

LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION



## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

### American Modern Life Insurance Company

NAIC Group Code 0869 NAIC Company Code 65811 Employer's ID Number 86-6052181

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 12/12/1956 Commenced Business 01/03/1957

Statutory Home Office 1300 East Ninth Street (Street and Number) Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)

Main Administrative Office 400 Robert Street North (Street and Number) 651-665-3500 (Area Code) (Telephone Number)

St. Paul, MN, US 55101-2098 (City or Town, State, Country and Zip Code)

Mail Address 400 Robert Street North (Street and Number or P.O. Box) St. Paul, MN, US 55101-2098 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 400 Robert Street North (Street and Number) 651-665-5678 (Area Code) (Telephone Number)

St. Paul, MN, US 55101-2098 (City or Town, State, Country and Zip Code)

Internet Website Address www.securian.com

Statutory Statement Contact Nicholas David Boehland (Name) 651-665-5678 (Area Code) (Telephone Number)

nicholas.boehland@securian.com (E-mail Address) 651-665-7938 (FAX Number)

#### OFFICERS

Chairman, President & CEO William Michael Gould Treasurer David John LePlavy  
Secretary Mark James Geldernick

#### OTHER

Barbara Ann Baumann, Second Vice President

#### DIRECTORS OR TRUSTEES

William Michael Gould David John LePlavy Warren John Zaccardo  
Kristi Jo Nelson Gary Roger Christensen Suzette Louise Huovinen  
Daniel Patrick Preiner

State of Minnesota SS:  
County of Ramsey

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

William Michael Gould  
Chairman, President & CEO

Mark James Geldernick  
Secretary

David John LePlavy  
Treasurer

a. Is this an original filing?

Yes [  ] No [  ]

b. If no,

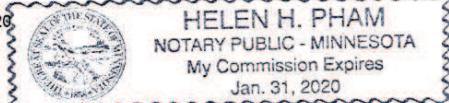
1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this  
01 day of February 2018

Helen H. Pham  
Notary Public  
January 31, 2020





**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(35,876)			(35,876)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(35,876)			(35,876)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		12,052			12,052
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		12,052			12,052
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	<b>Credit Life (Group and Individual)</b>		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....		2		2,073				2		2,073
17. Incurred during current year .....		10		9,980				10		9,980
Settled during current year:										
18.1 By payment in full .....		12		12,052				12		12,052
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		12		12,052				12		12,052
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		12		12,052				12		12,052
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			1,265	(a) 7,477,692					1,265	7,477,692
21. Issued during year .....										
22. Other changes to in force (Net) .....			(37)	(4,608,403)					(37)	(4,608,403)
23. In force December 31 of current year .....			1,228	(a) 2,869,289					1,228	2,869,289

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	(536)	787			456
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	(536)	787			456
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					306

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		14,832			14,832
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		14,832			14,832
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		2							2	
Settled during current year:										
18.1 By payment in full .....		2							2	
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		2							2	
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		2							2	
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....			55 (a)	1,905,448					55	1,905,448
21. Issued during year .....										
22. Other changes to in force (Net) .....		(13)	(521,078)						(13)	(521,078)
23. In force December 31 of current year .....		42 (a)	1,384,371						42	1,384,371

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	9,506	8,986		3,692	2,954
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	9,506	8,986		3,692	2,954
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		29,715			29,715
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		29,715			29,715
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		87,460			87,460
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		87,460			87,460
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		5		87,460					5	87,460
Settled during current year:										
18.1 By payment in full .....		5		87,460					5	87,460
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		5		87,460					5	87,460
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		5		87,460					5	87,460
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			337	(a) 4,303,524					337	4,303,524
21. Issued during year .....										
22. Other changes to in force (Net) .....		(67)		(2,141,619)					(67)	(2,141,619)
23. In force December 31 of current year .....		270	(a)	2,161,905					270	2,161,905

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	8,746	17,979		11,279	9,305
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	8,746	17,979		11,279	9,305
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		59,886			59,886
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		59,886			59,886
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		3		50,000					3	50,000
Settled during current year:										
18.1 By payment in full .....		2								2
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		2								2
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		2								2
19. Unpaid Dec. 31, current year (16+17-18.6) .....		1		50,000					1	50,000
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			231	(a) 8,622,915					231	8,622,915
21. Issued during year .....										
22. Other changes to in force (Net) .....		(95)		(4,010,772)					(95)	(4,010,772)
23. In force December 31 of current year .....		136	(a) 4,612,143						136	4,612,143

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	31,471	30,045		16,263	(6,710)
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	31,471	30,045		16,263	(6,710)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		43,198			43,198
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		43,198			43,198
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		27,453			27,453
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		27,453			27,453
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		3		27,453					3	27,453
Settled during current year:										
18.1 By payment in full .....		3		27,453					3	27,453
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		3		27,453					3	27,453
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		3		27,453					3	27,453
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....			201	(a) 7,363,351					201	7,363,351
21. Issued during year .....										
22. Other changes to in force (Net) .....		(45)		(4,068,466)					(45)	(4,068,466)
23. In force December 31 of current year .....		156	(a)	3,294,886					156	3,294,886

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	31,113	29,708		33,925	18,764
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	31,113	29,708		33,925	18,764
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		2,342			2,342
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		2,342			2,342
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		10,867			10,867
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		10,867			10,867
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	No.	Amount	No.	Amount	No.
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		1		10,867				1		10,867
Settled during current year:										
18.1 By payment in full .....		1		10,867				1		10,867
18.2 By payment on compromised claims .....		1		10,867				1		10,867
18.3 Totals paid .....		1		10,867				1		10,867
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		1		10,867				1		10,867
19. Unpaid Dec. 31, current year (16+17-18.6) .....		1		10,867				1		10,867
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....		569	(a)	3,970,610	No. of Policies				569	3,970,610
21. Issued during year .....										
22. Other changes to in force (Net) .....		(560)		(2,043,794)					(560)	(2,043,794)
23. In force December 31 of current year .....		9	(a)	1,926,816					9	1,926,816

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	3,376	32,100		14,232	11,145
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,376	32,100		14,232	11,145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ .....	....., current year \$ .....				
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ .....	....., current year \$ .....				
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .....	....., current year \$ .....				
<b>ACCIDENT AND HEALTH INSURANCE</b>					
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**DIRECT BUSINESS IN THE STATE OF Florida**

## DURING THE YEAR 2017

NAIC Group Code 0869

NAIC Company Code 65811

## LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....						
2. Annuity considerations .....						
3. Deposit-type contract funds .....			XXX .....			
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals						
DETAILS OF WRITE-INS						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

(a) Includes Individual Credit Life Insurance prior year \$ ..... , current year \$ .....  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(12,151)			(12,151)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(12,151)			(12,151)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		23,187			23,187
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		23,187			23,187
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....			1	17,134					1	17,134
17. Incurred during current year .....			5	6,052					5	6,052
Settled during current year:										
18.1 By payment in full .....			6	23,187					6	23,187
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			6	23,187					6	23,187
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			6	23,187					6	23,187
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					663	(a) 5,312,172	No. of Policies			
20. In force December 31, prior year .....									663	5,312,172
21. Issued during year .....										
22. Other changes to in force (Net) .....			(418)	(3,272,603)					(418)	(3,272,603)
23. In force December 31 of current year .....			245	(a) 2,039,570					245	2,039,570

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	(6,119)	15,908		10,569	3,513
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	(6,119)	15,908		10,569	3,513
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		52,623			52,623
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		52,623			52,623
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		31,762			31,762
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		31,762			31,762
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		5		31,762					5	31,762
Settled during current year:										
18.1 By payment in full .....		5		31,762					5	31,762
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		5		31,762					5	31,762
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		5		31,762					5	31,762
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....			156	(a) 4,961,326					156	4,961,326
21. Issued during year .....										
22. Other changes to in force (Net) .....		(60)		(2,293,678)					(60)	(2,293,678)
23. In force December 31 of current year .....		96	(a)	2,667,648					96	2,667,648

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	38,276	36,324		17,765	(5,763)
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	38,276	36,324		17,765	(5,763)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		42,322			42,322
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		42,322			42,322
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		30,447			30,447
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		30,447			30,447
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		20		.30,447					.20	.30,447
Settled during current year:										
18.1 By payment in full .....		20		.30,447					.20	.30,447
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		20		.30,447					.20	.30,447
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		20		.30,447					.20	.30,447
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....		369	(a)	9,272,675					369	9,272,675
22. Other changes to in force (Net) .....		358		(4,262,621)					358	(4,262,621)
23. In force December 31 of current year .....		727	(a)	5,010,053					727	5,010,053

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	27,941	35,692		3,457	2,725
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	27,941	35,692		3,457	2,725
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

### DURING THE YEAR 2017

NAIC Group Code 0869

NAIC Company Code 65811

## LIFE INSURANCE

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....			(14,082)			(14,082)
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4)			(14,082)			(14,082)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....			4,885			4,885
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals			4,885			4,885
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year			11	4,885					11	4,885
Settled during current year:										
18.1 By payment in full .....			11	4,885					11	4,885
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			11	4,885					11	4,885
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			11	4,885					11	4,885
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....					No. of Policies					
2,130 (a) .....			2,130 (a) .....	17,350,877					2,130	17,350,877
21. Issued during year .....										
22. Other changes to in force (Net) .....			(2,018)	(9,972,211)					(2,018)	(9,972,211)
23. In force December 31 of current year .....				112 (a) .....	7,378,666				112	7,378,666

