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## AMENDED FILING EXPLANATION

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Amended filing to the following: Exhibit 2, 5 year history and Sch H P5 . Allocation of A & H expenses.

Below is the letter from the NAIC dated June 1, 2017 requesting the changes.

### **ITEMS REQUIRING ACTION:**

#### **CONSISTENCY AND TEXTUAL FAILURES:**

If an amendment is not provided, a valid explanation for the failure is required. Please note that a Jurat page should accompany all amendments. Although the NAIC database cannot accept a signed Jurat page, the submission of a Jurat page (signed form sent to the state of domicile) is considered an attestation that the filing has been completed in accordance with the NAIC *Annual Statement* Instructions and the AP&P manual. The explanation that your state of domicile does not require an amendment is a valid explanation. If this is the case, please provide the name and telephone number of the state contact or a copy of the documentation confirming an amendment is not required.

1. **Rule Name:** FXASN000334 **Description:** Exhibit of General Expenses, Column 2, Line 10 did not equal Schedule H, Part 1, Column 1, Line 4  
 $0 - 4118 = -4118$
2. **Rule Name:** FXASN000872 **Description:** Schedule H, Part 1, Column 1, Line 5 did not equal Schedule H, Part 5, Column 4, Line E17  
 $9695 - 5577 = 4118$
3. **Rule Name:** FXASN096049 **Description:** Five-Year Historical Data, Column 1, Line 52 did not equal Schedule H, Part 1, Column 2, Line 5 plus Line 6  
 $6.022 - 48.998 = -42.976$
4. **Rule Name:** FXASN096050 **Description:** Five-Year Historical Data, Column 1, Line 53 did not equal Schedule H, Part 1, Column 2, Line 4  
 $0 - 42.976 = -42.976$

The 2017 Course Schedule of educational courses and opportunities including Accounting and Reporting Issues, Annual Statement Preparation, Basic Reinsurance, Annual Statement Investment Schedules and many other courses is available at: [education\\_schedule.htm](#)

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## AMENDED FILING EXPLANATION

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June 1, 2017

### ***NAIC Financial Reporting & Analysis Data Validation Notification***

Theresa Aveni  
American Mut Life Assn  
19424 South Waterloo Road  
Cleveland, OH 44119

Re: NAIC Cocode: 56286 Group Code: 0  
2016 Annual Statement filing

The second (and subsequent) pages of this notice detail discrepancies in the above filing. We request that you review each category very closely and provide the appropriate response within ten working days from receipt of this letter. Please also follow the instructions on the checklist below.

**Provide the following with every response.**

- Company code
- Company name
- Current contact name and phone number, if contact has changed
- Date of NAIC letter
- Name of NAIC contact on the letter
- Address every failure, unless the letter states that no correction or response is needed for a specified failure

**Provide the following with Annual Statement corrections.**

- Jurat Page
- Electronic partial amended Annual Statement filing via the NAIC internet filing site including all applicable PDF files
- Completed Amended Explanation Page

**Provide the following with RBC corrections.**

- Electronic complete amended RBC filing via the NAIC internet filing site
- Electronic Annual Statement Five-year Historical Data page
- Electronic partial amended Annual Statement filing via the NAIC internet filing site

You may receive future correspondence if additional discrepancies require your assistance. Forward all of the above to your state of domicile and to the NAIC contact below at the following address.

Cheryl Manning  
Insurance Reporting Analyst III  
NAIC - Financial Regulatory Services  
1100 Walnut Street, Suite 1500  
Kansas City, MO 64106-2197  
CManning@naic.org  
Fax: (816) 460-7580 Phone: (816) 783-8410

cc: Financial Regulator(s) of the State of OH

Thank you for your timely response and assistance with this matter.



# ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

## American Mutual Life Association

NAIC Group Code..... 0,  
(Current Period) (Prior Period)

NAIC Company Code..... 56286

Employer's ID Number..... 34-6577472

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized.....

Commenced Business.....

Statutory Home Office

19424 South Waterloo Road..... Cleveland .... OH .... US .... 44119  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

19424 South Waterloo Road..... Cleveland .... OH .... US.... 44119  
(Street and Number) (City or Town, State, Country and Zip Code)

2165311900

(Area Code) (Telephone Number)

Mail Address

19424 South Waterloo Road..... Cleveland .... OH .... US .... 44119  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

19424 South Waterloo Road..... Cleveland .... OH .... US .... 44119  
(Street and Number) (City or Town, State, Country and Zip Code)

2165311900

(Area Code) (Telephone Number)

Internet Web Site Address

www.AmericanMutual.org

Statutory Statement Contact

Theresa Aveni  
(Name)  
t.aveni@americanmutual.org  
(E-Mail Address)

2165311900

(Area Code) (Telephone Number) (Extension)

(Fax Number)

### OFFICERS

Name  
1. Timothy Percic  
3.

Title  
President

Name  
2. Theresa Aveni  
4.

