
AMENDED FILING EXPLANATION

It came to light after annual statement was submitted that there were additional changes that were missed in the initial filing. Release of capitalized software expenses and home office/building expenses, additional accrued expenditures and a bond that was partially called at the end of November that the organization was not made aware of led to multiple pages that were affected.

A/S 2017 - Amended Filing affected the following pages.

Page 2 - Assets
Page 3 - Liabilities, Surplus & Other Funds
Page 4 - Summary of Operations
Page 5 - Cash Flow
Page 6 - Analysis of Operations by Lines of Business
Page 7 - Analysis of Increase in Reserves during the year
Page 8 Exhibit of Net Investment Income & Exhibit of Capital Gains(losses)
Page 11 - Exhibit 2 - General Expenses
Page 16 - Exhibit 8- Part 2 - Contract Claims for Life and Accident and Health Contracts
Page 17 - Exhibit of Nonadmitted Assets
Page 18 - Notes to Financial Statements
Page 19 - General Interrogatories
Page 21 & 22 - Five Year Historical Data
Page 25 - Form for Calculating the Interest Maintenance Reserve
Page 26 & 27 - Asset Valuation Reserve
Page 45 - Schedule S - Part 7

S101 - Summary Investment Schedule
S102 - Schedule A - Verification Between Years - Real Estate
S103 - Schedule D - Verification Between Years - Bonds and Stocks
S104 - Schedule D - Summary by Country
S105 - S107 - Schedule D Part 1A - Section 1
S108 - S109 - Schedule D Part 1A - Section 2

E01 - Schedule A Part 1 - Real Estate Owned
E10 - Schedule D - Part 1 - Bonds Owned
E14 - Schedule D - Part 4 - Bonds/Stocks Sold Redeemed
E26 - Schedule E - Part 1 - Cash



ANNUAL STATEMENT

For the Year Ended December 31, 2017

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
Incorporated/Organized..... March 13, 1914

State of Domicile or Port of Entry Ohio

Country of Domicile US

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)

2165318123

(Fax Number)

OFFICERS

Name	Title
1. Timothy J Percic	President
3.	

Name	Title
2. Theresa Aveni	
4.	

Name	Title
	Secretary-Treasurer

OTHER

DIRECTORS OR TRUSTEES

Joseph G Zab	James Czeck	Ronald J Zab	Kenneth Shine
Alyce Kane	James Mannion	Jamie Loncar	Charles 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 J 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 13 day of April 2018

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

Yes [] No [x]

4/13/2018

Annual Statement for the year 2017 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).....	40,080,229		40,080,229	39,246,731
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	677,044		677,044	551,350
2.2 Common stocks.....	62,100		62,100	62,100
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	23,309		23,309	25,859
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	104,185		104,185	118,986
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 (\$....239,622, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	239,622		239,622	386,216
6. Contract loans (including \$.....0 premium notes).....	107,255		107,255	114,537
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).....	41,293,744	0	41,293,744	40,505,779
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	635,488		635,488	617,072
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	3,159		3,159	1,736
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.....	30,092		30,092	104,982
21. Furniture and equipment, including health care delivery assets (\$.....0).....	9,881	9,881	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.....	53,306	53,306	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	42,025,670	63,187	41,962,483	41,229,569
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	42,025,670	63,187	41,962,483	41,229,569

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.....	23,834	23,834	0	
2502. Prepaid Pension Cost.....	29,472	29,472	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).....	53,306	53,306	0	0

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).....	28,600,000	27,702,000
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....	47,200	52,800
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....	1,053,322	970,521
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	108,056	136,000
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).....	337,941	210,539
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....	.....	.....
10. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	77,913	45,712
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).....	.....	.....
14. Unearned investment income.....	.....	.....
15. Amounts withheld or retained by Society as agent or trustee.....	84,335	76,862
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).....	320,621	420,203
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.....	16,253	15,994
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.....	122,916	87,875
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	30,868,557	29,818,526
24. From Separate Accounts statement.....	.....	.....
25. Total liabilities (Lines 23 and 24).....	30,868,557	29,818,526
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....	.....	.....
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	11,093,926	11,411,043
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	11,093,926	11,411,043
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	41,962,483	41,229,569

DETAILS OF WRITE-INS

2201. Accrued Interest Payable on Deposits.....	13,901	13,775
2202. Reserve (Reversal) for Convention Expense.....	42,000	28,000
2203. Reserve for Pension Projected Benefit Obligation.....	67,015	46,100
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....	122,916	87,875
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).....	1,218,331	1,193,742
2. Considerations for supplementary contracts with life contingencies.....	.....	.....
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	1,999,261	2,110,551
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	97,872	77,241
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.....	15,824	262
9. Totals (Lines 1 to 8.3).....	3,331,288	3,381,796
10. Death benefits.....	313,776	322,588
11. Matured endowments (excluding guaranteed annual pure endowments).....	10,164	7,553
12. Annuity benefits.....	882,959	1,117,701
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0.....	5,231	5,577
14. Surrender benefits and withdrawals for life contracts.....	61,309	53,498
15. Interest and adjustments on contract or deposit-type contracts funds.....	42,434	40,597
16. Payments on supplementary contracts with life contingencies.....	.....	.....
17. Increase in aggregate reserve for life and accident and health contracts.....	892,400	591,000
18. Totals (Lines 10 to 17).....	2,208,273	2,138,514
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).....	1,094	728
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).....	1,083,430	1,003,765
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	28,944	31,715
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).....	3,335,741	3,188,722
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(4,453)	193,074
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	94,750	94,850
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	(99,203)	98,224
30. Net realized capital gains (losses) less capital gains tax of \$.....0 (excluding \$....225,274 transferred to the IMR).....	(300,000)	(192,750)
31. Net income (Lines 29 + 30).....	(399,203)	(94,526)
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	11,411,043	12,553,683
33. Net income from operations (Line 31).....	(399,203)	(94,526)
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.....	3,344	26,088
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.....	.....	(950,000)
39. Change in asset valuation reserve.....	99,582	(98,864)
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.....	(20,840)	(25,338)
46. Net change in surplus for the year (Lines 33 through 45).....	(317,117)	(1,142,640)
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	11,093,926	11,411,043

DETAILS OF WRITE-INS

08.301. Sundry Refunds.....	602	262
08.302. Misc. Income.....	15,222	.....
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).....	15,824	262
2501. Convention Reserve.....	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.....	(20,915)	(26,000)
4502. PRIOR PERIOD CORRECTIONS ON ANNUITY INTEREST.....	75	662
4503. .....	.....	.....
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).....	(20,840)	(25,338)

American Mutual Life Association

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,216,888	1,194,024
2. Net investment income.....	2,251,972	2,239,951
3. Miscellaneous income.....	15,824	262
4. Total (Lines 1 through 3).....	3,484,684	3,434,237
5. Benefit and loss related payments.....	1,343,817	1,551,951
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	1,060,226	1,062,353
7. Commissions, expenses paid and aggregate write-ins for deductions.....	94,750	94,850
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	.....
10. Total (Lines 5 through 9).....	2,498,793	2,709,154
11. Net cash from operations (Line 4 minus Line 10).....	985,891	725,083
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	4,997,053	2,358,020
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	2,550	2,414
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).....	4,999,603	2,360,434
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	6,161,603	3,011,588
13.2 Stocks.....	125,694	50,100
13.3 Mortgage loans.....	.....	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	6,287,297	3,061,688
14. Net increase (decrease) in contract loans and premium notes.....	(7,282)	(575)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,280,411)	(700,679)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
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.....	40,364	35,371
16.5 Dividends to stockholders.....	.....	.....
16.6 Other cash provided (applied).....	107,562	162,328
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	147,926	197,699
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(146,595)	222,103
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	386,216	164,113
19.2 End of year (Line 18 plus Line 19.1).....	239,621	386,216

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.....	1,218,331	140,385	1,069,272		8,674		1,218,331		
2. Considerations for supplementary contracts with life contingencies.....	0								
3. Net investment income.....	1,999,261	1,192,622	806,639				1,999,261		
4. Amortization of interest maintenance reserve (IMR).....	97,872	97,872					97,872		
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.....	15,824	15,824	0	0	0	0	15,824	0	0
9. Totals (Lines 1 to 8.3).....	3,331,288	1,446,703	1,875,911	0	8,674	0	3,331,288	0	0
10. Death benefits.....	313,776	313,776					313,776		
11. Matured endowments (excluding guaranteed annual pure endowments).....	10,164	10,164					10,164		
12. Annuity benefits.....	882,959		882,959				882,959		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....0	5,231	5,231					5,231		
14. Surrender benefits and withdrawals for life contracts.....	61,309	61,309					61,309		
15. Interest and adjustments on contract or deposit-type contract funds.....	42,434	42,434					42,434		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health contracts.....	892,400	24,789	.873,211		(5,600)		.892,400		
18. Totals (Lines 10 to 17).....	2,208,273	457,703	1,756,170	0	(5,600)	0	2,208,273	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	1,094	1,094					1,094		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	1,083,430	595,886	216,686				812,572	270,858	
22. Insurance taxes, licenses and fees.....	28,944	28,944					28,944		
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).....	3,335,741	1,097,627	1,972,856	0	(5,600)	0	3,064,883	270,858	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	(4,453)	349,076	(96,945)	0	14,274	0	266,405	(270,858)	0
28. Refunds to members.....	94,750	94,750					94,750		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	(99,203)	254,326	(96,945)	0	14,274	0	171,655	(270,858)	0

DETAILS OF WRITE-INS

08.301. Sundry Refunds.....	.602	.602					.602		
08.302. Misc Inc.....	15,222	15,222					15,222		
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).....	15,824	15,824	0	0	0	0	15,824	0	0
2501. Convention Reserve.....	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
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	27,702,000	12,579,888	15,122,112	
2. Tabular net premiums or considerations.....	1,063,979	144,570	919,409	
3. Present value of disability claims incurred.....	0			XXX.....
4. Tabular interest.....	1,240,836	424,067	816,769	
5. Tabular less actual reserve released.....	16,669		16,669	
6. Increase in reserve on account of change in valuation basis.....	0			
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve.....	0		XXX.....	XXX.....
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	30,023,484	13,148,525	16,874,959	0
9. Tabular cost.....	333,859	333,859		XXX.....
10. Reserves released by death.....	134,533	134,533	XXX.....	XXX.....
11. Reserves released by other terminations (net).....	72,133	72,133		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	882,959		882,959	
13. Net transfers to or (from) Separate Accounts.....	0			
14. Total deductions (Lines 9 to 13).....	1,423,484	540,525	882,959	0
15. Reserve December 31, current year.....	28,600,000	12,608,000	15,992,000	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....677,953	.....677,953
1.1 Bonds exempt from U.S. tax.....	(a).....1,284,231	.....1,302,646
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....35,188	.....35,188
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....3,520	.....3,520
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....1,371	.....1,371
4. Real estate.....	(d).....40,000	.....40,000
5. Contract loans.....	.....5,971	.....5,971
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.....	.....2,048,234	.....2,066,648
11. Investment expenses.....	(g).....50,775	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....1,811	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....14,801	.....
15. Aggregate write-ins for deductions from investment income.....	.....0	.....
16. Total deductions (Lines 11 through 15).....	.....67,387	.....
17. Net investment income (Line 10 minus Line 16).....	.....1,999,261	.....

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	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$....52,672 accrual of discount less \$....308,997 amortization of premium and less \$....45,887 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 \$....14,801 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.....	.....10,510	.....	.....10,510	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....0	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....214,764	.....(300,000)	.....(85,236)	.....	.....
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).....	.....225,274	.....(300,000)	.....(74,726)	.....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

American Mutual Life Association

EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7			
	1	Accident and Health							
		2 Life	3 Containment						
1. Rent.....	61,065				8,028	12,193			
2. Salaries and wages.....	295,644				30,000	57,467			
3.11 Insured benefit plans for employees.....	121,540					383,111			
3.12 Insured benefit plans for fieldworkers.....						121,540			
3.21 Uninsured benefit plans for employees.....						0			
3.22 Uninsured benefit plans for fieldworkers.....						0			
3.31 Other employee welfare.....	3,376					3,376			
3.32 Other fieldworker welfare.....						0			
4.1 Legal fees and expenses.....	2,231					2,231			
4.2 Medical examination fees.....	604					604			
4.3 Inspection report fees.....						0			
4.4 Fees of public accountants and consulting actuaries.....	148,386					148,386			
4.5 Expense of investigation and settlement of certificate claims.....						0			
5.1 Traveling expenses.....	7,555					7,555			
5.2 Advertising.....	28,996				3,222	32,218			
5.3 Postage, express, telegraph and telephone.....	9,653				11,705	21,358			
5.4 Printing and stationery.....	702					702			
5.5 Cost or depreciation of furniture and equipment.....	3,973					3,973			
5.6 Rental of equipment.....	26,680					26,680			
5.7 Cost or depreciation of EDP equipment and software.....	111,266			2,571		113,837			
5.8 Lodge supplies less \$.....0 from sales.....						0			
6.1 Books and periodicals.....	1,295					1,295			
6.2 Bureau and association dues.....	5,890					5,890			
6.3 Insurance, except on real estate.....	22,027					22,027			
6.4 Miscellaneous losses.....						0			
6.5 Collection and bank service charges.....	2,074					2,074			
6.6 Sundry general expenses.....	11,832					11,832			
7.1 Field expense allowance.....						0			
7.2 Fieldworkers' balances charged off (less \$.....0 recovered).....						0			
7.3 Field conferences other than local meetings.....						0			
8.1 Official publications.....					17,252	17,252			
8.2 Expense of supreme lodge meetings.....	545					545			
9.1 Real estate expenses.....						0			
9.2 Investment expenses not included elsewhere.....				100		100			
9.3 Aggregate write-ins for expenses.....	12,351	0	0	10,076	103,903	126,330			
10. General expenses incurred.....	877,688	0	0	50,775	(a) 205,742	(b) 1,134,204			
11. General expenses unpaid December 31, prior year.....	15,112				30,600	45,712			
12. General expenses unpaid December 31, current year.....	47,313				30,600	77,913			
13. General expenses paid during year (Lines 10 + 11 - 12).....	845,487	0	0	50,775	205,742	1,102,003			

DETAILS OF WRITE-INS

09.301	DONATIONS.....				77,058	77,058
09.302	DATA PROCESSING.....	10,076			10,076	20,152
09.303	LODGE & FRATERNAL EXPENSE.....				26,845	26,845
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	2,275	0	0	0	2,275
09.399	Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	12,351	0	0	10,076	103,903

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

1. Charitable \$.....14,336; 2. Institutional \$.....11,030; 3. Recreational and Health \$....25,744; 4. Educational \$....24,675
 5. Religious \$....2,820; 6. Membership \$....131,430; 7. Other \$.....0; 8. Total \$....210,036

(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.....	377			67		444
3. Other state taxes, including \$....347 for employee benefits.....	1,384					1,384
4. U.S. Social Security taxes.....	22,499			1,709	4,272	28,480
5. All other taxes.....	390			35	22	447
6. Taxes, licenses and fees Incurred.....	24,650	0	0	1,811	4,294	30,755
7. Taxes, licenses and fees unpaid December 31, prior year.....						0
8. Taxes, licenses and fees unpaid December 31, current year.....						0
9. Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	24,650	0	0	1,811	4,294	30,755

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		4,825
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		67,743
4. Applied to provide paid-up annuities.....		
5. Total (Lines 1 to 4).....	72,568	0
6. Paid in cash.....	6,036	
7. Left on deposit.....	16,146	
8. Aggregate write-ins for dividend or refund.....	0	0
9. Total (Lines 5 to 8).....	94,750	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....	100,000	
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total (Line 10 through Line 14).....	100,000	0
16. Total from prior year.....	100,000	
17. Total dividends or refunds (Line 9 + 15 - 16).....	94,750	0

DETAILS OF WRITE-INS

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

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.....	1,240,074		351,884	882,959							5,231
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 1,240,074	0	351,884	882,959	0	0	0	0	0	0	5,231
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	108,056	0	108,056	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.....	108,056	0	108,056	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.....	136,000		136,000								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	136,000	0	136,000	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	1,212,130	0	323,940	882,959	0	0	0	0	0	0	5,231
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.....	1,212,130	0	323,940	882,959	0	0	0	0	0	0	5,231

(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 \$....10,164 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.

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.....	9,881	9,289	-(592)
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.....	53,306	57,242	3,936
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	63,187	66,531	3,344
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	63,187	66,531	3,344

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.....	.23,834	.37,064	13,230
2502. Prepaid Pension Cost.....	.29,472	.20,178	-(9,294)
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).....	.53,306	.57,242	3,936

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

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) American Mutual Life Association Company state basis (Page 4, Line 31, Columns 1 & 2)	XXX	XXX	XXX	\$ (399,203)	\$ (94,526)
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (399,203)	\$ (94,526)
SURPLUS					
(5) American Mutual Life Association Company state basis (Page 3, line 30, Columns 1 & 2)	XXX	XXX	XXX	\$ 11,093,926	\$ 11,411,043
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 11,093,926	\$ 11,411,043

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

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.

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

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) Basis for Common Stocks

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) Basis for Preferred Stocks

Cost or Association Value in accordance with NAIC procedure.

(5) Basis for Mortgage Loans

Aggregate unpaid balance. Other Investments: Equity basis.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

See #2.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Association has no subsidiaries.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Association has no ownership interests in joint ventures.

(9) Accounting Policies for Derivatives

The Association has no derivatives.

(10) Anticipated Investment Income Used in Premiums Deficiency Calculation

The Association has no Premium Deficiency Calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts

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.

NOTES TO FINANCIAL STATEMENTS

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Association has not modified its capitalization policy from prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Association does not have Pharmaceutical Receivables.

D. Going Concern

Note 2 – Accounting Changes and Correction of Errors**Note 3 – Business Combinations and Goodwill**

A. Statutory Purchase Method

The Association has no business combination accounted for as statutory purchase.

B. Statutory Merger

The Association had no Statutory Merger

C. Assumption Reinsurance

D. Impairment Loss

Not Applicable

Note 4 – Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale

Not Applicable.

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Association does not issue mortgage loans or real estate loans.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership

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

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

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. The total amount excluded:

Note 8 – Derivative Instruments

A. The Association does not invest in derivative instruments.

Note 9 – Income Taxes

A. The Association is a fraternal benefit society, not subject to income taxes.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Association is not directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual.

The Association does not have an affiliate or subsidiary.

Note 11 – Debt

A. Debt Including Capital Notes

NOTES TO FINANCIAL STATEMENTS

The Association has no debt or borrowed money as of December 31, 2017

B. FHLB (Federal Home Loan Bank) Agreements

(1) Information on the Nature of the Agreement

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year

	1 Total 2 + 3	2 General Account	3 Separate 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		XXX	XXX

2. Prior Year

	1 Total 2 + 3	2 General Account	3 Separate 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	41,427,031	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	\$ 49,712	\$ 12,388	\$	\$	\$
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
Current Year Total General and Separate Accounts			
Total Collateral Pledged (Lines 2+3)	\$ 500,000	\$ 500,000	\$ 581,505
Current Year General Account			
Total Collateral Pledged	500,000	500,000	581,505
Current Year Separate Accounts			
Total Collateral Pledged			
Prior Year Total General and Separate Accounts			
Total Collateral Pledged			

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount of Borrowed at Time of Maximum Collateral
Current Year Total General and Separate Accounts			
Total Collateral Pledged (Lines 2+3)	\$ 500,000	\$ 500,000	\$ 300,000
Current Year General Account			
Total Collateral Pledged	500,000	500,000	300,000
Current Year Separate Accounts			
Total Collateral Pledged			
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 Separate Accounts	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				

NOTES TO FINANCIAL STATEMENTS

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

2. Prior Year

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

b. Maximum Amount During Reporting Period (Current Year)

	1 Total 2 + 3	2 General Account	3 Separate Accounts
1. Debt	300,000	300,000	
2. Funding Agreements			
3. Other			
4. Aggregate Total (Lines 1+2+3)	300,000	300,000	

c. FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	0
2. Funding Agreements	0
3. Other	0

The Association borrowed \$300,000 for the period of 9/19/2017 to 10/26/17, prepaying the borrowed amount plus interest at that time.

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	
	2017	2016	2017	2016
a. Pension Benefits				
1. Benefit obligation at beginning of year	\$ 412,081	\$	\$	\$ 329,226
2. Service cost	27,551			21,242
3. Interest cost	20,379			16,234
4. Continuation by plan participants				
5. Actuarial gain (loss)	12,729			54,505
6. Foreign currency exchange rate changes				
7. Benefits paid	9,125			9,125
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year	\$ 463,615	\$	\$	\$ 412,082
Overfunded		Underfunded		
b. Postretirement Benefits	2017	2016	2017	2016
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	2017	2016	2017	2016
1. Benefit obligation at beginning of year	\$	\$	\$	\$
2. Service cost				
3. Interest cost				
4. Continuation by plan participants				
5. Actuarial gain (loss)				

NOTES TO FINANCIAL STATEMENTS

	Overfunded		Underfunded	
	2017	2016	2017	2016
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	
	2017	2016	2017	2016	2017	2016
a. Fair value of plan assets at beginning of year	\$ 306,612	\$ 303,302	\$	\$	\$	\$
b. Actual return on plan assets	12,450	12,435				
c. Foreign currency exchange rate changes						
d. Reporting entity contribution	50,000					
e. Plan participants' contributions						
f. Benefits paid	9,125	9,125				
g. Business combinations, divestitures and settlements						
h. Fair value of plan assets at end of year	\$ 359,937	\$ 306,612	\$	\$	\$	\$

(3) Funded Status

	Pension Benefits		Postretirement Benefits	
	2017	2016	2017	2016
a. Components				
1. Prepaid benefit costs	\$	\$	\$	\$
2. Overfunded plans assets				
3. Accrued benefit costs	\$ 29,472	\$ 20,178	\$	\$
4. Liability for pension benefits	\$ 133,150	\$ 125,647	\$	\$
b. Assets and liabilities recognized				
1. Assets (nonadmitted)	\$	\$	\$	\$
2. Liabilities recognized	20,915	13,139		
c. Unrecognized liabilities	\$ 82,763	\$ 92,330	\$	\$

(4) Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	2017	2016	2017	2016	2017	2016
a. Service cost	\$ 27,551	\$ 21,242	\$	\$	\$	\$
b. Interest cost	20,379	16,234				
c. Expected return on plan assets	(16,606)	(14,938)				
d. Transition asset or obligation						
e. Gains and losses	9,382	3,968				
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment						
h. Total net periodic benefit cost	\$ 40,706	\$ 26,506	\$	\$	\$	\$

(5) Amounts in Unassigned Funds (Surplus) Recognized as Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits	
	2017	2016	2017	2016
a. Items not yet recognized as a component of net periodic	\$ 125,647	\$ 72,608	\$	\$

NOTES TO FINANCIAL STATEMENTS

	Pension 2017	Benefits 2016	Postretirement 2017	Benefits 2016
cost – prior year				
b. Net transition asset or obligation recognized				
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	16,885	57,008		
f. Net gain and loss recognized	(9,382)	(3,969)		
g. Items not yet recognized as a component of net periodic cost – current period	\$ 133,150	\$ 125,647	\$	\$

(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	
	2017	2016	2017	2016
a. Net transition asset or obligations				
b. Net prior service cost or credit				
c. Net recognized gains and losses	(14,279)	(8,444)		

(7) Amounts in Unassigned Funds (Surplus) that have not yet been Recognized as Components of Net Periodic Benefit Cost

	Pension Benefits		Postretirement Benefits	
	2017	2016	2017	2016
a. Net transition asset or obligations				
b. Net prior service cost or credit				
c. Net recognized gains and losses	133,150	125,647		

(8) Weighted-Average Assumptions Used to Determine Net Periodic Benefit Cost as of December 31

	2017	2016
a. Weighted-average discount rate	5.0%	5.0%
b. Expected long-term rate of return on plan assets	5.0%	5.0%
c. Rate of compensation increase	1.5%	1.5%
Weighted-average assumptions used to determine projected benefit obligations as of December 31		
d. Weighted-average discount rate	5.0%	5.0%
e. Rate of compensation increase	1.5%	1.5%

(9) Accumulated Benefit Obligation for Defined Benefit Pension Plans

(10) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s)