(a) Includes Individual Credit Life Insurance prior year \$ ..... , current year \$ .....  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE					
	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b).....					
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual).....	(41,127)	102,308		76,598	54,604
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (sum of Lines 25.1 to 25.5).....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(41,127)	102,308		76,598	54,604

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		64,008			64,008
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		64,008			64,008
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		10,695			10,695
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		10,695			10,695
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		7		10,695					7	10,695
Settled during current year:										
18.1 By payment in full .....		7		10,695					7	10,695
18.2 By payment on compromised claims .....		7		10,695					7	10,695
18.3 Totals paid .....		7		10,695					7	10,695
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		7		10,695					7	10,695
19. Unpaid Dec. 31, current year (16+17-18.6) .....		7		10,695						
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....		314	(a)	8,058,771					314	8,058,771
21. Issued during year .....										
22. Other changes to in force (Net) .....		(135)		(3,660,142)					(135)	(3,660,142)
23. In force December 31 of current year .....		179	(a)	4,398,629					179	4,398,629

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	48,573	46,116		10,071	3,975
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	48,573	46,116		10,071	3,975
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		11,994			11,994
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		11,994			11,994
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			58 (a)	1,050,620					58	1,050,620
21. Issued during year .....										
22. Other changes to in force (Net) .....			(16)	(461,383)					(16)	(461,383)
23. In force December 31 of current year .....			42 (a)	589,237					42	589,237

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	5,816	7,052			30
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,816	7,052			30
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		19,151			19,151
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		19,151			19,151
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		79,108			79,108
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		79,108			79,108
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		2		79,108				2		79,108
Settled during current year:										
18.1 By payment in full .....		2		79,108				2		79,108
18.2 By payment on compromised claims .....		2		79,108				2		79,108
18.3 Totals paid .....		2		79,108				2		79,108
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		2		79,108				2		79,108
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....			9 (a)	198,567	No. of Policies				9	198,567
21. Issued during year .....										
22. Other changes to in force (Net) .....		(4)	(135,186)					(4)		(135,186)
23. In force December 31 of current year .....		5 (a)	63,381					5		63,381

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					(1)
24.3 Collectively renewable policies (b) .....					(652,787)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....				(1)	(652,787)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ .....		current year \$ .....			
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ .....		current year \$ .....			
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .....		current year \$ .....			
<b>ACCIDENT AND HEALTH INSURANCE</b>					
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC Group Code 0869

NAIC Company Code 65811

## LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX			
4. Other considerations .....				XXX	
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

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

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$ , current year \$

## ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			14	(a) 22,054					14	22,054
21. Issued during year .....										
22. Other changes to in force (Net) .....		1,133		(18,129)					1,133	(18,129)
23. In force December 31 of current year		1,147	(a)	3,925					1,147	3,925

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....		203			
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....		203			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					(59)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		44,247			44,247
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		44,247			44,247
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		78,650			78,650
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		78,650			78,650
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		29		.81,892					.29	.81,892
Settled during current year:										
18.1 By payment in full .....		28		.78,650					.28	.78,650
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		28		.78,650					.28	.78,650
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		28		.78,650					.28	.78,650
19. Unpaid Dec. 31, current year (16+17-18.6) .....		1		3,243					1	3,243
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			2,120	(a) 21,914,558					2,120	21,914,558
21. Issued during year .....										
22. Other changes to in force (Net) .....		(680)		(10,638,493)					(680)	(10,638,493)
23. In force December 31 of current year .....		1,440	(a)	11,276,065					1,440	11,276,065

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	12,152	99,921		159,966	85,653
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	12,152	99,921		159,966	85,653
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		178,665			178,665
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		178,665			178,665
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		175,541			175,541
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		175,541			175,541
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	<b>Credit Life (Group and Individual)</b>		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		13		175,541					13	175,541
Settled during current year:										
18.1 By payment in full .....		13		175,541					13	175,541
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		13		175,541					13	175,541
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		13		175,541					13	175,541
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
		749	(a)	21,615,840	No. of Policies				749	21,615,840
21. Issued during year .....										
22. Other changes to in force (Net) .....		(100)		(4,024,698)					(100)	(4,024,698)
23. In force December 31 of current year .....		649	(a)	17,591,141					649	17,591,141

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	126,543	119,627		23,326	(3,637)
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	126,543	119,627		23,326	(3,637)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(4,533)			(4,533)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(4,533)			(4,533)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		7,014			7,014
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		7,014			7,014
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		2		7,014					2	7,014
Settled during current year:										
18.1 By payment in full .....		2		7,014					2	7,014
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		2		7,014					2	7,014
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		2		7,014					2	7,014
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....			327	(a) 1,945,623	No. of Policies				327	1,945,623
21. Issued during year .....										
22. Other changes to in force (Net) .....		5,228		(1,160,433)					5,228	(1,160,433)
23. In force December 31 of current year .....		5,555	(a) 785,191						5,555	785,191

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	(2,199)	6,008			(629)
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	(2,199)	6,008			(629)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(273,858)			(273,858)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(273,858)			(273,858)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		618,090			618,090
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		618,090			618,090
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....		2		27,809				2		27,809
17. Incurred during current year .....		107		638,881				107		.638,881
Settled during current year:										
18.1 By payment in full .....		106		618,090				106		.618,090
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		106		618,090				106		.618,090
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		106		618,090				106		.618,090
19. Unpaid Dec. 31, current year (16+17-18.6) .....		3		48,600				3		48,600
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			18,390	(a) 151,909,310					18,390	151,909,310
21. Issued during year .....										
22. Other changes to in force (Net) .....			(8,154)	(82,987,634)					(8,154)	(82,987,634)
23. In force December 31 of current year .....			10,236	(a) 68,921,676					10,236	68,921,676

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	(245,475)	832,147			
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	(245,475)	832,147			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	(245,475)	832,147			
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....				0	and number of persons insured under indemnity only products .....
				0	



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....			5,007			5,007
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4) .....			5,007			5,007
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....						
Annuities:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3) .....						
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....			19,541			19,541
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....			19,541			19,541
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....				19,541						19,541
Settled during current year:										
18.1 By payment in full .....				19,541						19,541
18.2 By payment on compromised claims .....										
18.3 Totals paid .....				19,541						19,541
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....				19,541						19,541
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....				76 (a) 1,528,656					76	1,528,656
21. Issued during year .....										
22. Other changes to in force (Net) .....				2,608 (817,859)					2,608	(817,859)
23. In force December 31 of current year .....				2,684 (a) 710,798					2,684	710,798

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....		5,528	5,420		3,601	(1,492)
24.3 Collectively renewable policies (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancelable (b) .....						
25.2 Guaranteed renewable (b) .....						
25.3 Non-renewable for stated reasons only (b) .....						
25.4 Other accident only .....						
25.5 All other (b) .....						
25.6 Totals (sum of Lines 25.1 to 25.5) .....		5,528	5,420		3,601	(1,492)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....						

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		29,996			29,996
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		29,996			29,996
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		132,552			132,552
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		132,552			132,552
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		2	132,552						2	132,552
Settled during current year:										
18.1 By payment in full .....		2	132,552						2	132,552
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		2	132,552						2	132,552
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		2	132,552						2	132,552
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....			125	(a) 3,279,599					125	3,279,599
21. Issued during year .....										
22. Other changes to in force (Net) .....		(34)		(1,086,550)					(34)	(1,086,550)
23. In force December 31 of current year .....		91	(a)	2,193,049					91	2,193,049

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	25,495	24,102		18,055	1,275
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	25,495	24,102		18,055	1,275
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		10,589			10,589
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		10,589			10,589
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		100,444			100,444
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		100,444			100,444
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....			1	100,093					1	100,093
17. Incurred during current year .....			(1)	351					(1)	351
Settled during current year:										
18.1 By payment in full .....				100,444						100,444
18.2 By payment on compromised claims .....										
18.3 Totals paid .....				100,444						100,444
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....				100,444						100,444
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....			38	(a) 1,219,912					38	1,219,912
21. Issued during year .....										
22. Other changes to in force (Net) .....			(11)	(420,344)					(11)	(420,344)
23. In force December 31 of current year .....			27	(a) 799,568					27	799,568

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	6,621	6,259			
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	6,621	6,259			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					(227)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**DIRECT BUSINESS IN THE STATE OF New Hampshire**

## DURING THE YEAR 2017

NAIC Group Code 0869

NAIC Company Code 65811

## LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....						
2. Annuity considerations .....						
3. Deposit-type contract funds .....			XXX			
4. Other considerations .....					XXX	
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals						
DETAILS OF WRITE-INS						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....				(a)						
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

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

....., current year \$ .....  
....., current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE					
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ ....., current year \$ .....

