN VENTURES, INC. .....	..MN..	....NIA..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			41-2016575	.....	.....	ROBERT STREET PROPERTY MANAGEMENT, INC. .....	..MN..	....NIA..	SEURIAN 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..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			52-1321340	.....	.....	H. BECK, INC. .....	..MD..	....NIA..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			41-1598541	.....	.....	OCHS, INC. .....	..MN..	....NIA..	SEURIAN FINANCIAL GROUP, INC. ....	Ownership.....	.100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. ....		
			90-0481794	.....	.....	SEURIAN 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 Percen- 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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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
<b>AUGUST FILING</b>	
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>	
<b>MARCH FILING</b>	
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**

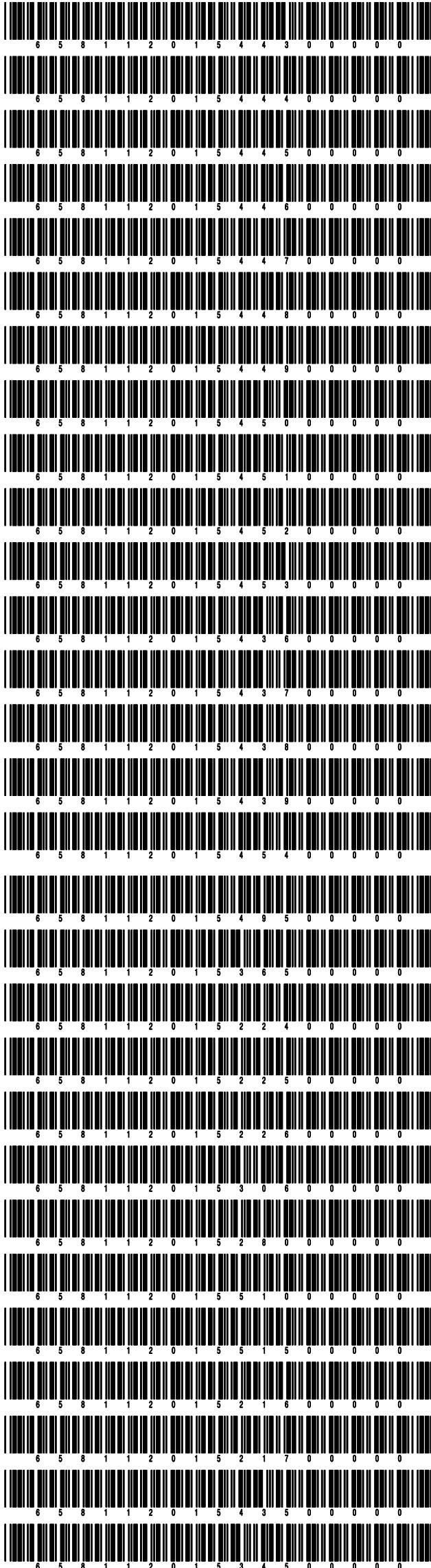
41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
43. Will the Credit Insurance Experience 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/AXXX 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]
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]
41. Long-Term Care Experience Reporting Forms [Document Identifier 306]
42. Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]
45. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]
46. Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]
47. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
48. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
49. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
50. Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
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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	XX	XX			
5. 2014	XX	XX	XX	XXX	
6. 2015	XXX	XXX	XXX	XXX	XXX

#### Section E -

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

#### Section F -

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

#### Section G -

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

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

**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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