Title  
Secretary-Treasurer

### OTHER

### DIRECTORS OR TRUSTEES

Joseph Zab  
Alyce Kane

James Czeck  
Jaime Loncar

Kenneth E. Shine  
James Mannion

Ronald Zab  
Charlie Kohli

State of..... OHIO  
County of.... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Timothy Percic	(Signature) Theresa Aveni	(Signature)
1. (Printed Name) President	2. (Printed Name) Secretary-Treasurer	3. (Printed Name)
(Title)	(Title)	(Title)

Subscribed and sworn to before me

2017

a. Is this an original filing?

Yes [ ] No [ x ]

b. If no  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

6-8-2017

# American Mutual Life Association

## EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6	7			
	1 Life	Accident and Health		4 Aggregate of All Other Lines of Business						
		2 Cost Containment	3 All Other							
1. Rent.....	64,442				8,592	12,888	85,922			
2. Salaries and wages.....	317,756				30,000	56,690	404,446			
3.11 Insured benefit plans for employees.....	72,708						72,708			
3.12 Insured benefit plans for fieldworkers.....							0			
3.21 Uninsured benefit plans for employees.....							0			
3.22 Uninsured benefit plans for fieldworkers.....							0			
3.31 Other employee welfare.....	3,594						3,594			
3.32 Other fieldworker welfare.....							0			
4.1 Legal fees and expenses.....	3,938						3,938			
4.2 Medical examination fees.....							0			
4.3 Inspection report fees.....							0			
4.4 Fees of public accountants and consulting actuaries.....	113,941						113,941			
4.5 Expense of investigation and settlement of certificate claims.....							0			
5.1 Traveling expenses.....	1,313						1,313			
5.2 Advertising.....	21,639						21,639			
5.3 Postage, express, telegraph and telephone.....	15,342						15,342			
5.4 Printing and stationery.....	4,031						4,031			
5.5 Cost or depreciation of furniture and equipment.....	513						513			
5.6 Rental of equipment.....	18,816						18,816			
5.7 Cost or depreciation of EDP equipment and software.....	130,811						130,811			
5.8 Lodge supplies less \$.....0 from sales.....							0			
6.1 Books and periodicals.....	653						653			
6.2 Bureau and association dues.....	250						250			
6.3 Insurance, except on real estate.....	18,383						18,383			
6.4 Miscellaneous losses.....							0			
6.5 Collection and bank service charges.....	1,219						1,219			
6.6 Sundry general expenses.....	18,870						18,870			
7.1 Field expense allowance.....	6,413						6,413			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....							0			
7.3 Field conferences other than local meetings.....							0			
8.1 Official publications.....						7,962	7,962			
8.2 Expense of supreme lodge meetings.....							0			
9.1 Real estate expenses.....							0			
9.2 Investment expenses not included elsewhere.....					120		120			
9.3 Aggregate write-ins for expenses.....	4,932	4,118	0	0	2,657	102,543	114,250			
10. General expenses incurred.....	819,563	4,118	0	0	41,369	(a) 180,083	(b) 1,045,134			
11. General expenses unpaid December 31, prior year.....	20,084					33,810	53,894			
12. General expenses unpaid December 31, current year.....	15,112					30,600	45,712			
13. General expenses paid during year (Lines 10 + 11 - 12).....	824,535	4,118	0	0	41,369	183,293	1,053,316			

## DETAILS OF WRITE-INS

09.301	DONATIONS.....					51,221	51,221
09.302	DATA PROCESSING.....	2,657			2,657		5,314
09.303	LODGE & FRATERNAL EXPENSE.....					51,322	51,322
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	2,275	4,118	0	0	0	6,393
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	4,932	4,118	0	0	2,657	102,543

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

 1. Charitable \$....13,491; 2. Institutional \$....6,790; 3. Recreational and Health \$....15,263; 4. Educational \$....30,325  
 5. Religious \$....1,770; 6. Membership \$....116,995; 7. Other \$.....0; 8. Total \$....184,635

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

## EXHIBIT 3 - TAXES, LICENSES AND FEES

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....	805			142		947
3. Other state taxes, including \$....805 for employee benefits.....	1,332					1,332
4. U.S. Social Security taxes.....	23,514			1,786	4,465	29,764
5. All other taxes.....	1,513			153	88	1,753
6. Taxes, licenses and fees Incurred.....	27,163	0	0	2,081	4,552	33,796
7. Taxes, licenses and fees unpaid December 31, prior year.....	132					132
8. Taxes, licenses and fees unpaid December 31, current year.....						0
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	27,295	0	0	2,081	4,552	33,928

## EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		6,164
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		60,374
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	66,539	0
6. Paid in cash.....	5,836	
7. Left on deposit.....	22,476	
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	94,850	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....	100,000	
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total (Line 10 through Line 14).....	100,000	0
16. Total from prior year.....	100,000	
17. Total dividends or refunds (Line 9 + 15 - 16).....	94,850	0

## DETAILS OF WRITE-INS

0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Line 0801 through 0803 plus 0898) (Line 8 above).....	0	0

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

Amounts of life insurance in this exhibit should be shown in thousands (OMIT 000).