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

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			1 (a)	8,145					1	8,145
21. Issued during year .....										
22. Other changes to in force (Net) .....			(1)	(8,145)					(1)	(8,145)
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		274,700			274,700
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		274,700			274,700
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		454,509			454,509
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		454,509			454,509
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....			1	2,016					1	2,016
17. Incurred during current year .....			16	452,494					16	452,494
Settled during current year:										
18.1 By payment in full .....			17	454,509					17	454,509
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			17	454,509					17	454,509
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			17	454,509					17	454,509
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....									2,366	52,639,441
21. Issued during year .....			2,366	(a) 52,639,441						
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(675)	(10,724,303)					(675)	(10,724,303)
									1,691	41,915,138

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	61,276	118,241		171,774	87,683
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	61,276	118,241		171,774	87,683
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....				(a)						
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....			20,867			20,867
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4) .....			20,867			20,867
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....						
Annuities:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3) .....						
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....			26,822			26,822
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....			26,822			26,822
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....			1	26,822					1	26,822
Settled during current year:										
18.1 By payment in full .....			1	26,822					1	26,822
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			1	26,822					1	26,822
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			1	26,822					1	26,822
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			105	(a) 2,867,504					105	2,867,504
21. Issued during year .....										
22. Other changes to in force (Net) .....			78	(1,201,067)					.78	(1,201,067)
23. In force December 31 of current year .....			183	(a) 1,666,438					183	1,666,438

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	16,248	15,463		10,001	8,985
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	16,248	15,463		10,001	8,985
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		293,740			293,740
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		293,740			293,740
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		260,485			260,485
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		260,485			260,485
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	<b>Credit Life (Group and Individual)</b>		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....		5		14,738				5		14,738
17. Incurred during current year .....		119		261,513				119		261,513
Settled during current year:										
18.1 By payment in full .....		123		260,485				123		260,485
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		123		260,485				123		260,485
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		123		260,485				123		260,485
19. Unpaid Dec. 31, current year (16+17-18.6) .....		1		15,766				1		15,766
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....			4,823	(a) 118,237,833	<b>No. of Policies</b>				4,823	118,237,833
21. Issued during year .....										
22. Other changes to in force (Net) .....		(3,483)		(95,524,315)				(3,483)		(95,524,315)
23. In force December 31 of current year .....		1,340	(a) 22,713,518					1,340		22,713,518

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	237,559	269,360		731,808	145,896
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	237,559	269,360		731,808	145,896
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(62)			(62)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(62)			(62)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....			3 (a)	71,514					3	71,514
21. Issued during year .....										
22. Other changes to in force (Net) .....			57	(20,298)					.57	(20,298)
23. In force December 31 of current year .....			60 (a)	51,217					60	51,217

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		115,331			115,331
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		115,331			115,331
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		87,040			87,040
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		87,040			87,040
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		9		87,040					9	87,040
Settled during current year:										
18.1 By payment in full .....		9		87,040					9	87,040
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		9		87,040					9	87,040
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		9		87,040					9	87,040
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			456	(a) 17,206,238					456	17,206,238
21. Issued during year .....										
22. Other changes to in force (Net) .....		51		(9,626,179)					.51	(9,626,179)
23. In force December 31 of current year .....		507	(a)	7,580,059					507	7,580,059

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	88,007	83,677		85,681	31,093
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	88,007	83,677		85,681	31,093
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		36,571			36,571
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		36,571			36,571
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....			1						1	
17. Incurred during current year .....			3						3	
Settled during current year:										
18.1 By payment in full .....			3						3	
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			3						3	
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			3						3	
19. Unpaid Dec. 31, current year (16+17-18.6) .....			1						1	
<b>POLICY EXHIBIT</b>					6. No. of Policies					
20. In force December 31, prior year .....			370	(a) 6,923,911					370	6,923,911
21. Issued during year .....										
22. Other changes to in force (Net) .....			(166)	(2,880,800)					(166)	(2,880,800)
23. In force December 31 of current year .....			204	(a) 4,043,111					204	4,043,111

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	4,933	35,944		20,076	(33,675)
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	4,933	35,944		20,076	(33,675)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

## DURING THE YEAR 2017

NAIC Group Code 0869

NAIC Company Code 65811

## LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....				(a)						
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

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

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$ , current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE					
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ ....., current year \$ .....

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

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

**NONE**



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		9,982			9,982
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		9,982			9,982
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	<b>Credit Life (Group and Individual)</b>		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>				No. of Policies						
20. In force December 31, prior year .....		42 (a)	964,349					42	964,349	
21. Issued during year .....										
22. Other changes to in force (Net) .....		29	(355,410)					29	(355,410)	
23. In force December 31 of current year .....		71 (a)	608,938					71	608,938	

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	6,432	6,412		438	(2,609)
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	6,432	6,412		438	(2,609)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		22,732			22,732
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		22,732			22,732
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		94,395			94,395
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		94,395			94,395
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		9		94,395					9	94,395
Settled during current year:										
18.1 By payment in full .....		9		94,395					9	94,395
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		9		94,395					9	94,395
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		9		94,395					9	94,395
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			510	(a) 4,655,486					510	4,655,486
21. Issued during year .....										
22. Other changes to in force (Net) .....		405		(2,993,736)					405	(2,993,736)
23. In force December 31 of current year .....		915	(a)	1,661,750					915	1,661,750

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	11,605	16,329		17,289	15,525
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	11,605	16,329		17,289	15,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(27)			(27)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(27)			(27)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....			1						1	
Settled during current year:										
18.1 By payment in full .....			1						1	
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			1						1	
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			1						1	
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			24 (a) 361,505						24	361,505
21. Issued during year .....										
22. Other changes to in force (Net) .....			(22) (160,429)						(22)	(160,429)
23. In force December 31 of current year .....			2 (a) 201,077						2	201,077

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		11,818			11,818
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		11,818			11,818
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....			3						3	
Settled during current year:										
18.1 By payment in full .....			3						3	
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			3						3	
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			3						3	
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			42 (a) 1,648,759						42	1,648,759
21. Issued during year .....										
22. Other changes to in force (Net) .....			(3) (670,759)						(3)	(670,759)
23. In force December 31 of current year .....			39 (a) 978,001						39	978,001

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	6,981	6,599			33
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	6,981	6,599			33
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:						
25.1 Non-cancelable (b) .....						
25.2 Guaranteed renewable (b) .....						
25.3 Non-renewable for stated reasons only (b) .....						
25.4 Other accident only .....						
25.5 All other (b) .....						
25.6 Totals (sum of Lines 25.1 to 25.5) .....						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....						

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		(161)			(161)
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		(161)			(161)
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year .....		2		11,730				2		11,730
17. Incurred during current year .....		(1)		(11,731)				(1)		(11,731)
Settled during current year:										
18.1 By payment in full .....		1							1	
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		1							1	
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		1							1	
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....		37	(a)	183,267	No. of Policies				37	183,267
21. Issued during year .....										
22. Other changes to in force (Net) .....		67		(105,400)					67	(105,400)
23. In force December 31 of current year .....		104	(a)	77,868					104	77,868

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	(90)	1,039		348	85
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	(90)	1,039		348	85
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	(90)	1,039		348	85

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		115,739			115,739
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		115,739			115,739
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		104,654			104,654
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		104,654			104,654
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	<b>Credit Life (Group and Individual)</b>		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		9		104,654					9	104,654
Settled during current year:										
18.1 By payment in full .....		9		104,654					9	104,654
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		9		104,654					9	104,654
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		9		104,654					9	104,654
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....					No. of Policies					
21. Issued during year .....		504	(a)	19,550,946					504	19,550,946
22. Other changes to in force (Net) .....									(204)	(9,753,858)
23. In force December 31 of current year .....		300	(a)	9,797,088					300	9,797,088

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	88,355	84,197		102,877	72,578
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	88,355	84,197		102,877	72,578
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....			20,113			20,113
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4) .....			20,113			20,113
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....						
Annuities:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3) .....						
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....			37,745			37,745
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....			37,745			37,745
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....		19		37,745					19	37,745
Settled during current year:										
18.1 By payment in full .....		19		37,745					19	37,745
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		19		37,745					19	37,745
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		19		37,745					19	37,745
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			556	(a) 5,674,750					556	5,674,750
21. Issued during year .....										
22. Other changes to in force (Net) .....		(436)		(2,134,834)					(436)	(2,134,834)
23. In force December 31 of current year .....		120	(a)	3,539,916					120	3,539,916

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	(3,574)	6,262		6,268	367
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	(3,574)	6,262		6,268	367
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		131,555			131,555
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		131,555			131,555
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		208,859			208,859
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		208,859			208,859
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	<b>Credit Life (Group and Individual)</b>		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....			1	29,524				1		29,524
17. Incurred during current year .....			12	179,336				12		179,336
Settled during current year:										
18.1 By payment in full .....			13	208,859				13		208,859
18.2 By payment on compromised claims .....										
18.3 Totals paid .....			13	208,859				13		208,859
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....			13	208,859				13		208,859
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....				560	(a) 16,534,964	No. of Policies			560	16,534,964
21. Issued during year .....										
22. Other changes to in force (Net) .....				(181)	(6,069,933)				(181)	(6,069,933)
23. In force December 31 of current year .....				379	(a) 10,465,031				379	10,465,031

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	82,958	78,562		75,069	53,279
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	82,958	78,562		75,069	53,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		3,070			3,070
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		3,070			3,070
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary	Credit Life (Group and Individual)		Group	Industrial	Total				
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
			21 (a)	581,690	No. of Policies				21	581,690
21. Issued during year .....										
22. Other changes to in force (Net) .....			(13)	(372,744)					(13)	(372,744)
23. In force December 31 of current year .....			8 (a)	208,946					8	208,946

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	3,711	3,508		9,180	9,082
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,711	3,508		9,180	9,082
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ ....., current year \$ .....,  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ....., current year \$ .....,  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ....., and number of persons insured under indemnity only products .....

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ ....., current year \$ .....

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

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ .....		current year \$ .....			
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ .....		current year \$ .....			
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .....		current year \$ .....			
<b>ACCIDENT AND HEALTH INSURANCE</b>					
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ....., and number of persons insured under indemnity only products .....

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ ....., current year \$ .....

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

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					
2. Annuity considerations .....					
3. Deposit-type contract funds .....		XXX		XXX	
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year			(a)							

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0869

DURING THE YEAR 2017

NAIC Company Code 65811

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		1,324,043			1,324,043
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....		1,324,043			1,324,043
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....		2,724,255			2,724,255
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....		2,724,255			2,724,255
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
16. Unpaid December 31, prior year .....		16	205,118				16	205,118		
17. Incurred during current year .....		426	2,636,746				426	2,636,746		
Settled during current year:										
18.1 By payment in full .....		435	2,724,255				435	2,724,255		
18.2 By payment on compromised claims .....										
18.3 Totals paid .....		435	2,724,255				435	2,724,255		
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....		435	2,724,255				435	2,724,255		
19. Unpaid Dec. 31, current year (16+17-18.6) .....		7	117,609				7	117,609		
<b>POLICY EXHIBIT</b>				No. of Policies						
20. In force December 31, prior year .....		38,618	(a) 531,404,670					38,618	531,404,670	
21. Issued during year .....										
22. Other changes to in force (Net) .....		(7,618)	(285,215,177)					(7,618)	(285,215,177)	
23. In force December 31 of current year .....		31,000	(a) 246,189,493					31,000	246,189,493	

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....	690,101	2,182,283		1,983,565	81,572
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	690,101	2,182,283		1,983,565	81,572
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....				0	and number of persons insured under indemnity only products .....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	(178,393)
2. Current year's realized pre-tax capital gains/(losses) of \$ 31,085 transferred into the reserve net of taxes of \$ 10,880	20,205
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	(158,188)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	(42,220)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(115,968)

**AMORTIZATION**

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2017 .....	(43,880)	1,660		(42,220)
2. 2018 .....	(55,032)	3,430		(51,602)
3. 2019 .....	(45,256)	3,299		(41,957)
4. 2020 .....	(25,117)	2,867		(22,250)
5. 2021 .....	3,786	2,434		6,220
6. 2022 .....	7,615	1,994		9,609
7. 2023 .....	10,387	1,581		11,968
8. 2024 .....	11,201	1,265		12,466
9. 2025 .....	2,104	923		3,027
10. 2026 .....	(1,890)	567		(1,323)
11. 2027 .....	(1,582)	185		(1,397)
12. 2028 .....	(899)			(899)
13. 2029 .....	(4,402)			(4,402)
14. 2030 .....	(5,101)			(5,101)
15. 2031 .....	(5,507)			(5,507)
16. 2032 .....	(5,016)			(5,016)
17. 2033 .....	(6,741)			(6,741)
18. 2034 .....	(7,385)			(7,385)
19. 2035 .....	(6,292)			(6,292)
20. 2036 .....	486			486
21. 2037 .....	150			150
22. 2038 .....	(6)			(6)
23. 2039 .....	(16)			(16)
24. 2040 .....				
25. 2041 .....				
26. 2042 .....				
27. 2043 .....				
28. 2044 .....				
29. 2045 .....				
30. 2046 .....				
31. 2047 and Later				
32. Total (Lines 1 to 31)	(178,393)	20,205		(158,188)

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

## ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	36,929		36,929				36,929
2. Realized capital gains/(losses) net of taxes - General Account .....							
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....				266,838		266,838	266,838
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....							
7. Basic contribution .....	9,711		9,711				9,711
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	46,639		46,639	266,838		266,838	313,478
9. Maximum reserve .....	55,157		55,157				55,157
10. Reserve objective .....	38,584		38,584				38,584
11. 20% of (Line 10 - Line 8) .....	(1,611)		(1,611)	(53,368)		(53,368)	(54,979)
12. Balance before transfers (Lines 8 + 11) .....	45,028		45,028	213,471		213,471	258,499
13. Transfers .....							
14. Voluntary contribution .....							
15. Adjustment down to maximum/up to zero .....	(6,444)		(6,444)	(213,471)		(213,471)	(219,915)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	38,584		38,584				38,584

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1 2 3 4 5 6 7 8 9	Exempt Obligations	14,356,509	XXX	XXX	14,356,509	0.0000		0.0000		0.0000	
2.		Highest Quality	8,286,438	XXX	XXX	8,286,438	0.0004	3,315	0.0023	19,059	0.0030	24,859
3.		High Quality	3,366,431	XXX	XXX	3,366,431	0.0019	6,396	0.0058	19,525	0.0090	30,298
4.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
5.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
6.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
7.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	26,009,378	XXX	XXX	26,009,378	XXX	9,711	XXX	38,584	XXX	55,157
PREFERRED STOCK												
10.	1 2 3 4 5 6 7	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	
SHORT - TERM BONDS												
18.	1 2 3 4 5 6 7	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
20.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.	1 2 3 4 5 6 7	Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	26,009,378	XXX	XXX	26,009,378	XXX	9,711	XXX	38,584	XXX	55,157

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality .....				XXX		0.0010		0.0050		0.0065
36.		Farm Mortgages - CM2 - High Quality .....				XXX		0.0035		0.0100		0.0130
37.		Farm Mortgages - CM3 - Medium Quality .....				XXX		0.0060		0.0175		0.0225
38.		Farm Mortgages - CM4 - Low Medium Quality .....				XXX		0.0105		0.0300		0.0375
39.		Farm Mortgages - CM5 - Low Quality .....				XXX		0.0160		0.0425		0.0550
40.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0003		0.0006		0.0010
41.		Residential Mortgages - All Other .....				XXX		0.0013		0.0030		0.0040
42.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0003		0.0006		0.0010
43.		Commercial Mortgages - All Other - CM1 - Highest Quality .....				XXX		0.0010		0.0050		0.0065
44.		Commercial Mortgages - All Other - CM2 - High Quality .....				XXX		0.0035		0.0100		0.0130
45.		Commercial Mortgages - All Other - CM3 - Medium Quality .....				XXX		0.0060		0.0175		0.0225
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality .....				XXX		0.0105		0.0300		0.0375
47.		Commercial Mortgages - All Other - CM5 - Low Quality .....				XXX		0.0160		0.0425		0.0550
Overdue, Not in Process:												
48.		Farm Mortgages .....				XXX		0.0420		0.0760		0.1200
49.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0005		0.0012		0.0020
50.		Residential Mortgages - All Other .....				XXX		0.0025		0.0058		0.0090
51.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0005		0.0012		0.0020
52.		Commercial Mortgages - All Other .....				XXX		0.0420		0.0760		0.1200
In Process of Foreclosure:												
53.		Farm Mortgages .....				XXX		0.0000		0.1700		0.1700
54.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0000		0.0040		0.0040
55.		Residential Mortgages - All Other .....				XXX		0.0000		0.0130		0.0130
56.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0000		0.0040		0.0040
57.		Commercial Mortgages - All Other .....				XXX		0.0000		0.1700		0.1700
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)				XXX		XXX		XXX		XXX
59.		Schedule DA Mortgages				XXX		0.0030		0.0100		0.0130
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)				XXX		XXX		XXX		XXX

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		COMMON STOCK										
2.		Unaffiliated - Public		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
3.		Unaffiliated - Private		XXX	XXX		0.0000		0.1600		0.1600	
4.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0050		0.0080	
4.		Affiliated - Life with AVR	12,807,930	XXX	XXX	12,807,930	0.0000		0.0000		0.0000	
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
7.		Fixed Income - Highest Quality					XXX		XXX		XXX	
8.		Fixed Income - High Quality					XXX		XXX		XXX	
9.		Fixed Income - Medium Quality					XXX		XXX		XXX	
10.		Fixed Income - Low Quality					XXX		XXX		XXX	
11.		Fixed Income - Lower Quality					XXX		XXX		XXX	
12.		Fixed Income - In/Near Default					XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public					0.0000		0.1300 (a)		0.1300 (a)	
14.		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
15.		Real Estate					(b)		(b)		(b)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1600		0.1600	
17.		Total Common Stock (Sum of Lines 1 through 16)	12,807,930			12,807,930	XXX		XXX		XXX	
18.		REAL ESTATE										
19.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
20.		Investment Properties					0.0000		0.0750		0.0750	
21.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
22.		OTHER INVESTED ASSETS										
22.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23.	1	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
24.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
24.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
25.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
26.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
27.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality .....		XXX	XXX		0.0004		0.0023		0.0030	
31.	2	High Quality .....		XXX	XXX		0.0019		0.0058		0.0090	
32.	3	Medium Quality .....		XXX	XXX		0.0093		0.0230		0.0340	
33.	4	Low Quality .....		XXX	XXX		0.0213		0.0530		0.0750	
34.	5	Lower Quality .....		XXX	XXX		0.0432		0.1100		0.1700	
35.	6	In or Near Default .....		XXX	XXX		0.0000		0.2000		0.2000	
36.		Affiliated Life with AVR .....		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
33		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
	38.	Mortgages - CM1 - Highest Quality .....			XXX		0.0010		0.0050		0.0065	
	39.	Mortgages - CM2 - High Quality .....			XXX		0.0035		0.0100		0.0130	
	40.	Mortgages - CM3 - Medium Quality .....			XXX		0.0060		0.0175		0.0225	
	41.	Mortgages - CM4 - Low Medium Quality .....			XXX		0.0105		0.0300		0.0375	
	42.	Mortgages - CM5 - Low Quality .....			XXX		0.0160		0.0425		0.0550	
	43.	Residential Mortgages - Insured or Guaranteed .....			XXX		0.0003		0.0006		0.0010	
	44.	Residential Mortgages - All Other .....			XXX		0.0013		0.0030		0.0040	
	45.	Commercial Mortgages - Insured or Guaranteed .....			XXX		0.0003		0.0006		0.0010	
		Overdue, Not in Process Affiliated:										
	46.	Farm Mortgages .....			XXX		0.0420		0.0760		0.1200	
	47.	Residential Mortgages - Insured or Guaranteed .....			XXX		0.0005		0.0012		0.0020	
	48.	Residential Mortgages - All Other .....			XXX		0.0025		0.0058		0.0090	
	49.	Commercial Mortgages - Insured or Guaranteed .....			XXX		0.0005		0.0012		0.0020	
	50.	Commercial Mortgages - All Other .....			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure Affiliated:										
	51.	Farm Mortgages .....			XXX		0.0000		0.1700		0.1700	
	52.	Residential Mortgages - Insured or Guaranteed .....			XXX		0.0000		0.0040		0.0040	
	53.	Residential Mortgages - All Other .....			XXX		0.0000		0.0130		0.0130	
	54.	Commercial Mortgages - Insured or Guaranteed .....			XXX		0.0000		0.0040		0.0040	
	55.	Commercial Mortgages - All Other .....			XXX		0.0000		0.1700		0.1700	
	56.	Total Affiliated (Sum of Lines 38 through 55) .....			XXX		XXX		XXX		XXX	
	57.	Unaffiliated - In Good Standing With Covenants .....			XXX		(c)		(c)		(c)	
	58.	Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX		0.0010		0.0050		0.0065	
	59.	Unaffiliated - In Good Standing Primarily Senior .....			XXX		0.0035		0.0110		0.0130	
	60.	Unaffiliated - In Good Standing All Other .....			XXX		0.0060		0.0175		0.0225	
	61.	Unaffiliated - Overdue, Not in Process .....			XXX		0.0420		0.0760		0.1200	
	62.	Unaffiliated - In Process of Foreclosure .....			XXX		0.0000		0.1700		0.1700	
	63.	Total Unaffiliated (Sum of Lines 57 through 62) .....			XXX		XXX		XXX		XXX	
	64.	Total with Mortgage Loan Characteristics (Lines 56 + 63) .....			XXX		XXX		XXX		XXX	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public .....		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
67.		Unaffiliated Private .....		XXX	XXX		0.0000		0.1600		0.1600	
68.		Affiliated Life with AVR .....		XXX	XXX		0.0000		0.0000		0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX		0.0000		0.1300		0.1300	
70.		Affiliated Other - All Other .....		XXX	XXX		0.0000		0.1600		0.1600	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only) .....					0.0000		0.0750		0.0750	
73.		Investment Properties .....					0.0000		0.0750		0.0750	
74.		Properties Acquired in Satisfaction of Debt .....					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit .....					0.0003		0.0006		0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit .....					0.0063		0.0120		0.0190	
78.		Guaranteed State Low Income Housing Tax Credit .....					0.0003		0.0006		0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit .....					0.0063		0.0120		0.0190	
80.		All Other Low Income Housing Tax Credit .....					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments .....		XXX			0.0000		0.0037		0.0037	
83.		NAIC 2 Working Capital Finance Investments .....		XXX			0.0000		0.0120		0.0120	
84.		Other Invested Assets - Schedule BA .....		XXX			0.0000		0.1300		0.1300	
85.		Other Short-Term Invested Assets - Schedule DA .....		XXX			0.0000		0.1300		0.1300	
		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)					XXX		XXX		XXX	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve Replications (Synthetic) Assets

**N O N E**

Schedule F - Claims

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %		
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written .....	25,672	XXX		XXX	25,672	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned .....	1,641,050	XXX		XXX	1,641,050	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims .....	202,395	12.3			202,395	12.3												
4. Cost containment expenses .....																		
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	202,395	12.3			202,395	12.3												
6. Increase in contract reserves .....																		
7. Commissions (a) .....	(40,490)	(2.5)			(40,490)	(2.5)												
8. Other general insurance expenses .....	487,077	29.7			487,077	29.7												
9. Taxes, licenses and fees .....	139,887	8.5			139,887	8.5												
10. Total other expenses incurred .....	586,474	35.7			586,474	35.7												
11. Aggregate write-ins for deductions .....																		
12. Gain from underwriting before dividends or refunds .....	852,181	51.9			852,181	51.9												
13. Dividends or refunds .....																		
14. Gain from underwriting after dividends or refunds .....	852,181	51.9			852,181	51.9												
<b>DETAILS OF WRITE-INS</b>																		
1101. ....																		
1102. ....																		
1103. ....																		
1198. Summary of remaining write-ins for Line 11 from overflow page .....																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....																		

(a) Includes \$ ..... reported as "Contract, membership and other fees retained by agents."

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums	1,005,678			1,005,678					
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	1,005,678			1,005,678					
5. Total premium reserves, prior year	2,621,055			2,621,055					
6. Increase in total premium reserves	(1,615,377)			(1,615,377)					
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year	937,948			937,948					
2. Total prior year	1,652,886			1,652,886					
3. Increase	(714,938)			(714,938)					

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	800,128			800,128					
1.2 On claims incurred during current year	117,205			117,205					
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	643,494			643,494					
2.2 On claims incurred during current year	294,454			294,454					
3. Test:									
3.1 Lines 1.1 and 2.1	1,443,622			1,443,622					
3.2 Claim reserves and liabilities, December 31, prior year	1,652,886			1,652,886					
3.3 Line 3.1 minus Line 3.2	(209,264)			(209,264)					

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	.19,501			.19,501					
2. Premiums earned	.19,501			.19,501					
3. Incurred claims	.711,231			.711,231					
4. Commissions	2,041			2,041					
B. Reinsurance Ceded:									
1. Premiums written	557,768			557,768					
2. Premiums earned	560,734			560,734					
3. Incurred claims	590,410			590,410					
4. Commissions	458,147			458,147					

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims .....			81,572	81,572
2. Beginning Claim Reserves and Liabilities .....			3,728,998	3,728,998
3. Ending Claim Reserves and Liabilities .....			1,827,005	1,827,005
4. Claims Paid			1,983,565	1,983,565
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims.....			711,231	711,231
6. Beginning Claim Reserves and Liabilities .....			108,221	108,221
7. Ending Claim Reserves and Liabilities .....			46,101	46,101
8. Claims Paid			773,351	773,351
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims.....			590,410	590,410
10. Beginning Claim Reserves and Liabilities .....			2,305,510	2,305,510
11. Ending Claim Reserves and Liabilities .....			1,127,501	1,127,501
12. Claims Paid			1,768,419	1,768,419
<b>D. Net:</b>				
13. Incurred Claims.....			202,393	202,393
14. Beginning Claim Reserves and Liabilities .....			1,531,709	1,531,709
15. Ending Claim Reserves and Liabilities .....			745,605	745,605
16. Claims Paid			988,497	988,497
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred Claims and Cost Containment Expenses			202,393	202,393
18. Beginning Reserves and Liabilities .....			1,531,709	1,531,709
19. Ending Reserves and Liabilities .....			745,605	745,605
20. Paid Claims and Cost Containment Expenses			988,497	988,497

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 1 - SECTION 1**

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates											
0699999. Total General Account - Non-U.S. Affiliates											
0799999. Total General Account - Affiliates											
.....60242 .....	.....61-1316749 .....	.....04/12/1999 .....	Southern Financial Life Insurance Company	KY	CO/G	1,221,529	294	6,369	1,551		
0899999. General Account - U.S. Non-Affiliates						1,221,529	294	6,369	1,551		
1099999. Total General Account - Non-Affiliates						1,221,529	294	6,369	1,551		
1199999. Total General Account						1,221,529	294	6,369	1,551		
1499999. Total Separate Accounts - U.S. Affiliates											
1799999. Total Separate Accounts - Non-U.S. Affiliates											
1899999. Total Separate Accounts - Affiliates											
2199999. Total Separate Accounts - Non-Affiliates											
2299999. Total Separate Accounts											
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						1,221,529	294	6,369	1,551		
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)											
9999999 - Totals						1,221,529	294	6,369	1,551		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates											
0699999. Total - Non-U.S. Affiliates											
0799999. Total - Affiliates											
.....60242 ..61-1316749 ...04/12/1999 ...Southern Financial Life Insurance Company .....	KY		CO/G			19,501		41,084	5,017		
0899999. U.S. Non-Affiliates						19,501		41,084	5,017		
1099999. Total - Non-Affiliates						19,501		41,084	5,017		
1199999. Total U.S. (Sum of 0399999 and 0899999)						19,501		41,084	5,017		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)											
.....9999999 - Totals						19,501		41,084	5,017		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance										
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year												
039999. Total General Account - Authorized U.S. Affiliates																								
069999. Total General Account - Authorized Non-U.S. Affiliates																								
079999. Total General Account - Authorized Affiliates																								
82627	.06-0839705	01/01/2013	SWISS RE LIFE & HEALTH AMERICA INC.	CT	CAT/G.	CL			8			.80												
37273	.39-1338397	01/01/2013	AXIS INSURANCE COMPANY	IL	CAT/G.	CL			8			.70												
16535	.36-4233459	01/01/2013	ZURICH AMERICAN INSURANCE COMPANY	NY	CAT/G.	CL			10			.89												
93572	.43-1235868	01/01/2013	RGA RE INSURANCE COMPANY	MO	CAT/G.	CL			11			.96												
11835	.04-1590940	01/01/2017	PARTNER RE AMERICA INSURANCE COMPANY	DE	CAT/G.	CL			4			.19												
10227	.13-4924125	01/01/2013	MUNICH REINSURANCE AMERICA INC.	DE	CAT/G.	CL			3			.34												
089999. General Account - Authorized U.S. Non-Affiliates																								
00000	AA-1120337	01/01/2016	ASPEN INSURANCE UK LIMITED	GBR	CAT/G.	CL						(13)												
00000	AA-1120055	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AFB 3623	GBR	CAT/G.	CL			5			.42												
00000	AA-1126033	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. HIS 0033	GBR	CAT/G.	CL			5			.40												
00000	AA-1126609	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. AUW 0609	GBR	CAT/G.	CL			2			.15												
00000	AA-1126005	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. PEM 4000	GBR	CAT/G.	CL			1			.8												
00000	AA-1120158	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. ACA 2014	GBR	CAT/G.	CL			1			.9												
00000	AA-1120085	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AUW 1274	GBR	CAT/G.	CL			1			.7												
00000	AA-1127084	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. CS 1084	GBR	CAT/G.	CL						.3												
00000	AA-1126382	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. HDU 0382	GBR	CAT/G.	CL						.4												
00000	AA-1128003	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. SJC 2003	GBR	CAT/G.	CL			1			.8												
00000	AA-1127861	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. ANV 1861	GBR	CAT/G.	CL						.3												
00000	AA-1120048	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. ANV 5820	GBR	CAT/G.	CL						.2												
00000	AA-1120106	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. APL 1969	GBR	CAT/G.	CL						.1												
00000	AA-1120124	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. SII 1945	GBR	CAT/G.	CL			3			.22												
00000	AA-1120064	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. CVS 1919	GBR	CAT/G.	CL			2			.16												
00000	AA-1126510	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. KLN 0510	GBR	CAT/G.	CL			3			.21												
00000	AA-1120075	01/01/2013	LLOYD's UNDERWRITER SYNDICATE NO. ARK 4020	GBR	CAT/G.	CL			2			.14												
00000	AA-1126780	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. ADV 0780	GBR	CAT/G.	CL			1			.5												
00000	AA-1127301	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. SCC 1301	GBR	CAT/G.	CL						.3												
00000	AA-1120163	01/01/2016	LLOYD's UNDERWRITER SYNDICATE NO. VSM 5678	GBR	CAT/G.	CL			1			.8												
00000	AA-1128897	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. BRT 2987	GBR	CAT/G.	CL			1			.7												
00000	AA-1120090	01/01/2016	LLOYD's UNDERWRITER SYNDICATE NO. ASP 4711	GBR	CAT/G.	CL			7			.89												
00000	AA-1120104	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AAL 2012	GBR	CAT/G.	CL			3			.28												
00000	AA-1126006	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. LIB 4472	GBR	CAT/G.	CL			3			.23												
00000	AA-1128001	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AML 2001	GBR	CAT/G.	CL			1			.6												
00000	AA-1120113	01/01/2016	LLOYD's UNDERWRITER SYNDICATE NO. HAM 3334	GBR	CAT/G.	CL			1			.8												
00000	AA-1127200	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. AMA 1200	GBR	CAT/G.	CL			1			.8												
00000	AA-1127183	01/01/2016	LLOYD's UNDERWRITER SYNDICATE NO. TAI 1183	GBR	CAT/G.	CL																		
00000	AA-1120114	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. CHN 2015	GBR	CAT/G.	CL																		
00000	AA-1126003	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. TRV 5000	GBR	CAT/G.	CL																		
00000	AA-1126566	01/01/2016	LLOYD's UNDERWRITER SYNDICATE NO. STN 0566	GBR	CAT/G.	CL																		
00000	AA-1120071	01/01/2014	LLOYD's UNDERWRITER SYNDICATE NO. NVA 2007	GBR	CAT/G.	CL																		
00000	AA-1120103	01/01/2015	LLOYD's UNDERWRITER SYNDICATE NO. WRB 1967	GBR	CAT/G.	CL						(1)												
099999. General Account - Authorized Non-U.S. Non-Affiliates																								
109999. Total General Account - Authorized Non-Affiliates																								
119999. Total General Account Authorized																								
149999. Total General Account - Unauthorized U.S. Affiliates																								
179999. Total General Account - Unauthorized Non-U.S. Affiliates																								
189999. Total General Account - Unauthorized Affiliates																								
93793	.86-0420759	05/06/1999	MIAMI VALLEY INSURANCE COMPANY	AZ	CO/G.	CL	319,789	5,066	.31,525		(1,460)													
97381	.86-0441303	10/19/2001	US BANCORP INS CO	VT	CO/G.	CL	117,241,041		3,912		1,243,671													
199999. General Account - Unauthorized U.S. Non-Affiliates																								
00000	.98-0558492	01/01/1994	DEVONSHIRE TCI INSURANCE COMPANY LTD	TCA	CO/G.	CL	2,324,091	9	266		54,864													
00000	AA-0052804	06/28/2006	FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD	TCA	CO/G.	CL	817,553	23,138	52,224		(1,905)													
00000	98-1132003	10/01/2013	FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD	TCA	CO/G.	CL	29,836,863	39,009	107,761		(305,608)			466,829										

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	12 Outstanding Surplus Relief	13 Prior Year	14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year					
00000	AA-0051293	07/01/2008	INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD	TCA	CO/G.	CL	3,873,441	39,055	104,281	(19,941)				
00000	AA-0040087	07/01/2008	CASTLETON FINANCIAL INS CO LTD	VGB	CO/G.	CL	559,004	5,860	16,938	(2,152)				
2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates						37,410,952	107,071	281,470	(274,742)				466,829
2199999.	Total General Account - Unauthorized Non-Affiliates						154,971,782	112,137	316,907	967,469				466,829
2299999.	Total General Account Unauthorized						154,971,782	112,137	316,907	967,469				466,829
2599999.	Total General Account - Certified U.S. Affiliates													
2899999.	Total General Account - Certified Non-U.S. Affiliates													
2999999.	Total General Account - Certified Affiliates													
3299999.	Total General Account - Certified Non-Affiliates													
3399999.	Total General Account Certified													
3499999.	Total General Account Authorized, Unauthorized and Certified						154,971,782	112,225	316,907	968,235				466,829
3799999.	Total Separate Accounts - Authorized U.S. Affiliates													
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates													
4199999.	Total Separate Accounts - Authorized Affiliates													
4499999.	Total Separate Accounts - Authorized Non-Affiliates													
4599999.	Total Separate Accounts Authorized													
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates													
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
5299999.	Total Separate Accounts - Unauthorized Affiliates													
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates													
5699999.	Total Separate Accounts Unauthorized													
5999999.	Total Separate Accounts - Certified U.S. Affiliates													
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates													
6399999.	Total Separate Accounts - Certified Affiliates													
6699999.	Total Separate Accounts - Certified Non-Affiliates													
6799999.	Total Separate Accounts Certified													
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified													
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						117,560,830	5,110	35,437	1,242,599				
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						37,410,952	107,115	281,470	(274,364)				466,829
9999999.	Totals						154,971,782	112,225	316,907	968,235				466,829

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates												
0699999.	Total General Account - Authorized Non-U.S. Affiliates												
0799999.	Total General Account - Authorized Affiliates												
1099999.	Total General Account - Authorized Non-Affiliates												
1199999.	Total General Account Authorized												
1499999.	Total General Account - Unauthorized U.S. Affiliates												
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates												
1899999.	Total General Account - Unauthorized Affiliates												
93793	.86-0420759	.05/06/1999	MIAMI VALLEY INSURANCE COMPANY	AZ	CO/G...	CAH...		52	.418,855				1,923
97381	.86-0441303	.10/19/2001	US BANCORP INS CO	VT	CO/G...	CAH...	772,702	845	138,502				
1999999.	General Account - Unauthorized U.S. Non-Affiliates						772,702	897	557,357				1,923
00000	.98-0558492	.01/01/1994	DEVONSHIRE TCI INSURANCE COMPANY LTD	TCA	CO/G...	CAH...		81,014		200,230			
00000	.AA-0052804	.06/28/2006	FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD	TCA	CO/G...	CAH...		(659)					31,551
00000	.98-1132003	.10/01/2013	FIRST LIFE & CASUALTY REINS CO LTD	TCA	CO/G...	CAH...		(250,908)					503,046
00000	.AA-0051293	.07/01/2008	INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD	TCA	CO/G...	CAH...		(40,711)					123,337
00000	.AA-0040087	.07/01/2008	CASTLETON FINANCIAL INS CO LTD	VGB	CO/G...	CAH...		(3,669)					9,259
2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates						(214,933)			200,230			667,193
2199999.	Total General Account - Unauthorized Non-Affiliates						557,769	897	757,587				669,116
2299999.	Total General Account Unauthorized						557,769	897	757,587				669,116
2599999.	Total General Account - Certified U.S. Affiliates												
2899999.	Total General Account - Certified Non-U.S. Affiliates												
2999999.	Total General Account - Certified Affiliates												
3299999.	Total General Account - Certified Non-Affiliates												
3399999.	Total General Account Certified												
3499999.	Total General Account Authorized, Unauthorized and Certified						557,769	897	757,587				669,116
3799999.	Total Separate Accounts - Authorized U.S. Affiliates												
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates												
4199999.	Total Separate Accounts - Authorized Affiliates												
4499999.	Total Separate Accounts - Authorized Non-Affiliates												
4599999.	Total Separate Accounts Authorized												
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates												
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates												
5299999.	Total Separate Accounts - Unauthorized Affiliates												
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates												
5699999.	Total Separate Accounts Unauthorized												
5999999.	Total Separate Accounts - Certified U.S. Affiliates												
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates												
6399999.	Total Separate Accounts - Certified Affiliates												
6699999.	Total Separate Accounts - Certified Non-Affiliates												
6799999.	Total Separate Accounts Certified												
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified												
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						772,702	897	557,357				1,923
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						(214,933)			200,230			667,193
9999999.	Totals						557,769	897	757,587				669,116

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

## SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates									XXX					
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates									XXX					
0799999. Total General Account - Life and Annuity Affiliates									XXX					
.93793 .86-0420759 05/06/1999 MIAMI VALLEY INSURANCE COMPANY				5,066	.406		5,472			.989,361				.5,472
.97381 .86-0441303 10/19/2001 US BANCORP INS CO					322,103	69,605	391,708			1,754,347			202,718	.391,708
0899999. General Account - Life and Annuity U.S. Non-Affiliates				5,066	322,509	69,605	397,180		XXX	2,743,708			202,718	397,180
.00000 .98-0558492 01/01/1994 DEVONSHIRE TCI INSURANCE COMPANY LTD					9	2,510	1,130	.3,649		.583,505				.13,599
.00000 .AA-0052804 06/28/2006 FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD					23,138	.711	.574	.24,423			.263,841			.24,423
.00000 .98-1132003 10/01/2013 FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD					39,009	16,611	.59,720	.115,340			.331,540			.115,340
.00000 .AA-0051293 07/01/2008 INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD					39,055	4,182	2,270	.45,507			.98,469			.1,034
.00000 .AA-0040087 07/01/2008 CASTLETON FINANCIAL INS CO LTD					5,860	.603	.86	.6,549			.42,903			.6,549
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates				107,071	24,617	63,780	195,468		XXX	1,320,258				14,677
1099999. Total General Account - Life and Annuity Non-Affiliates				112,137	347,126	133,385	592,648		XXX	4,063,966				217,395
1199999. Total General Account Life and Annuity				112,137	347,126	133,385	592,648		XXX	4,063,966				217,395
1499999. Total General Account - Accident and Health U.S. Affiliates									XXX					
1799999. Total General Account - Accident and Health Non-U.S. Affiliates									XXX					
1899999. Total General Account - Accident and Health Affiliates									XXX					
.93793 .86-0420759 05/06/1999 MIAMI VALLEY INSURANCE COMPANY					418,907	.118,008	.20	.536,935			.536,935			.536,935
.97381 .86-0441303 10/19/2001 US BANCORP INS CO					139,347	188,551	44,572	372,470			.241,246			131,224
1999999. General Account - Accident and Health U.S. Non-Affiliates					558,254	306,559	44,592	909,405		XXX	778,181			.131,224
.00000 .98-0558492 01/01/1994 DEVONSHIRE TCI INSURANCE COMPANY LTD					200,230	41,716	.926	.242,872			.211,829			.31,043
.00000 .AA-0052804 06/28/2006 FIRST OKLAHOMA LIFE & CASUALTY REINS CO LTD						3,196	1,446	.4,642			.4,642			.4,642
.00000 .98-1132003 10/01/2013 FIRST LIFE & CASUALTY REINSURANCE COMPANY, LTD						15,479	50,776	.66,255			.66,255			.66,255
.00000 .AA-0051293 07/01/2008 INDEPENDENT BANKERS LIFE REINS CO OF INDIANA LTD						2,664	8,942	.11,606			.11,606			.11,606
.00000 .AA-0040087 07/01/2008 CASTLETON FINANCIAL INS CO LTD						300	.346	.646			.646			.646
2099999. General Account - Accident and Health Non-U.S. Non-Affiliates				200,230	63,355	62,436	326,021		XXX	294,978				31,043
2199999. Total General Account - Accident and Health Non-Affiliates				758,484	369,914	107,028	1,235,426		XXX	1,073,159				162,267
2299999. Total General Account Accident and Health				758,484	369,914	107,028	1,235,426		XXX	1,073,159				1,235,426
2399999. Total General Account				870,621	717,040	240,413	1,828,074		XXX	5,137,125				379,662
2699999. Total Separate Accounts - U.S. Affiliates									XXX					
2999999. Total Separate Accounts - Non-U.S. Affiliates									XXX					
3099999. Total Separate Accounts - Affiliates									XXX					
3399999. Total Separate Accounts - Non-Affiliates									XXX					
3499999. Total Separate Accounts									XXX					
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				563,320	629,068	114,197	1,306,585		XXX	3,521,889				333,942
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				307,301	.87,972	126,216	.521,489		XXX	1,615,236				45,720
9999999 - Totals				870,621	717,040	240,413	1,828,074		XXX	5,137,125				379,662
														1,828,074