(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. 2018	\$ 9,359
b. 2019	\$ 9,359
c. 2020	\$ 11,959
d. 2021	\$ 28,587
e. 2022	\$ 28,274
f. 2023 through 20	\$ 135,560

(13) Estimate of Contributions Expected to be Paid to the Plan

NOTES TO FINANCIAL STATEMENTS

- (14) Amounts and Types of Securities Included in Plan Assets
- (15) Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses
- (16) Substantive Comment Used to Account for Benefit Obligation
- (17) Cost of Providing Special or Contractual Termination Benefits Recognized
- (18) Significant Change in the Benefit Obligation or Plan Assets
- (19) Amount and Time Plan Assets Expected to be Returned
- (20) Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans
- (21) Full Transition Surplus Impact of SSAP 102

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 Funds	\$ 286,369	\$	\$	\$ 286,369
Cash	\$ 6,282	\$	\$	\$ 6,282
Insurance Cash Value	\$	\$ 67,686	\$	\$ 67,686
Total Plan Assets	\$ 292,651	\$ 67,686	\$	\$ 360,337

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

Description for each class of plan assets	Beginning Balance at 1/1/2017	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 12/31/2017
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Plan Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Valuation Technique(s) and Inputs Used to Measure Fair Value

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

E. Defined Contribution Plans: Not Applicable

F. Multiemployer Plans: Not Applicable.

G. Consolidated/Holding Company Plans: Not Applicable

H. Postemployment Benefits and Compensated Absences: Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

(1) Recognition of the Existence of the Act

(2) Effects of the Subsidy in Measuring the Net Postretirement Benefit Cost

NOTES TO FINANCIAL STATEMENTS

(3) Disclosure of Gross Benefit Payments

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

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

Note 14 – Liabilities, Contingencies and Assessments

A. The Association has none.

Note 15 – Leases

A. Lessee Operating Lease

(1) Lessee's Leasing Arrangements

a. Rental Expense

The Company leases office equipment under various noncancelable operating lease agreements that expire through December 2022. Rental expense for 2017, and 2018 is approximately \$8,228.16, and \$8,228.16, respectively.

b. Basis on Which Contingent Rental Payments are Determined

Not Applicable.

c. Existence and Terms of Renewal or Purchase Options and Escalation Clauses

Not Applicable.

d. Restrictions Imposed by Lease Agreements

Not Applicable.

e. Identification of Lease Agreements that have been Terminated Early

Not Applicable.

(2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year

a. At January 1, 2018 the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2018	\$ 8,228
2. 2019	\$ 8,228
3. 2020	\$ 8,228
4. 2021	\$ 5,148
5. 2022	\$ 1,503
6. Total	\$ 31,336

b. Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases

(3) For Sale-Leaseback Transactions -- The Association does not have such transactions.

B. Lessor Leases

(1) Not Applicable.

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

1.

The Association carries no instruments with OBS Risk.

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

A. None.

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

NOTES TO FINANCIAL STATEMENTS

A. ASO Plans - None.

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

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

Note 20 – Fair Value Measurements

A. The Association has no assets or liabilities that are measured and reported at fair value in its statement of financial position as of December 31, 2017.

Note 21 – Other Items

A. Unusual or Infrequent Items
The Association has none.

B. Troubled Debt Restructuring Debtors
The Association has none.

C. Other Disclosures
The Association has none.

D. Business Interruption Insurance Recoveries
The Association has none.

E. State Transferable and Non-Transferable Tax Credits
(1) Carrying Value of Transferable and Non-Transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-Transferable State Tax Credits by State and in Total
None.

F. Subprime Mortgage Related Risk Exposure - None.

G. Retained Assets
(1) Description of How Accounts are Structured and Reporting
The Association has none.

H. Insurance-Linked Securities (ILS) Contracts - The Association has 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]

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, 2017 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? Yes [] No [X]
If yes, give full details.

(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? Yes [] No [X]
If yes, give full details.

NOTES TO FINANCIAL STATEMENTS**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? Yes [] No [X]
 a. 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. \$
 b. 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? Yes [] No [X]
 If yes, give full details.

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? Yes [] No [X]
 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-G 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. Not Applicable.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

A. None.

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

Not Applicable.

Note 31 – Reserves for life contracts and deposit-type Contracts

(1) Reserve Practices
 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) Valuation of Substandard Policies
 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) Amount of Insurance Where Gross Premiums are Less than the Net Premiums
 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

NOTES TO FINANCIAL STATEMENTS

set by the State of Ohio.

(4) Method Used to Determine Tabular Interest, Reserves Released, and Cost

The Tabular Interest (Page 7, Line 4) has been determined from basic policy data. The Tabular Less Actual Reserve Released (Page 7, Line5) has been determined by formula as described in the instructions for Page 7 by formula.