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Total (Line 21, Column 2).....	33,235	33,415	33,125	32,806	32,774
<b>New Business Issued (Exhibit of Life Insurance)</b>					
2. Total (Line 2, Column 2).....	511	883	1,007	745	462
<b>Premium Income (Exhibit 1, Part 1)</b>					
3. Life insurance - first year (Line 9.4, Column 2).....	1,907	11,392	5,571	5,341	3,681
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	137,601	169,089	166,052	149,946	207,255
5. Annuity (Line 20.4, Column 3).....	1,044,765	1,241,985	1,016,816	1,009,165	1,395,149
6. Accident and health (Line 20.4, Column 4).....	9,469	10,524	11,717	12,802	13,666
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	1,193,742	1,432,990	1,200,156	1,177,254	1,619,751
<b>Balance Sheet Items (Pages 2 and 3)</b>					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	41,229,569	40,654,741	39,359,502	38,710,484	37,547,704
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	29,818,526	28,101,059	27,004,676	26,436,043	25,343,502
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	27,702,000	26,156,000	25,097,000	24,384,000	23,167,000
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	52,800	57,800	62,867	71,089	77,307
13. Deposit-type contract funds (Page 3, Line 3).....	970,521	894,552	967,510	1,009,211	1,169,801
14. Asset valuation reserve (Page 3, Line 21.1).....	420,203	321,339	252,819	244,621	196,581
15. Surplus (Page 3, Line 30).....	11,411,043	12,553,683	12,354,826	12,274,441	12,204,202
<b>Cash Flow (Page 5)</b>					
16. Net cash from operations (Line 11).....	725,083	1,426,153	815,781	1,492,769	1,656,316
<b>Risk-Based Capital Analysis</b>					
17. Total adjusted capital.....	11,881,246	12,925,022	12,657,645	12,569,062	12,450,783
18. 50% of the calculated RBC amount.....	554,567	688,355	573,389	361,999	467,651
<b>Percentage Distribution of Cash, Cash Equivalent and Invested Assets</b>					
(Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	96.9	97.5	97.6	97.2	98.0
20. Stocks (Lines 2.1 and 2.2).....	1.5	1.4	1.5	1.5	
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	0.1	0.1	0.0	0.0	0.2
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.3	0.3	0.3	0.3	0.2
23. Cash, cash equivalents and short-term investments (Line 5).....	1.0	0.4	0.3	0.7	1.3
24. Contract loans (Line 6).....	0.3	0.3	0.3	0.3	0.3
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....					
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Subsidiaries and Affiliates</b>					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
<b>Total Nonadmitted Assets and Admitted Assets</b>					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	66,531	92,619	82,864	82,153	45,913
40. Total admitted assets (Page 2, Line 28, Col. 3).....	41,229,569	40,654,741	39,359,502	38,710,484	37,547,704
<b>Investment Data</b>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	2,110,552	1,997,171	1,987,122	1,949,621	1,810,545
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	(192,750)	0			0
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total of above Lines 41, 42 and 43.....	1,917,802	1,997,171	1,987,122	1,949,621	1,810,545

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2016	2	2015	3 2014	4 2013	5 2012
<b>Benefits and Reserve Increases (Page 6)</b>						
45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	1,501,340	1,109,492	1,365,039	752,803	897,876	
46. Total certificate benefits - accident and health (Line 13, Column 5).....	5,577	4,601	6,845	9,492	10,949	
47. Increase in life reserves (Line 17, Column 2).....	75,888	(77,126)	37,040	90,917	23,466	
48. Increase in accident and health reserves (Line 17, Column 5).....	(5,000)	(5,067)	(8,222)	(6,135)	(6,488)	
49. Refunds to members (Line 28, Column 1).....	94,850	88,752	90,329	90,409	91,038	
<b>Operating Percentages</b>						
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	.84.1	.62.2	.80.2	.76.1	.51.0	
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....	0.6	0.7	0.8	1.2	1.0	
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	.49.0	(3.3)	(11.4)	.26.4	.33.5	
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....	.43.0	.....	.....	.....	.....	
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....	.....	.....	.....	.....	.....	
<b>Accident and Health Reserve Adequacy</b>						
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....	.....	.....	.....	.....	.....	
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....	.....	.498	.617	.538	.942	
<b>Net Gains from Operations After Refunds to Members by Lines of Business</b> (Page 6, Line 29)						
57. Life Insurance (Column 2).....	509,799	316,532	(1,633)	(29,649)	352,501	
58. Annuity (Column 3).....	(231,714)	142,374	95,433	174,722	37,327	
59. Supplementary contracts (Column 4).....	.....	.....	.....	.....	.....	
60. Accident and health (Column 5).....	4,774	10,990	13,094	9,445	9,205	
61. Aggregate of all other lines of business (Column 6).....	.....	.....	.....	.....	.....	
62. Fraternal (Column 8).....	(184,635)	(190,265)	.....	.....	(208,054)	
63. Expense (Column 9).....	.....	.....	.....	.....	.....	
64. Total (Column 1).....	98,224	279,631	106,894	154,518	190,979	

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [ ] No [ X ]

If no, please explain: