



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

1st Vice President	James Czeck
Internal Audit Chair	Ronald Zab
Fraternal Affairs Chair	Jaime Loncar
Board Member	Charlie Kohli

2nd Vice President
Finance Committee Chair
Board Member
Board Member

Joseph Zab  
Kenneth E. Shine  
Alyce Kane  
James Mannion

### OTHER

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

### DIRECTORS OR TRUSTEES

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

(Signature)  
Timothy Percic  
1. (Printed Name)  
President  
(Title)

(Signature)  
Theresa Aveni  
2. (Printed Name)  
Secretary-Treasurer  
(Title)

(Signature)  
3. (Printed Name)  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

2017

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

Yes [ X ] No [ ]

\_\_\_\_\_

Annual Statement for the year 2016 of the **American Mutual Life Association**  
**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	39,439,481		39,439,481	38,908,545
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	551,350		551,350	501,250
2.2 Common stocks.....	62,100		62,100	62,100
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	25,859		25,859	28,274
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	118,986		118,986	124,194
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....386,216, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	386,216		386,216	164,113
6. Contract loans (including \$.....0 premium notes).....	114,537		114,537	115,112
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	40,698,529	0	40,698,529	39,903,588
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	621,784		621,784	597,883
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,736		1,736	1,998
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	104,982		104,982	151,272
21. Furniture and equipment, including health care delivery assets (\$.....0).....	9,289	9,289	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	57,242	57,242	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	41,493,562	66,531	41,427,031	40,654,741
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	41,493,562	66,531	41,427,031	40,654,741

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Expenses.....	37,064	37,064	0	
2502. Prepaid Pension Cost.....	20,178	20,178	0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	57,242	57,242	0	0

# American Mutual Life Association

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	26,702,000	26,156,000
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	52,800	57,800
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	970,521	894,552
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	136,000	140,437
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....	.....	.....
5. Refunds due and unpaid (Exhibit 4, Line 10).....	.....	.....
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	100,000	100,000
6.2 Not yet apportioned.....	.....	.....
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	20	.....
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....	.....	.....
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....	.....	.....
8.3 Interest Maintenance Reserve (IMR, Line 6).....	210,539	267,031
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	.....	313
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	45,712	53,894
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....	.....	.....
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	.....	132
14. Unearned investment income.....	.....	.....
15. Amounts withheld or retained by Society as agent or trustee.....	76,862	45,739
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....	.....	.....
17. Remittances and items not allocated.....	.....	.....
18. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....	.....
19. Liability for benefits for employees and fieldworkers if not included above.....	.....	.....
20. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	449,753	321,339
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....	.....	.....
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	.....	.....
21.4 Payable to subsidiaries and affiliates.....	.....	.....
21.5 Drafts outstanding.....	15,994	12,429
21.6 Funds held under coinsurance.....	.....	.....
21.7 Derivatives.....	.....	.....
21.8 Payable for securities.....	.....	.....
21.9 Payable for securities lending.....	.....	.....
22. Aggregate write-ins for liabilities.....	1,087,875	51,393
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	29,848,076	28,101,059
24. From Separate Accounts statement.....	.....	.....
25. Total liabilities (Lines 23 and 24).....	29,848,076	28,101,059
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	0	0
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	11,578,955	12,553,683
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	11,578,955	12,553,683
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	41,427,031	40,654,742

### DETAILS OF WRITE-INS

2201. Accrued Interest Payable on Deposits.....	13,775	13,577
2202. Reserve (Reversal) for Convention Expense.....	28,000	14,000
2203. Reserve for Pension Projected Benefit Obligation.....	46,100	20,100
2298. Summary of remaining write-ins for Line 22 from overflow page.....	1,000,000	3,716
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....	1,087,875	51,393
2601. .....	.....	.....
2602. .....	.....	.....
2603. .....	.....	.....
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 through 2603 plus 2698) (Line 26 above).....	0	0
2801. .....	.....	.....
2802. .....	.....	.....
2803. .....	.....	.....
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....	0	0

# American Mutual Life Association

## SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	1,193,742	1,432,990
2. Considerations for supplementary contracts with life contingencies.....	.....	.....
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	2,115,263	1,997,171
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	77,241	77,109
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	.....	.....
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....	.....	.....
7. Reserve adjustments on reinsurance ceded.....	.....	.....
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....	.....	.....
8.2 Charges and fees for deposit-type contracts.....	.....	.....
8.3 Aggregate write-ins for miscellaneous income.....	262	487
9. Totals (Lines 1 to 8.3).....	3,386,508	3,507,757
10. Death benefits.....	322,588	326,474
11. Matured endowments (excluding guaranteed annual pure endowments).....	7,553	3,200
12. Annuity benefits.....	1,117,701	724,097
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	5,577	4,601
14. Surrender benefits and withdrawals for life contracts.....	53,498	55,721
15. Interest and adjustments on contract or deposit-type contracts funds.....	40,597	37,552
16. Payments on supplementary contracts with life contingencies.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	541,000	1,053,933
18. Totals (Lines 10 to 17).....	2,088,514	2,205,578
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....	728	3,190
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....	.....	.....
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	1,003,765	888,086
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	31,715	28,520
23. Increase in loading on deferred and uncollected premiums.....	.....	.....
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	.....	.....
25. Aggregate write-ins for deductions.....	14,000	14,000
26. Totals (Lines 18 to 25).....	3,138,722	3,139,374
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	247,786	368,383
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	94,850	88,752
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	152,936	279,631
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$.....20,749 transferred to the IMR).....	.....	0
31. Net income (Lines 29 + 30).....	152,936	279,631
<b>SURPLUS ACCOUNT</b>		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	12,553,683	12,354,826
33. Net income from operations (Line 31).....	152,936	279,631
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	.....	.....
35. Change in net unrealized foreign exchange capital gain (loss).....	.....	.....
36. Change in nonadmitted assets.....	26,088	(9,755)
37. Change in liability for reinsurance in unauthorized and certified companies.....	.....	.....
38. Change in reserve on account of change in valuation basis (increase) or decrease.....	.....	.....
39. Change in asset valuation reserve.....	(128,414)	(68,520)
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....	.....	.....
41. Other changes in surplus in Separate Accounts statement.....	.....	.....
42. Change in surplus notes.....	.....	.....
43. Cumulative effect of changes in accounting principles.....	.....	.....
44. Change in surplus as a result of reinsurance.....	.....	.....
45. Aggregate write-ins for gains and losses in surplus.....	(1,025,338)	(2,500)
46. Net change in surplus for the year (Lines 33 through 45).....	(974,728)	198,856
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	11,578,955	12,553,683

### DETAILS OF WRITE-INS

08.301. Mlsc Refunds and Discounts.....	262	487
08.302. .....	.....	.....
08.303. .....	.....	.....
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	262	487
2501. Reserve for Convention Meeting.....	14,000	14,000
2502. .....	.....	.....
2503. .....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	14,000	14,000
4501. Projected Benefit Obligation for Pension -one tenth.....	(26,000)	(2,500)
4502. Asset Adequacy Reserve per Cashflow Test.....	(1,000,000)	.....
4503. PRIOR PERIOD CORRECTIONS ON ANNUITY INTEREST.....	662	.....
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above).....	(1,025,338)	(2,500)

