
AMENDED FILING EXPLANATION

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

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

ITEMS REQUIRING ACTION:

CONSISTENCY AND TEXTUAL FAILURES:

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

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

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

AMENDED FILING EXPLANATION

June 1, 2017

NAIC Financial Reporting & Analysis Data Validation Notification

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

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

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

Provide the following with every response.

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

Provide the following with Annual Statement corrections.

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

Provide the following with RBC corrections.

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

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

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

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

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



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

American Mutual Life Association

NAIC Group Code..... 0, 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.	

OTHER

DIRECTORS OR TRUSTEES

Joseph Zab	James Czeck	Kenneth E. Shine	Ronald Zab
Alyce Kane	Jaime Loncar	James Mannion	Charlie Kohli

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

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

(Signature)
Timothy Percic

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

2017

a. Is this an original filing? Yes [] No [x]

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

6-8-2017

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			5,577	5,577
2. Beginning claim reserves and liabilities.....				.0
3. Ending claim reserves and liabilities.....				.0
4. Claims paid.....	.0	.0	5,577	5,577
B. Assumed Reinsurance:				
5. Incurred claims.....				.0
6. Beginning claim reserves and liabilities.....				.0
7. Ending claim reserves and liabilities.....				.0
8. Claims paid.....	.0	.0	.0	.0
C. Ceded Reinsurance:				
9. Incurred claims.....				.0
10. Beginning claim reserves and liabilities.....				.0
11. Ending claim reserves and liabilities.....				.0
12. Claims paid.....	.0	.0	.0	.0
D. Net:				
13. Incurred claims.....	.0	.0	5,577	5,577
14. Beginning claim reserves and liabilities.....	.0	.0	.0	.0
15. Ending claim reserves and liabilities.....	.0	.0	.0	.0
16. Claims paid.....	.0	.0	5,577	5,577
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			9,695	9,695
18. Beginning reserves and liabilities.....				.0
19. Ending reserves and liabilities.....				.0
20. Paid claims and cost containment expenses.....	.0	.0	9,695	9,695