(5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies

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) 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

	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
A. (1) Subject to Discretionary Withdrawal: 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)	16,005,364			16,005,364	94.3%
B. Not subject to discretionary withdrawal	970,521			970,521	5.7%
C. Total (gross: direct + assumed)	16,975,885			16,975,885	100.0%
D. Reinsurance ceded					
E. Total (net (C) - (D))	\$ 16,975,885	\$	\$	\$ 16,975,885	

F. Life and Accident & Health Annual Statement:

(1) Exhibit 5, Annuities, Total (net)	\$ 15,992,000
(2) Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3) Exhibit 7, Deposit-type contracts, Line 14, Column 1	1,053,321
(4) Subtotal	\$ 17,045,321
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	\$ 17,045,321

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

A. Deferred and uncollected life insurance premiums and annuity considerations as of end of December 31, 2017 were:

	Gross	Net of Loading
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NOTES TO FINANCIAL STATEMENTS

(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 Association 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 N/A [X]

1.2 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 N/A [X]

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. 06/01/2016

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. 08/24/2016

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). 08/24/2016

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 No N/A []

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

4.12 renewals? Yes No N/A [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 N/A [X]

4.22 renewals? Yes No N/A [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No N/A [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 N/A [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 N/A [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 N/A [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 N/A [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 N/A [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 N/A [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 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	0
12.12 Number of parcels involved	\$ 0
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	\$ 0
21.22 Borrowed from others	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

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	\$ 0
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

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

INVESTMENT

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

24.01 Were all the 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 *Risk-Based Capital Instructions*? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ 0

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:

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? Yes [] No [] N/A [X]
If no, attach a description with this statement.

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: \$ 0

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 *Financial Condition Examiners Handbook*? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Key Bank Safekeeping Service	4900 Tiedeman Road Brooklyn, OH 44144
Sandler O'Neil Partners LLC through Pershing LLC	1251 Avenue of the Americas 6th Floor New York, NY 10020
Well Fargo Safekeeping Services	950 Main Street Cleveland, OH, 44113

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

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:

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").

1 Name of Firm or Individual	2 Affiliation
Wells Fargo	A

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

Sandler & O'Neill Partners	A
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 [X]
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 [X]
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
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

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
		\$
29.2999 TOTAL		\$

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

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

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	\$ 40,080,229	\$ 44,134,803	\$ 4,054,574
30.2	Preferred Stocks	\$ 677,044	\$ 753,124	\$ 76,080
30.3	Totals	\$ 40,757,273	\$ 44,887,927	\$ 4,130,654

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

Brokers are asked to provide year-end Market Values and Ratings, and FINRA website is used for specific cases or such during the year.

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:

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No []

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 4,025

34.2 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	\$ 4,025
Ohio Fraternal Alliance	\$ 125
LOMA	\$ 1,640

35.1 Amount of payments for legal expenses, if any? \$ 2,231

35.2 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	\$ 2,231

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

36.2 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
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GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

	\$
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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	\$ _____
1.64	All years prior to most current three years:	
1.65	Total premium earned	\$ _____
1.66	Total incurred claims	\$ _____
1.67	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	\$ _____
1.74	All years prior to most current three years:	
1.75	Total premium earned	\$ _____
1.76	Total incurred claims	\$ _____
1.77	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 from each subordinate lodge are elected by the lodge, to represent the lodge at the quadrennial convention where bylaws are reviewed (and amended or inacted) and Board Directors are elected.</u>	
6.	What is the basis of representation in the governing body? <u>Apportionment based on a census of members in each AMLA Lodge</u>	
7.1	How often are regular meetings of the governing body held? <u>Quadrennial</u>	
7.2	When was the last regular meeting of the governing body held?	08/01/2017
7.3	When and where will the next regular or special meeting of the governing body be held? <u>November 3-4, 2018, in Geneva-on-the-Lake, Ohio</u>	
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? <u>A portion of the projected expense (approximately 25%) is carried as an expense in the intervening years.</u>	
9.	When and by whom are the officers and directors elected? <u>Directors are elected at each quadrennial convention: Officers are hired by the Board of Directors elected at Convention.</u>	
10.	What are the qualifications for membership? <u>Membership is simultaneous with the purchase of life insurance, or by fraternal membership as approved by the Board of Directors</u>	
11.	What are the limiting ages for admission? <u>Most limits relate to underwriting considerations. Otherwise, the Board of Directors can approve a fraternal membership of a person of any age.</u>	
12.	What is the minimum and maximum insurance that may be issued on any one life? <u>The minimum is a death benefit of \$2,000 for premium-paying whole life; death benefit of \$3,000 for single premium whole life; a death benefit of \$10,000 for term policies.</u>	
13.	Is a medical examination required before issuing a benefit certificate to applicants?	Yes [] No [X]

GENERAL INTERROGATORIES**PART 2 – FRATERNAL INTERROGATORIES**

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 [X]

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. 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: _____

24.1 Amount of loss reserves established by these annuities during the current year: \$ _____

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

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

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

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

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

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

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

26.2 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
	\$ _____

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

27.2 If the answer to 27.1 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
			\$ _____	\$ _____	\$ _____	\$ _____

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

28.1 Direct Premiums Written \$ _____

28.2 Total Incurred Claims \$ _____

28.3 Number of Covered Lives \$ _____

*Ordinary Life Insurance Includes						
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.