# American Mutual Life Association

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	1,194,024	1,428,276
2. Net investment income.....	2,239,951	2,139,221
3. Miscellaneous income.....	.262	487
4. Total (Lines 1 through 3).....	3,434,237	3,567,984
5. Benefit and loss related payments.....	1,551,951	1,137,861
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,062,353	.915,218
8. Dividends paid to policyholders.....	.94,850	88,752
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	.....
10. Total (Lines 5 through 9).....	2,709,154	2,141,831
11. Net cash from operations (Line 4 minus Line 10).....	725,083	1,426,153
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	2,358,020	2,433,664
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	.2,414	2,532
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,360,434	2,436,196
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	3,011,588	3,687,339
13.2 Stocks.....	.50,100	.....
13.3 Mortgage loans.....	.....	30,000
13.4 Real estate.....	.....	6,385
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	3,061,688	3,723,724
14. Net increase (decrease) in contract loans and premium notes.....	(575)	(1,653)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(700,679)	(1,285,874)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	.....	.....
16.2 Capital and paid in surplus, less treasury stock.....	.....	.....
16.3 Borrowed funds.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.35,371	(72,958)
16.5 Dividends to stockholders.....	.....	.....
16.6 Other cash provided (applied).....	162,328	(8,736)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	197,699	(81,694)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	222,103	58,585
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	164,113	105,528
19.2 End of year (Line 18 plus Line 19.1).....	386,216	164,113

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

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

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts.....	1,193,742	139,508	1,044,765		9,469		1,193,742		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	2,115,263	1,296,191	.819,072				2,115,263		
4. Amortization of interest maintenance reserve (IMR).....	77,241	.77,241					77,241		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	0						0		
7. Reserve adjustments on reinsurance ceded.....	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0						0		
8.2 Charges and fees for deposit-type contracts.....	0						0		
8.3 Aggregate write-ins for miscellaneous income.....	.262	.262	0	0	0	0	.262	0	0
9. Totals (Lines 1 to 8.3).....	3,386,508	1,513,202	1,863,837	0	9,469	0	3,386,508	0	0
10. Death benefits.....	322,588	322,588					322,588		
11. Matured endowments (excluding guaranteed annual pure endowments).....	7,553	7,553					7,553		
12. Annuity benefits.....	1,117,701		1,117,701				1,117,701		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	5,577	5,577					5,577		
14. Surrender benefits and withdrawals for life contracts.....	53,498	53,498					53,498		
15. Interest and adjustments on contract or deposit-type contract funds.....	40,597	40,597					40,597		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	541,000	25,888	.520,112		(5,000)		.541,000		
18. Totals (Lines 10 to 17).....	2,088,514	455,701	1,637,813	0	(5,000)	0	2,088,514	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	728	.728					728		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	1,003,765	823,682					823,682	180,083	
22. Insurance taxes, licenses and fees.....	31,715	.27,163					.27,163	4,552	
23. Increase in loading on deferred and uncollected premiums.....	0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0						0		
25. Aggregate write-ins for deductions.....	14,000	14,000	0	0	0	0	14,000	0	0
26. Totals (Lines 18 to 25).....	3,138,722	1,321,274	1,637,813	0	(5,000)	0	2,954,087	184,635	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	247,786	191,927	.226,024	0	14,469	0	.432,421	(184,635)	0
28. Refunds to members.....	94,850	.94,850					.94,850		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	152,936	.97,077	.226,024	0	.14,469	0	.337,571	(184,635)	0

**DETAILS OF WRITE-INS**

08.301. Misc. Refunds/Discounts.....	.262	.262					262		
08.302. .....	0						0		
08.303. .....	0						0		
08.398. Summary of remaining write-ins for Item 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398 above) (Line 8.3 above).....	.262	.262	0	0	0	0	.262	0	0
2501. Reserve for Convention Meeting.....	14,000	14,000					14,000		
2502. .....	0						0		
2503. .....	0						0		
2598. Summary of remaining write-ins for Item 25 from overflow page.....	0	0	0	0	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598 above) (Line 25 above).....	14,000	14,000	0	0	0	0	14,000	0	0

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
<b>Involving Life or Disability Contingencies (Reserves)</b>				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	26,156,000	11,554,000	14,602,000	
2. Tabular net premiums or considerations.....	1,184,213	139,448	1,044,765	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	994,100	412,913	581,187	
5. Tabular less actual reserve released.....	11,861		11,861	
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	28,346,174	12,106,361	16,239,813	0
9. Tabular cost.....	327,422	327,422		XXX
10. Reserves released by death.....	137,100	137,100	XXX	XXX
11. Reserves released by other terminations (net).....	61,951	61,951		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	1,117,701		1,117,701	
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	1,644,174	526,473	1,117,701	0
15. Reserve December 31, current year.....	26,702,000	11,579,888	15,122,112	0

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....784,696	.....766,537
1.1 Bonds exempt from U.S. tax.....	(a).....1,263,387	.....1,313,247
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....33,688	.....33,688
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....2,512	.....2,512
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....1,506	.....1,506
4. Real estate.....	(d).....40,000	.....40,000
5. Contract loans.....	.....6,433	.....6,433
6. Cash, cash equivalents and short-term investments.....	(e).....	.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....2,132,220	.....2,163,922
11. Investment expenses.....	.....	(g).....41,369
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....2,081
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....5,208
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....48,658
17. Net investment income (Line 10 minus Line 16).....	.....	.....2,115,263

**DETAILS OF WRITE-INS**

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

(a) Includes \$....113,017 accrual of discount less \$....256,397 amortization of premium and less \$....28,428 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$....5,208 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....13,126	.....	.....13,126	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....0	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....7,623	.....	.....7,623	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....20,749	.....0	.....20,749	.....0	.....0

**DETAILS OF WRITE-INS**

0901.....	.....	.....	.....0	.....	.....
0902.....	.....	.....	.....0	.....	.....
0903.....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

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

	1 Total	Insurance					7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<b>FIRST YEAR (other than single)</b>								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	0					0		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	0					0		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct.....	570,555	1,907	568,648			570,555		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	570,555	1,907	568,648	0	0	570,555	0	0
7. Line 5 + Line 6.4.....	570,555	1,907	568,648	0	0	570,555	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	570,555	1,907	568,648			570,555		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	570,555	1,907	568,648	0	0	570,555	0	0
<b>SINGLE</b>								
10. Single premiums and considerations:								
10.1 Direct.....	510,323	34,206	476,117			510,323		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	510,323	34,206	476,117	0	0	510,323	0	0
<b>RENEWAL</b>								
11. Uncollected.....	1,736	1,662		.74		1,736		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	1,736	1,662		.74		1,736		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	1,736	1,662	0	.74	0	1,736	0	0
14. Advance.....	.20	.20				.20		
15. Line 13.4 - Line 14.....	1,716	1,642	0	.74	0	1,716	0	0
16. Collected during year:								
16.1 Direct.....	116,947	107,365		9,582		116,947		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	3,801	3,801	0	9,582	0	3,801		
16.4 Net.....	113,146	103,564	0	9,582	0	113,146	0	0
17. Line 15 + Line 16.4.....	114,862	105,206	0	9,656	0	114,862	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	1,998	1,811		187		1,998		
19. Renewal premiums and considerations:								
19.1 Direct.....	116,665	107,196		9,469		116,665		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	3,801	3,801	0	9,469	0	3,801		
19.4 Net (Line 17 - Line 18).....	112,864	103,395	0	9,469	0	112,864	0	0
<b>TOTAL</b>								
20. Total premiums and annuity considerations:								
20.1 Direct.....	1,197,543	143,309	1,044,765	9,469	0	1,197,543	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	3,801	3,801	0	0	0	3,801	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	1,193,742	139,508	1,044,765	9,469	0	1,193,742	0	0

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

	1	Total	Insurance					7	8
			2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business	6 Total (Columns 2 through 5)		
<b>REFUNDS APPLIED (included in Part 1)</b>									
21. To pay renewal premiums		6,164	6,164				6,164		
22. All other		60,374	60,374				60,374		
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>									
23. First year (other than single):									
23.1 Reinsurance ceded		0					0		
23.2 Reinsurance assumed		0					0		
23.3 Net ceded less assumed		0	0	0	0	0	0	0	0
24. Single:									
24.1 Reinsurance ceded		0					0		
24.2 Reinsurance assumed		0					0		
24.3 Net ceded less assumed		0	0	0	0	0	0	0	0
25. Renewal:									
25.1 Reinsurance ceded		0					0		
25.2 Reinsurance assumed		0					0		
25.3 Net ceded less assumed		0	0	0	0	0	0	0	0
26. Totals:									
26.1 Reinsurance ceded (Page 6, Line 6)		0	0	0	0	0	0	0	0
26.2 Reinsurance assumed		0	0	0	0	0	0	0	0
26.3 Net ceded less assumed		0	0	0	0	0	0	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>									
27. First year (other than single)		728	728				728		
28. Single		0					0		
29. Renewal		0					0		
30. Deposit-type contract funds		0					0		
31. Totals (to agree with Page 6, Line 19)		728	728	0	0	0	728	0	0

# 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.....	22,988						22,988			
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	0	0	0	2,657	102,543	110,132			
10. General expenses incurred.....	823,682	0	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).....	828,654	0	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	0	0	0	0	2,275
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	4,932	0	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
6. Paid in cash.....		5,836
7. Left on deposit.....		22,476
8. Aggregate write-ins for dividend or refund.....		0
9. Total (Lines 5 to 8).....		94,850
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
16. Total from prior year.....		100,000
17. Total dividends or refunds (Line 9 + 15 - 16).....		94,850

## DETAILS OF WRITE-INS

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

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
<b>Life Insurance:</b>					
0100001. AE3%.....	25,503	.....	25,503	.....	.....
0100002. AE2.5%.....	1,134,660	.....	1,134,660	.....	.....
0100003. 41CSO 2.5%.....	967,583	.....	967,583	.....	.....
0100004. 58CSO 2.5%.....	3,256,120	.....	3,256,120	.....	.....
0100005. 80 CSO 4.75%.....	2,290,922	.....	2,290,922	.....	.....
0100006. 80 CSO 4.5%.....	2,644,395	.....	2,644,395	.....	.....
0100007. 80 CSO 4%.....	320,010	.....	320,010	.....	.....
0100008. 2001 cso 4%.....	703,926	.....	703,926	.....	.....
0100009. 2001 cso 4.5%.....	56,319	.....	56,319	.....	.....
0100010. 2001 cso 3.5%.....	166,549	.....	166,549	.....	.....
0100011. SOCIAL.....	0	.....	.....	.....	.....
0100012. UNEARNED PREMIUM .....	13,236	.....	13,236	.....	.....
0100013. FRATERNAL PAID UP.....	3,388	.....	3,388	.....	.....
0100014. ROUNDING.....	389	.....	389	.....	.....
0199997. Totals (Gross).....	11,583,000	0	11,583,000	0	0
0199999. Totals (Net).....	11,583,000	0	11,583,000	0	0

**Annuities (excluding supplementary contracts with life contingencies):**

0200001. ANNUITY 4.5% GUARANTEE.....	7,455,879	....XXX.....	7,455,879	....XXX.....	.....
0200002. ANNUITY 3% GUARANTEE.....	3,855,788	....XXX.....	3,855,788	....XXX.....	.....
0200003. ANNUITY 2% GUARANTEE.....	548,151	....XXX.....	548,151	....XXX.....	.....
0200004. IRA 4.5% GUARANTEE.....	1,003,423	....XXX.....	1,003,423	....XXX.....	.....
0200005. IRA 3% GUARANTEE.....	2,222,919	....XXX.....	2,222,919	....XXX.....	.....
0200006. IRA 2% GUARANTEE.....	27,954	....XXX.....	27,954	....XXX.....	.....
0200007. ROUNDING.....	886	....XXX.....	886	....XXX.....	.....
0299997. Totals (Gross).....	15,115,000	....XXX.....	15,115,000	....XXX.....	0
0299999. Totals (Net).....	15,115,000	....XXX.....	15,115,000	....XXX.....	0

**Accidental Death Benefits:**

0400001. ADB.....	4,000	.....	4,000	.....	.....
0499997. Totals (Gross).....	4,000	0	4,000	0	0
0499999. Totals (Net).....	4,000	0	4,000	0	0
9999999. Totals (Net) - Page 3, Line 1.....	26,702,000	0	26,702,000	0	0

# American Mutual Life Association

## EXHIBIT 5 - INTERROGATORIES

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

Yes [ ] No [X]

1.2 If not, state which kind is issued

Participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

Yes [ ] No [X]

2.2 If not, state which kind is issued

Participating

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [ ] No [X]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.



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

Yes [ ] No [X]

4.1 Amount of insurance:

\$.....

4.2 Amount of reserve:

\$.....

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year:

\$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [ ] No [X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held:

\$.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$.....

Attach statement of methods employed in their valuation.

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

Yes [ ] No [X]

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

\$.....

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

7.3 State the amount of reserves established for this business:

\$.....

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?

Yes [ ] No [X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$.....

8.2 State the amount of reserves established for this business:

\$.....

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [ ] No [X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders.

\$.....

9.2 State the amount of reserves established for this business:

\$.....

9.3 Identify where the reserves are reported in the blank.

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

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

# NONE

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Collectively Renewable	Other Individual Contracts			
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only
<b>ACTIVE LIFE RESERVE</b>						
1. Unearned premium reserves.....	1,400	1,400				
2. Additional contract reserves (a).....	51,400	51,400				
3. Additional actuarial reserves-Asset/Liability analysis.....	0					
4. Reserve for future contingent benefits.....	0					
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0
6. Totals (Gross).....	52,800	52,800	0	0	0	0
7. Reinsurance ceded.....	0					
8. Totals (Net).....	52,800	52,800	0	0	0	0

**CLAIM RESERVE**

9. Present value of amounts not yet due on claims.....	0					
10. Additional actuarial reserves-Asset/Liability analysis.....	0					
11. Reserve for future contingent benefits.....	0					
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0
14. Reinsurance ceded.....	0					
15. Totals (Net).....	0	0	0	0	0	0
16. TOTAL (Net).....	52,800	52,800	0	0	0	0
17. TABULAR FUND INTEREST.....	0					

**DETAILS OF WRITE-INS**

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

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

**EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS**

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	894,552		84,233		575,213	235,107
2. Deposits received during the year.....	151,672		117,403		27,323	6,946
3. Investment earnings credited to the account.....	40,597		6,073		25,484	9,040
4. Other net change in reserves.....	0					
5. Fees and other charges assessed.....	0					
6. Surrender charges.....	0					
7. Net surrender or withdrawal payments.....	116,301		52,535		46,287	17,478
8. Other net transfers to or (from) Separate Accounts.....	0					
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	970,521	0	155,174	0	581,732	233,615
10. Reinsurance balance at the beginning of the year.....	0					
11. Net change in reinsurance assumed.....	0					
12. Net change in reinsurance ceded.....	0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13).....	970,521	0	155,174	0	581,732	233,615

**EXHIBIT 8 - PART 1 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	126,000		126,000								
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	126,000	0	126,000	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	10,000		10,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	10,000	0	(b).....10,000	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	136,000	0	136,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	136,000	(a).....0	(a).....136,000	0	0	0	(a).....0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

**EXHIBIT 8 - PART 2 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

## Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	1,457,856		334,578	1,117,701							5,577
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 1,457,856	0	334,578	1,117,701	0	0	0	0	0	0	5,577
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	136,000	0	136,000	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	136,000	0	136,000	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	140,437		140,437								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	140,437	0	140,437	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	1,453,419	0	330,141	1,117,701	0	0	0	0	0	0	5,577
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	1,453,419	0	330,141	1,117,701	0	0	0	0	0	0	5,577

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

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

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

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

# American Mutual Life Association

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	.0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			0
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	9,289	3,112	(6,177)
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	.57,242	.89,507	32,265
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.66,531	.92,619	26,088
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	.66,531	.92,619	26,088

### DETAILS OF WRITE-INS

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	.0	.0	0
2501. Prepaid Expenses.....	.37,064	.42,823	5,759
2502. Prepaid Pension Cost.....	.20,178	.46,684	26,506
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	.57,242	.89,507	32,265

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices****Accounting practices.**

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

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

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

	SSAP #	F/S Page	F/S Line #	2016	2015
<b>NET INCOME</b>					
(1) American Mutual Life Association state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 152,936	\$ 279,631
(2) State Prescribed Practices that increase/decrease NAIC SAP					
<b>(3) State Permitted Practices that increase/decrease NAIC SAP</b>					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 152,936	\$ 279,631
<b>SURPLUS</b>					
(5) American Mutual Life Association state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 11,578,955	\$ 12,553,683
(6) State Prescribed Practices that increase/decrease NAIC SAP					
<b>(7) State Permitted Practices that increase/decrease NAIC SAP</b>					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 11,578,955	\$ 12,553,683

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

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

**C.****Accounting Policy**

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

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

In addition, the Society uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds: Not backed by other loans at amortized cost using the interest method; loan-backed bonds and structured securities at amortized cost using the interest method including anticipated prepayments at the date of purchase; significant changes in estimated cash flows from the original purchase assumptions are accounted for using the composite method. Bonds rated NAIC Class 6 are valued at market.
- (3) Common Stock: At market value except that investments in stocks of uncombined subsidiaries and affiliates in which the Society has an interest of 20% or more are carried on the equity basis.
- (4) Preferred Stock: Cost or Association Value in accordance with NAIC procedure.
- (5) Mortgage Loan or Real Estate: Aggregate unpaid balance. Other Investments: Equity basis.
- (6) See #2.
- (7) The Society has no subsidiary.
- (8) The Society has no ownership interests in joint ventures.
- (9) The Society has no derivatives.
- (10) The Society has no premium deficiency calculation.

**NOTES TO FINANCIAL STATEMENTS**

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined. Because the Society is a life insurer, loss adjustment expenses are not a big factor nor large expense.

(12) The Society has not modified its capitalization policy from the prior period.

(13) The Society does not have pharmaceutical receivables

D. Going Concern

**Note 2 – Accounting Changes and Corrections of Errors**

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

**Note 3 – Business Combinations and Goodwill**

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

B. Statutory Merger **The Society had no statutory merger.**

C. Assumption Reinsurance

D. Impairment Loss **The Society had no impairment loss.**

**Note 4 – Discontinued Operations**

A. **Not Applicable**

**Note 5 – Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans **The Society does not issue mortgage loans or real estate loans.**

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

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

**Note 7 – Investment Income**

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

Mortgage loans: On loans in foreclosure or delinquent for more than 90 days.  
Bonds: Where collection of interest is uncertain and/or the bond is in default.

B. Total Amount Excluded: \$0

**Note 8 – Derivative Instruments**

A. **The Society has no derivative instruments.**

**Note 9 – Income Taxes** **The Society, as a Fraternal Benefit Society, is not subject to income taxes.****Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. **The Society is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual. The Society does not have an affiliate or subsidiary.**

B. B-N are not applicable.

**Note 11 – Debt**

A. **The Society has no debt or borrowed money as of December 31, 2016**

B. FHLB (Federal Home Loan Bank) Agreements

(1) The Society is a member of the FHLB for liquidity purposes in the form of a line of credit. To date the Society has only utilized this arrangement in very limited instances.

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year

	1 Total	2 General	3 Protected Cell
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**NOTES TO FINANCIAL STATEMENTS**

	2 + 3	Account	Accounts
(a) Membership Stock – Class A	\$ 48,785	\$ 48,785	\$
(b) Membership Stock – Class B			
(c) Activity Stock			
(d) Excess Stock	13,315	13,315	
(e) Aggregate Total (a+b+c+d)	\$ 62,100	\$ 62,100	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 40,654,741	XXX	XXX

## 2. Prior Year

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

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

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

## (3) Collateral Pledged to FHLB

## a. Amount Pledged as of Reporting Date

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

## b. Maximum Amount Pledged During Reporting Period

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

## (4) Borrowing from FHLB

## a. Amount as of the Reporting Date

## 1. Current Year

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

## 2. Prior Year

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

**NOTES TO FINANCIAL STATEMENTS**

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

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

## c. FHLB – Prepayment Obligations

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

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

## A. Defined Benefit Plan

(1) Change in Benefit Obligation		Overfunded		Underfunded	
a.	Pension Benefits	2016	2015	2016	2015
1.	Benefit obligation at beginning of year	\$	\$	\$ 329,226	\$ 467,846
2.	Service cost			21,242	19,161
3.	Interest cost			16,234	20,142
4.	Continuation by plan participants				
5.	Actuarial gain (loss)			54,505	(47,657)
6.	Foreign currency exchange rate changes				(130,267)
7.	Benefits paid			9,125	
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$ 412,082	\$ (1)
		Overfunded		Underfunded	
b.	Postretirement Benefits	2016	2015	2016	2015
1.	Benefit obligation at beginning of year	\$	\$	\$	\$
2.	Service cost				
3.	Interest cost				
4.	Continuation by plan participants				
5.	Actuarial gain (loss)				
6.	Foreign currency exchange rate changes				
7.	Benefits paid				
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$	\$
		Overfunded		Underfunded	
c.	Special or Contractual Benefits per SSAP No. 11	2016	2015	2016	2015
1.	Benefit obligation at beginning of year	\$	\$	\$	\$
2.	Service cost				
3.	Interest cost				
4.	Continuation by plan participants				
5.	Actuarial gain (loss)				
6.	Foreign currency exchange rate changes				
7.	Benefits paid				
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$	\$
(2) Change in plan assets		Pension Benefits	Postretirement Benefits	Special or Contractual Benefits per SSAP No. 11	

**NOTES TO FINANCIAL STATEMENTS**

	2016	2015	2016	2015	2016	2015
a. Fair value of plan assets at beginning of year	\$ 303,302	\$ 366,866	\$	\$	\$	\$
b. Actual return on plan assets	12,435	25,271				
c. Foreign currency exchange rate changes						
d. Reporting entity contribution		41,432				
e. Plan participants' contributions						
f. Benefits paid	9,125	130,267				
g. Business combinations, divestitures and settlements						
h. Fair value of plan assets at end of year	\$ 306,612	\$ 303,302	\$	\$	\$	\$

(3)	Funded status	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Assets (nonadmitted)				
1.	Prepaid benefit costs	\$	\$	\$	\$
2.	Overfunded plans assets				
3.	Total assets (nonadmitted)	\$	\$	\$	\$
Underfunded:					
b.	Liabilities recognized				
1.	Accrued benefits costs	\$ 20,178	\$ (46,684)	\$	\$
2.	Liability for pension benefits	125,647	72,608		
3.	Total liabilities recognized	\$ 145,825	\$ 25,924	\$	\$
c.	Unrecognized liabilities	\$ 79,545	\$	\$	\$

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2016	2015	2016	2015	2016	2015
a.	Service cost	\$ 21,242	\$ 19,161	\$	\$	\$	\$
b.	Interest cost	16,234	20,142				
c.	Expected return on plan assets	(14,938)	(16,133)				
d.	Transition asset or obligation		(695)				
e.	Gains and losses	3,968	9,180				
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost	\$ 26,506	\$ 31,655	\$	\$	\$	\$

(5)	Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Items not yet recognized as a component of net periodic cost – prior year	\$ 72,608	\$ 137,887	\$	\$
b.	Net transition asset or obligation recognized		695		
c.	Net prior service cost or credit arising during the period				
d.	Net prior service cost or credit recognized				
e.	Net gain and loss arising during the period	57,008	(56,794)		
f.	Net gain and loss recognized	(3,969)	(9,180)		
g.	Items not yet recognized as a component of net periodic cost – current year	\$ 125,647	\$ 72,608	\$	\$

(6)	Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Net transition asset or obligations	\$	\$	\$	\$

**NOTES TO FINANCIAL STATEMENTS**

b.	Net prior service cost or credit					
c.	Net recognized gains and losses	\$ (8,444)	\$ (3,969)	\$	\$	
(7)	Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost				Postretirement Benefits	
			2016	2015	2016	2015
a.	Net transition asset or obligations	\$	\$	\$	\$	
b.	Net prior service cost or credit					
c.	Net recognized gains and losses	\$ 125,647	\$ 72,608	\$	\$	

(8)	Weighted-average assumptions used to determine net periodic benefit cost as of December 31				2016	2015
a.	Weighted-average discount rate				0.050%	0.050%
b.	Expected long-term rate of return on plan assets				0.050%	0.050%
c.	Rate of compensation increase				0.015%	0.015%
Weighted-average assumptions used to determine projected benefit obligations as of December 31						
d.	Weighted-average discount rate				0.050%	0.015%
e.	Rate of compensation increase				0.015%	0.015%

(9) The amount of the accumulated benefit obligation for defined benefit pension plans was \$351,623 for the current year and \$298,523 for the prior year.

(10) Not Applicable.

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

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

	Year(s)	Amount
a.	2017	\$ 9,359
b.	2018	\$ 9,359
c.	2019	\$ 9,359
d.	2020	\$ 11,846
e.	2021	\$ 24,849
f.	2022 through 20	\$ 119,670

(13) In February, 2017, the Society currently intends to make contributions to the defined benefit pension plan in a total amount between \$50,000 and \$75,000.

(14) The Employer Investment Account:

The amount of the pension fund invested is: 306,612 303,302.

(15) Not applicable.

(16) Not applicable.

(17) Not applicable.

(18) Not applicable.

(19) There was no significant change in plan assets or benefit obligation as of 12/31/2016.

(20) Not applicable.

(21) Not applicable.

**B. Investment Policies and Strategies**

**C. Fair Value of Plan Assets**

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

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Fund	\$ 239,359	\$	\$	\$ 239,359
Cash		6,332		6,332
Insurance Cash Value			60,921	60,921
Total Plan Assets	\$ 245,691	\$ 60,921	\$	\$ 306,612

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

Description for each class of plan assets	Beginning Balance at 1/1/2016	Transfers into Level 3	Transfers out of Level 3	Return on Assets Still Held	Return on Assets Sold	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
Total Plan Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3)

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

**NOTES TO FINANCIAL STATEMENTS**

- E. Defined Contribution Plans: **The Society employees are covered by a qualified defined contribution pension plan sponsored by the insurance company. Contributions are only made by the employer.**
- F. Multiemployer Plans
- G. Consolidated/Holding Company Plans
- H. Postemployment Benefits and Compensated Absences
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
  - (1)
  - (2)
  - (3)

**Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- (1) The Society is a Fraternal Benefit Society and issues no stock.
- (2) The Society had no advances on surplus.
- (3) The Society has no special surplus funds.
- (4)

**Note 14 – Liabilities, Contingencies and Assessments**

- A. **None.**

**Note 15 – Leases**

- A. **The Society does not have any material lease obligations.**

**Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

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

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- None.

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

- A. None.

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

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

**Note 20 – Fair Value Measurements**

- A. The Society has no assets or liabilities that are measured and reported at fair value in its statement of financial position as of December 31, 2016.

**Note 21 – Other Items**

- A. Unusual or Infrequent Items **The reporting Society has no extraordinary events or transactions that require disclosure.**
- B. Troubled Debt Restructuring Debtors **The reporting Society has no debt restructureings that require disclosure.**
- C. Other Disclosures
- D. Business Interruption Insurance Recoveries **The reporting Society has no business interruption and insurance recoveries that require disclosure.**
- E. State Transferable and Non-Transferable Tax Credits **The reporting Society has no transferrable or non-transferrable tax credits.**
- F. Subprime Mortgage Related Risk Exposure **The reporting Society has no direct or indirect investments in subprime mortgage loans or securities with underlying subprime exposure risk during the reporting period.**
- G. Retained Assets **The reporting Society did not use retained asset accounts for beneficiaries during the reporting period.**
- H. Insurance-Linked Securities (ILS) Contracts **NONE.**

**Note 22 – Events Subsequent**

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

Yes [ ] No [ X ]

**NOTES TO FINANCIAL STATEMENTS**

B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid		
D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 17)		
F.	Total adjusted capital (Five-Year Historical Line 17 minus 22B above)		
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?		Yes [ ] No [ ]

**Note 23 – Reinsurance**

A. Ceded Reinsurance Report

**Section1 – General Interrogatories**

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? NO

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? NO

**Section 2 – Ceded Reinsurance Report – Part A**

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

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ \_\_\_\_\_
- What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ \_\_\_\_\_

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

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

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0 \_\_\_\_\_

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? NO  
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ \_\_\_\_\_

B. B-G are not applicable.

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

A. Not applicable.

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

A. Not Applicable.

**Note 26 – Intercompany Pooling Arrangements**

A. None

**Note 27 – Structured Settlements**

A. Not Applicable

**Note 28 – Health Care Receivables**

A. Not applicable.

**Note 29 – Participating Policies**

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

**Note 30 – Premium Deficiency Reserves**

1. Not applicable.

**NOTES TO FINANCIAL STATEMENTS****Note 31 – Reserves for Life Contracts and Deposit-Type Contracts**

(1). The Society authorizes deductions of deferred fractional premium upon death of the insured and returns any portion of the fractional premium beyond the date of death. Surrender values are not promised in excess of regularly computed reserves.

(2). Extra premiums are charged for substandard lives for certificates issued, plus the gross premium at a rated age. Regular reserves are computed by the regular reserve for the plan at a rated age and holding in addition one-half of the extra premium charge for one year.

(3). As of December 31, 2012, the Society had no insurance-in-force for which the gross premiums are less than the net premium according to the standard valuation set by the State of Ohio.

(4). The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7 by formula.

(5). The Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7. For the determination of Tabular Interest on funds not involving life contingencies under Page 7, Annuity, Line 3, for each valuation rate of interest, the Tabular Interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and the end of the year of valuation. The total amount of all such products is entered under Page 7, Line 3.

(6) The details for other changes:

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

**Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

A.	Subject to Discretionary Withdrawal:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1)	With market value adjustment	\$	\$	\$	\$	%
(2)	At book value less current surrender charge of 5% or more					%
(3)	At fair value					%
(4)	Total with market value adjustment or at fair value (total of 1 through 3)					%
(5)	At book value without adjustment (minimal or no charge or adjustment)	15,132,523			15,132,523	93.973%
B.	Not subject to discretionary withdrawal	970,521			970,521	6.027%
C.	Total (gross: direct + assumed)	16,103,044			16,103,044	100.000%
D.	Reinsurance ceded					
E.	Total (net (C) - (D))	\$ 16,103,044	\$	\$	\$ 16,103,044	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	\$ 15,115,000
(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	52,800
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	970,521
(4)	Subtotal	\$ 16,138,321
Separate Accounts Statement:		
(5)	Exhibit 3, Line 0299999, Column 2	\$
(6)	Exhibit 3, Line 0399999, Column 2	
(7)	Policyholder dividend and coupon accumulations	
(8)	Policyholder premiums	
(9)	Guaranteed interest contracts	
(10)	Other contract deposit funds	
(11)	Subtotal	\$
(12)	Combined Total	\$ 16,138,321

**Note 33 – Premium and Annuity Considerations Deferred and Uncollected**

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2016 were:

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

**Note 34 – Separate Accounts**

A. The Society has no separate accounts.

**Note 35 – Loss/Claim Adjustment Expenses**

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [ ]  No [ X ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [ ]  No [ ]  N/A [ X ]

1.3 State regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [ X ]  
06/01/2016

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2015

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  09/01/2016

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  09/01/2016

3.4 By what department or departments? Ohio Dept. of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  Yes [ X ]  No [ ]  N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [ X ]  N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?  Yes [ ]  No [ X ]

4.12 renewals?  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?  Yes [ ]  No [ X ]

4.22 renewals?  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [ X ]

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [ X ]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ]  No [ X ]

7.2 If yes,

7.21 State the percentage of foreign control  %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [ ]  No [ X ]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
James G. Zupka, CPA Inc. 5240 East 98th Street Garfield Heights, Ohio 44125

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [ X ]  No [ ]  N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Grant Hemphill, Actuary, Bruce and Bruce Company, 915 Sherwood Dr. Lake Bluff, IL 60044

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]  
 12.11 Name of real estate holding company \_\_\_\_\_  
 12.12 Number of parcels involved \_\_\_\_\_  
 12.13 Total book/adjusted carrying value \$ \_\_\_\_\_ 0

12.2 If yes, provide explanation

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [X]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

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

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$ _____ 0
20.12 To stockholders not officers	\$ _____ 0
20.13 Trustees, supreme or grand (Fraternal only)	\$ _____ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$ _____ 0
20.22 To stockholders not officers	\$ _____ 0
20.23 Trustees, supreme or grand (Fraternal only)	\$ _____ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [X]

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

21.21 Rented from others	\$ _____
21.22 Borrowed from others	\$ _____
21.23 Leased from others	\$ _____
21.24 Other	\$ _____

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$ _____
22.22 Amount paid as expenses	\$ _____
22.23 Other amounts paid	\$ _____

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ \_\_\_\_\_ 0

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****INVESTMENT**

24.01	Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes [X]   No [ ]								
24.02	If no, give full and complete information, relating thereto:									
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).									
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes [ ]   No [ ]   N/A [X]								
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____								
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____								
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [ ]   No [ ]   N/A [X]								
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [ ]   No [ ]   N/A [X]								
24.09.	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [ ]   No [ ]   N/A [X]								
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:									
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0								
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0								
24.103	Total payable for securities lending reported on the liability page:	\$ _____ 0								
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes [ ]   No [X]								
25.2	If yes, state the amount thereof at December 31 of the current year:									
25.21	Subject to repurchase agreements	\$ _____ 0								
25.22	Subject to reverse repurchase agreements	\$ _____ 0								
25.23	Subject to dollar repurchase agreements	\$ _____ 0								
25.24	Subject to reverse dollar repurchase agreements	\$ _____ 0								
25.25	Placed under option agreements	\$ _____ 0								
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ _____ 0								
25.27	FHLB Capital Stock	\$ _____ 0								
25.28	On deposit with states	\$ _____ 0								
25.29	On deposit with other regulatory bodies	\$ _____ 0								
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ _____ 0								
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ _____ 0								
25.32	Other	\$ _____ 0								
25.3	For category (25.26) provide the following:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Nature of Restriction</th> <th style="text-align: center; width: 33.33%;">2 Description</th> <th style="text-align: center; width: 33.33%;">3 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount			\$			
1 Nature of Restriction	2 Description	3 Amount								
		\$								
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [ ]   No [X]								
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes [ ]   No [ ]   N/A [X]								
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [ ]   No [X]								
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ _____								
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes [X]   No [ ]								
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name of Custodian(s)</th> <th style="text-align: center; width: 33.33%;">2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td>Key Bank</td> <td>4900 Teideman Road Brooklyn, Ohio 44144</td> </tr> <tr> <td>Sandler O'Neil Partners LP</td> <td>1251 Avenue of the Americas 6th Floor New York, NY 10020</td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address	Key Bank	4900 Teideman Road Brooklyn, Ohio 44144	Sandler O'Neil Partners LP	1251 Avenue of the Americas 6th Floor New York, NY 10020			
1 Name of Custodian(s)	2 Custodian's Address									
Key Bank	4900 Teideman Road Brooklyn, Ohio 44144									
Sandler O'Neil Partners LP	1251 Avenue of the Americas 6th Floor New York, NY 10020									
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name(s)</th> <th style="text-align: center; width: 33.33%;">2 Location(s)</th> <th style="text-align: center; width: 33.33%;">3 Complete Explanation(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)						
1 Name(s)	2 Location(s)	3 Complete Explanation(s)								
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes [ ]   No [X]								
28.04	If yes, give full and complete information relating thereto:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 25%;">1 Old Custodian</th> <th style="text-align: center; width: 25%;">2 New Custodian</th> <th style="text-align: center; width: 25%;">3 Date of Change</th> <th style="text-align: center; width: 25%;">4 Reason</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason					
1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason							
28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">1 Name of Firm or Individual</th> <th style="text-align: center; width: 50%;">2 Affiliation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	1 Name of Firm or Individual	2 Affiliation							
1 Name of Firm or Individual	2 Affiliation									

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
<b>29.2999 TOTAL</b>		

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	39,439,481	43,077,214	3,637,733
30.2	Preferred Stocks	551,350	543,630	(7,720)
30.3	Totals	39,990,831	43,620,844	3,630,013

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

Brokers and FINRA Trace

Yes [ X ] No [ ]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ X ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [ X ] No [ ]

32.2 If no, list exceptions:

**OTHER**

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

\$ 5,000

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

1 Name	2 Amount Paid
American Fraternal Alliance	\$ 3,000
Life Happens.org	1,500
Ohio Fraternal Alliance	500

34.1 Amount of payments for legal expenses, if any?

\$ 3,938

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Thomas G. Lobe Attorney at Law	\$ 1,438
Drinker, Biddle & Reach LPA	2,500

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

\$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ _____
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____
1.31 Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ _____
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ _____
1.6	Individual policies:	
Most current three years:		
1.61	Total premium earned	\$ _____
1.62	Total incurred claims	\$ _____
1.63	Number of covered lives	\$ _____
All years prior to most current three years:		
1.64	Total premium earned	\$ _____
1.65	Total incurred claims	\$ _____
1.66	Number of covered lives	\$ _____
1.7	Group policies:	
Most current three years:		
1.71	Total premium earned	\$ _____
1.72	Total incurred claims	\$ _____
1.73	Number of covered lives	\$ _____
All years prior to most current three years:		
1.74	Total premium earned	\$ _____
1.75	Total incurred claims	\$ _____
1.76	Number of covered lives	\$ _____
2.1	Does the reporting entity have Separate Accounts?	Yes [ ] No [X]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [ ] No [ ] N/A[X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$ _____
2.4	State the authority under which Separate Accounts are maintained:	
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [ ] No [X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [ ] No [X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$ _____
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [X] No [ ]
4.	How often are meetings of the subordinate branches required to be held?	<u>Monthly</u>
5.	How are the subordinate branches represented in the supreme or governing body?	<u>Delegates are selected from active Lodge Members to represent their Lodge at the Quadrennial Convention. At this convention, Members review by-laws and elect Board representatives to serve the next 4-year term.</u>
6.	What is the basis of representation in the governing body?	
7.1	How often are regular meetings of the governing body held?	<u>Every 4 years</u>
7.2	When was the last regular meeting of the governing body held?	
7.3	When and where will the next regular or special meeting of the governing body be held?	
7.4	How many members of the governing body attended the last regular meeting?	65
7.5	How many of the same were delegates of the subordinate branches?	55
8.	How are the expenses of the governing body defrayed?	
9.	When and by whom are the officers and directors elected?	<u>Directors are elected by the delegates of the Convention. Officers are appointed by the Convention-elected Board.</u>
10.	What are the qualifications for membership?	<u>AMLA Membership is simultaneous with the purchase of Life Insurance and the acknowledgement of the basis for the Associations common bond.</u>
11.	What are the limiting ages for admission?	<u>0-95</u>
12.	What is the minimum and maximum insurance that may be issued on any one life?	

**GENERAL INTERROGATORIES****PART 2 – FRATERNAL INTERROGATORIES**Minimum is \$2000 for new members. No maximum.

13. Is a medical examination required before issuing a benefit certificate to applicants? Yes [ ] No [X]

14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [ ] No [X]

15.1 Are notices of the payments required sent to the members? Yes [ ] No [ ] N/A [X]

15.2 If yes, do the notices state the purpose for which the money is to be used? Yes [ ] No [ ]

16. What proportion of first and subsequent year's payments may be used for management expenses?

16.11 First Year	%
16.12 Subsequent Years	%

17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [ ] No [X]

17.2 If so, what amount and for what purpose? \$ \_\_\_\_\_

18.1 Does the reporting entity pay an old age disability benefit? Yes [ ] No [X]

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

19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [ ] No [X]

19.2 If yes, when? \_\_\_\_\_

20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [X] No [ ]

21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [ ] No [X]

21.2 If so, was an additional reserve included in Exhibit 5? Yes [ ] No [ ] N/A [X]

21.3 If yes, explain \_\_\_\_\_

22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [ ] No [X]

22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [ ] No [ ] N/A [X]

23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [ ] No [X]

24.1 Does the reporting entity have variable annuities with guaranteed benefits? Yes [ ] No [X]

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

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

25. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

25.1 Amount of loss reserves established by these annuities during the current year: \$ \_\_\_\_\_

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

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

26.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

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

26.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

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

27.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [ ] No [X]

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

Date	Outstanding Lien Amount
	\$ _____

28.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [X] N/A [ ]