\$000 omitted for amounts of life insurance

	1 2017	2 2016	3 2015	4 2014	5 2013
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	33,247	33,235	33,415	33,125	32,806
1.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....	XXX	XXX	XXX	XXX	XXX
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	714	511	883	1,007	745
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	4,359	1,907	11,392	5,571	5,341
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	136,026	137,601	169,089	166,052	149,946
5. Annuity (Line 20.4, Column 3).....	1,069,272	1,044,765	1,241,985	1,016,816	1,009,165
6. Accident and health (Line 20.4, Column 4).....	8,674	9,469	10,524	11,717	12,802
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	1,218,331	1,193,742	1,432,990	1,200,156	1,177,254
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	41,962,483	41,229,569	40,654,741	39,359,502	38,710,484
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	30,868,557	29,818,526	28,101,059	27,004,676	26,436,043
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	28,600,000	27,702,000	26,156,000	25,097,000	24,384,000
11.1 Excess VM-20 deterministic/stochastic reserve over NPR, related to Line 1.1.....	XXX	XXX	XXX	XXX	XXX
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....	47,200	52,800	57,800	62,867	71,089
13. Deposit-type contract funds (Page 3, Line 3).....	1,053,322	970,521	894,552	967,510	1,009,211
14. Asset valuation reserve (Page 3, Line 21.1).....	320,621	420,203	321,339	252,819	244,621
15. Surplus (Page 3, Line 30).....	11,093,926	11,411,043	12,553,683	12,354,826	12,274,441
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	985,891	725,083	1,426,153	815,781	1,492,769
Risk-Based Capital Analysis					
17. Total adjusted capital.....	11,464,547	11,881,246	12,925,022	12,657,645	12,569,062
18. 50% of the calculated RBC amount.....	478,301	554,567	688,355	573,389	361,999
Percentage Distribution of Cash, Cash Equivalent and Invested Assets					
(Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	97.1	96.9	97.5	97.6	97.2
20. Stocks (Lines 2.1 and 2.2).....	1.8	1.5	1.4	1.5	1.5
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....	0.1	0.1	0.1	0.0	0.0
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.3	0.3	0.3	0.3	0.3
23. Cash, cash equivalents and short-term investments (Line 5).....	0.6	1.0	0.4	0.3	0.7
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
Investments in Subsidiaries and Affiliates					
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.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	63,187	66,531	92,619	82,864	82,153
40. Total admitted assets (Page 2, Line 28, Col. 3).....	41,962,483	41,229,569	40,654,741	39,359,502	38,710,484
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	1,999,261	2,110,552	1,997,171	1,987,122	1,949,621
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	(300,000)	(192,750)	0		
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total of above Lines 41, 42 and 43.....	1,699,261	1,917,802	1,997,171	1,987,122	1,949,621

American Mutual Life Association
FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2017	2 2016	3 2015	4 2014	5 2013
Benefits and Reserve Increases (Page 6)					
45. Total certificate benefits - life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	1,273,439	1,501,340	1,109,492	1,365,039	752,803
46. Total certificate benefits - accident and health (Line 13, Column 5).....		5,577	4,601	6,845	9,492
47. Increase in life reserves (Line 17, Column 2).....	24,789	75,888	(77,126)	37,040	90,917
48. Increase in accident and health reserves (Line 17, Column 5).....	(5,600)	(5,000)	(5,067)	(8,222)	(6,135)
49. Refunds to members (Line 28, Column 1).....	94,750	94,850	88,752	90,329	90,409
Operating Percentages					
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.....	89.0	84.1	62.2	80.2	76.1
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.....	1.3	0.6	0.7	0.8	1.2
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....	(1.9)	49.0	(3.3)	(11.4)	26.4
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....		43.0			
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
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
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	254,326	509,799	316,532	(1,633)	(29,649)
58. Annuity (Column 3).....	(96,945)	(231,714)	142,374	95,433	174,722
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....	14,274	4,774	10,990	13,094	9,445
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....	(270,858)	(184,635)	(190,265)		
63. Expense (Column 9).....					
64. Total (Column 1).....	(99,203)	98,224	279,631	106,894	154,518

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

If no, please explain:

American Mutual Life Association

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	1	Direct Business					Deposit-Type Contracts
		Life Contracts		4	5	6	7	
		2	3	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5		
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	62,932	1,069,272	8,748		1,140,952	161,404
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	62,932	1,069,272	8,748	0	1,140,952	161,404
90. Reporting entity contributions for employee benefit plans		XXX					0	
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	67,743				67,743	
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX	4,825				4,825	
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	135,500	1,069,272	8,748	0	1,213,520	161,404
96. Plus reinsurance assumed.....		XXX	3,427				3,427	
97. Totals (All Business).....		XXX	138,927	1,069,272	8,748	0	1,216,947	161,404
98. Less reinsurance ceded.....		XXX					0	
99. Totals (All Business) less reinsurance ceded.....		XXX	138,927	1,069,272	(b) 8,748	0	1,216,947	161,404

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: Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4