28.2 If the answer to 28.1 is yes, please provide the following:

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

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

29.1 Direct Premiums Written \$ \_\_\_\_\_

## **GENERAL INTERROGATORIES**

### **PART 2 – FRATERNAL INTERROGATORIES**

29.2 Total Incurred Claims

\$ \_\_\_\_\_

29.3 Number of Covered Lives

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

**FIVE-YEAR HISTORICAL DATA**

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

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

	1 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).....	41,427,031	40,654,741	39,359,502	38,710,484	37,547,704
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	29,848,076	28,101,059	27,004,676	26,436,043	25,343,502
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	26,702,000	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).....	449,753	321,339	252,819	244,621	196,581
15. Surplus (Page 3, Line 30).....	11,578,955	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.....	12,078,708	12,925,022	12,657,645	12,569,062	12,450,783
18. 50% of the calculated RBC amount.....	932,718	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).....	0.9	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).....	41,427,031	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).....	2,115,263	1,997,171	1,987,122	1,949,621	1,810,545
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....		0			0
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total of above Lines 41, 42 and 43.....	2,115,263	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).....	1,506,917	1,109,492	1,365,039	752,803	897,876	
46. Total certificate benefits - accident and health (Line 13, Column 5).....		4,601	6,845	9,492	10,949	
47. Increase in life reserves (Line 17, Column 2).....	25,888	(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).....	6.0	(3.3)	(11.4)	26.4	33.5	
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....						
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....						
<b>Accident and Health Reserve Adequacy</b>						
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....						
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....		.498	.617	.538	.942	
<b>Net Gains from Operations After Refunds to Members by Lines of Business</b> (Page 6, Line 29)						
57. Life Insurance (Column 2).....	97,077	316,532	(1,633)	(29,649)	352,501	
58. Annuity (Column 3).....	226,024	142,374	95,433	174,722	37,327	
59. Supplementary contracts (Column 4).....						
60. Accident and health (Column 5).....	14,469	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).....	152,936	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:

**EXHIBIT OF LIFE INSURANCE**

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	21,762	33,415
2. Issued during year.....	.66	.511
3. Reinsurance assumed.....		
4. Revived during year.....	.4	.3
5. Increased during year (net).....		
6. Subtotals, Lines 2 to 5.....	.70	.514
7. Additions by refunds during year.....	XXX.....	
8. Aggregate write-ins for increases.....	.0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	.21,832	33,929
Deductions During Year:		
10. Death.....	.423	.327
11. Maturity.....	.12	.15
12. Disability.....	.9	.18
13. Expiry.....	.83	.124
14. Surrender.....	.35	.202
15. Lapse.....	.4	.8
16. Conversion.....		
17. Decreased (net).....		
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	.0	0
20. Totals (Lines 10 to 19).....	.566	.694
21. In force end of year (b) (Line 9 minus Line 20).....	.21,266	33,235
22. Reinsurance ceded end of year.....	XXX.....	4,553
23. Line 21 minus Line 22.....	XXX.....	28,682

**DETAILS OF WRITE-INS**

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

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates.....27,168 , amount, \$.....30,085,596.

Additional accidental death benefits included in life certificates were in amount \$.....3,835,289. Does the society collect any

contributions from members for general expenses of the society under fully paid-up certificates? Yes [ ] No [X]

If not, how are such expenses met?.....

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

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....		.77	.490	
2. Issued during year.....	.4	20		
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Totals (Lines 1 to 4).....	0	.81	.510	0
Deduction during year:				
6. Decreased during year (net).....	.29	25		
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	.29	.25	0
9. In force end of year (Line 5 minus Line 8).....	0	.52	.485	0
10. Amount on deposit.....			XXX.....	
Income now payable:				
11. Amount of income payable.....			XXX.....	
Deferred fully paid:				
12. Account balance.....	XXX.....	XXX.....		XXX.....
Deferred not fully paid:				
13. Account balance.....	XXX.....	XXX.....		XXX.....

# American Mutual Life Association

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	Direct Business						Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Mem- bership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5			
		2 Life Insurance Premiums	3 Annuity Considerations						
1. Alabama.....	AL	N					0		
2. Alaska.....	AK	N					0		
3. Arizona.....	AZ	N					0		
4. Arkansas.....	AR	N					0		
5. California.....	CA	N					0		
6. Colorado.....	CO	N					0		
7. Connecticut.....	CT	N					0		
8. Delaware.....	DE	N					0		
9. District of Columbia.....	DC	N					0		
10. Florida.....	FL	N					0		
11. Georgia.....	GA	N					0		
12. Hawaii.....	HI	N					0		
13. Idaho.....	ID	N					0		
14. Illinois.....	IL	N					0		
15. Indiana.....	IN	N					0		
16. Iowa.....	IA	N					0		
17. Kansas.....	KS	N					0		
18. Kentucky.....	KY	N					0		
19. Louisiana.....	LA	N					0		
20. Maine.....	ME	N					0		
21. Maryland.....	MD	N					0		
22. Massachusetts.....	MA	N					0		
23. Michigan.....	MI	N					0		
24. Minnesota.....	MN	N					0		
25. Mississippi.....	MS	N					0		
26. Missouri.....	MO	N					0		
27. Montana.....	MT	N					0		
28. Nebraska.....	NE	N					0		
29. Nevada.....	NV	N					0		
30. New Hampshire.....	NH	N					0		
31. New Jersey.....	NJ	N					0		
32. New Mexico.....	NM	N					0		
33. New York.....	NY	N					0		
34. North Carolina.....	NC	N					0		
35. North Dakota.....	ND	N					0		
36. Ohio.....	OH	L	69,338	1,044,765	9,582		1,123,685	151,672	
37. Oklahoma.....	OK	N					0		
38. Oregon.....	OR	N					0		
39. Pennsylvania.....	PA	N					0		
40. Rhode Island.....	RI	N					0		
41. South Carolina.....	SC	N					0		
42. South Dakota.....	SD	N					0		
43. Tennessee.....	TN	N					0		
44. Texas.....	TX	N					0		
45. Utah.....	UT	N					0		
46. Vermont.....	VT	N					0		
47. Virginia.....	VA	N					0		
48. Washington.....	WA	N					0		
49. West Virginia.....	WV	N					0		
50. Wisconsin.....	WI	N					0		
51. Wyoming.....	WY	N					0		
52. American Samoa.....	AS	N					0		
53. Guam.....	GU	N					0		
54. Puerto Rico.....	PR	N					0		
55. US Virgin Islands.....	VI	N					0		
56. Northern Mariana Islands.....	MP	N					0		
57. Canada.....	CAN	N					0		
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	
59. Subtotal.....		(a) 1	69,338	1,044,765	9,582	0	1,123,685	151,672	
90. Reporting entity contributions for employee benefit plans		XXX					0		
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	60,374				60,374		
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX	6,164				6,164		
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX					0		
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0	0	
95. Totals (Direct Business).....		XXX	135,876	1,044,765	9,582	0	1,190,223	151,672	
96. Plus reinsurance assumed.....		XXX	3,801				3,801		
97. Totals (All Business).....		XXX	139,677	1,044,765	9,582	0	1,194,024	151,672	
98. Less reinsurance ceded.....		XXX					0		
99. Totals (All Business) less reinsurance ceded.....		XXX	139,677	1,044,765	(b) 9,582	0	1,194,024	151,672	

## DETAILS OF WRITE-INS

58001.....	XXX						0	
58002.....	XXX						0	
58003.....	XXX						0	
58998. Summ. of remaining write-ins for line 58 from overflow	XXX	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 plus 58998) (Line 58)	XXX	0	0	0	0	0	0	0
9401.....	XXX						0	
9402.....	XXX						0	
9403.....	XXX						0	
9498. Summ. of remaining write-ins for line 94 from overflow	XXX	0	0	0	0	0	0	0
9499. Total (Lines 9401 through 9403 plus 9498) (Line 94 above)	XXX	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

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

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

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