(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			<b>NONE</b>	

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 6**Five Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....	1,526	6,030	9,017	10,813	11,536
2. Commissions and reinsurance expense allowances .....	1,041	2,601	3,230	4,347	4,778
3. Contract claims .....	3,037	3,362	9,272	7,893	7,949
4. Surrender benefits and withdrawals for life contracts .....					
5. Dividends to policyholders .....					
6. Reserve adjustments on reinsurance ceded .....	(1,820)	(36)	1,517	322	15
7. Increase in aggregate reserve for life and accident and health contracts .....					
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	282	646	1,206	1,307	879
9. Aggregate reserves for life and accident and health contracts .....	871	2,058	3,065	4,998	6,031
10. Liability for deposit-type contracts .....					
11. Contract claims unpaid .....	387	782	2,680	2,104	1,370
12. Amounts recoverable on reinsurance .....	330	291	310	605	636
13. Experience rating refunds due or unpaid .....					
14. Policyholders' dividends (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....		31			66
17. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....	5,137	9,092	9,997	14,784	17,105
21. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	39,151,037		39,151,037
2. Reinsurance (Line 16) .....	296,961	(296,961)	
3. Premiums and considerations (Line 15) .....	64,895	282,290	347,185
4. Net credit for ceded reinsurance .....	XXX	1,272,164	1,272,164
5. All other admitted assets (balance) .....	335,149		335,149
6. Total assets excluding Separate Accounts (Line 26) .....	39,848,042	1,257,493	41,105,535
7. Separate Account assets (Line 27) .....			
8. Total assets (Line 28) .....	39,848,042	1,257,493	41,105,535
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	4,355,558	870,709	5,226,267
10. Liability for deposit-type contracts (Line 3) .....			
11. Claim reserves (Line 4) .....	364,332	386,784	751,116
12. Policyholder dividends/reserves (Lines 5 through 7) .....			
13. Premium & annuity considerations received in advance (Line 8) .....			
14. Other contract liabilities (Line 9) .....	140,995		140,995
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			
19. All other liabilities (balance) .....	2,669,383		2,669,383
20. Total liabilities excluding Separate Accounts (Line 26) .....	7,530,268	1,257,493	8,787,761
21. Separate Account liabilities (Line 27) .....			
22. Total liabilities (Line 28) .....	7,530,268	1,257,493	8,787,761
23. Capital & surplus (Line 38) .....	32,317,774	XXX	32,317,774
24. Total liabilities, capital & surplus (Line 39) .....	39,848,042	1,257,493	41,105,535
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	870,709		
26. Claim reserves .....	386,784		
27. Policyholder dividends/reserves .....			
28. Premium & annuity considerations received in advance .....			
29. Liability for deposit-type contracts .....			
30. Other contract liabilities .....			
31. Reinsurance ceded assets .....	296,961		
32. Other ceded reinsurance recoverables .....			
33. Total ceded reinsurance recoverables .....	1,554,454		
34. Premiums and considerations .....	282,290		
35. Reinsurance in unauthorized companies .....			
36. Funds held under reinsurance treaties with unauthorized reinsurers .....			
37. Reinsurance with Certified Reinsurers .....			
38. Funds held under reinsurance treaties with Certified Reinsurers .....			
39. Other ceded reinsurance payables/offsets .....			
40. Total ceded reinsurance payable/offsets .....	282,290		
41. Total net credit for ceded reinsurance .....		1,272,164	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only			6 Totals
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL	(35,876)		(536)		(36,412)
2. Alaska	AK					
3. Arizona	AZ	14,832		9,506		24,337
4. Arkansas	AR	29,715		8,746		38,461
5. California	CA	59,886		31,471		91,357
6. Colorado	CO	43,198		31,113		74,311
7. Connecticut	CT	2,342		3,376		5,718
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA	(12,151)		(6,119)		(18,271)
12. Hawaii	HI					
13. Idaho	ID	52,623		38,276		90,899
14. Illinois	IL	42,322		27,941		70,263
15. Indiana	IN	(14,082)		(41,127)		(55,209)
16. Iowa	IA	64,008		48,573		112,581
17. Kansas	KS	11,994		5,816		17,810
18. Kentucky	KY	19,151				19,151
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI	44,247		12,152		56,399
24. Minnesota	MN	178,665		126,543		305,208
25. Mississippi	MS	(4,533)		(2,199)		(6,732)
26. Missouri	MO	(273,858)		(245,475)		(519,332)
27. Montana	MT	5,007		5,528		10,535
28. Nebraska	NE	29,996		25,495		55,491
29. Nevada	NV	10,589		6,621		17,210
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY	274,700		61,276		335,976
34. North Carolina	NC					
35. North Dakota	ND	20,867		16,248		37,115
36. Ohio	OH	293,740		237,559		531,299
37. Oklahoma	OK	(62)				(62)
38. Oregon	OR	115,331		88,007		203,338
39. Pennsylvania	PA	36,571		4,933		41,504
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD	9,982		6,432		16,414
43. Tennessee	TN	22,732		11,605		34,338
44. Texas	TX	(27)				(27)
45. Utah	UT	11,818		6,981		18,799
46. Vermont	VT					
47. Virginia	VA	(161)		(90)		(251)
48. Washington	WA	115,739		88,355		204,094
49. West Virginia	WV	20,113		(3,574)		16,539
50. Wisconsin	WI	131,555		82,958		214,513
51. Wyoming	WY	3,070		3,711		6,781
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total		1,324,043		690,101		2,014,144

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- ciliary Loca- tion	10 Rela- tionship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	16 *
			41-1792781				ADVANTUS CAPITAL MANAGEMENT, INC.	MN	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			35-2125376				ALLIED SOLUTIONS, LLC	IN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
		0869	65811	86-6052181			AMERICAN MODERN LIFE INSURANCE COMPANY	OH	RE	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	Y	
			36-4418695				ASSET ALLOCATION & MANAGEMENT COMPANY LLC	IL	NIA	SECURIAN AAM HOLDINGS LLC	Ownership	66.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1612506				C.R.I. SECURITIES, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	50.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	.1
							CANADIAN PREMIER LIFE INSURANCE COMPANY	CAN	IA	SECURIAN CANADA, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1919755				CAPITOL CITY PROPERTY MANAGEMENT, INC.	MN	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
							CRI CANADA LTD.	CAN	NIA	SECURIAN CANADA, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
							LEGACY GENERAL INSURANCE COMPANY	CAN	IA	SECURIAN CANADA, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			47-4991843				LOWERTOWN CAPITAL, LLC	DE	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			27-2123801				MARKETVIEW PROPERTIES II, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			45-4174429				MARKETVIEW PROPERTIES III, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			45-4174567				MARKETVIEW PROPERTIES IV, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			27-1769315				MARKETVIEW PROPERTIES, LLC	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
		0869	66168	41-0417830			MINNESOTA LIFE INSURANCE COMPANY	MN	UDP	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1919754				MINNESOTA MUTUAL COMPANIES, INC.	MN	UIP	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1412668				OAKLEAF SERVICE CORPORATION	MN	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1598541				OCHS, INC.	MN	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-2016575				ROBERT STREET PROPERTY MANAGEMENT, INC.	MN	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			90-0481794				SECURIAN AAM HOLDINGS LLC	DE	NIA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
							SECURIAN CANADA, INC.	CAN	IA	SECURIAN HOLDING COMPANY CANADA, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
		0869	10054	41-1741988			SECURIAN CASUALTY COMPANY	MN	IA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1919752				SECURIAN FINANCIAL GROUP, INC.	DE	UIP	SECURIAN HOLDING COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1486060				SECURIAN FINANCIAL SERVICES, INC.	MN	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
			41-1919753				SECURIAN HOLDING COMPANY	DE	UIP	MINNESOTA MUTUAL COMPANIES, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
							SECURIAN HOLDING COMPANY CANADA, INC.	CAN	IA	SECURIAN FINANCIAL GROUP, INC.	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
		0869	93742	41-1412669			SECURIAN LIFE INSURANCE COMPANY	MN	IA	MINNESOTA LIFE INSURANCE COMPANY	Ownership	100.00	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi-ciliary Loca-tion	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percent-age	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re-quired? (Y/N)	16 *
		03-0388793	3089752			SECURIAN TRUST COMPANY, NA		NIA	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership.....	100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
		41-1972962				SECURIAN VENTURES, INC.		MN	NIA	SECURIAN FINANCIAL GROUP, INC.	Ownership.....	100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
						SELIENT INC.		CAN	NIA	SECURIAN CANADA, INC.	Ownership.....	100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	
0869	Minnesota Mutual Group	74365	62-0754973			SOUTHERN PIONEER LIFE INSURANCE COMPANY		AR	DS	AMERICAN MODERN LIFE INSURANCE COMPANY	Ownership.....	100.000	POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC.	N	

Asterisk	Explanation
1	There are no voting right preferences between the 50% owners.

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.66168	41-0417830	MINNESOTA LIFE INSURANCE COMPANY	(180,905,414)	(22,666,968)			108,176,735	(25,544,523)		8,364,110	(112,576,060)	(191,447,228)
36-2259815		PERSONAL FINANCE COMPANY, LLC					(4,983,783)			(568,181)	(5,551,964)	
41-1792781		ADVANTUS CAPITAL MANAGEMENT, INC.	(14,812,859)				(10,414,095)				(25,226,954)	
41-1486060		SECURIAN FINANCIAL SERVICES, INC.			750,000		(44,088,794)				(44,088,794)	
41-1612506		C.R.I. SECURITIES, LLC			39,957,662		5,668,853				6,418,853	
.93742	41-1412669	SECURIAN LIFE INSURANCE COMPANY			(17,840,694)		(60,114,482)	25,544,523			5,387,703	191,447,228
10054	41-1741988	SECURIAN CASUALTY COMPANY			2,250,000		47,318,649				47,318,649	
41-1919755		CAPITOL CITY PROPERTY MANAGEMENT, INC.					8,067,362				(9,773,332)	
41-1919754		MINNESOTA MUTUAL COMPANIES, INC.					(1,100,466)				1,149,534	
41-1919753		SECURIAN HOLDING COMPANY					1,483,485				1,483,485	
41-1919752		SECURIAN FINANCIAL GROUP, INC.	203,593,273	(22,606,232)			(416,534)				(7,795,929)	172,774,578
03-0388793		SECURIAN TRUST COMPANY, NA					(4,683,610)					(4,683,610)
41-1972962		SECURIAN VENTURES, INC.	(1,000,000)				(1,580,514)					(2,580,514)
41-2016575		ROBERT STREET PROPERTY MANAGEMENT, INC.	(250,000)				(53,338)					(303,338)
35-2125376		ALLIED SOLUTIONS, LLC	(5,000,000)				(39,093,760)					(44,093,760)
52-1321340		H. BECK, INC.					(888,162)					(888,162)
41-1598541		OCHS, INC.	(1,075,000)				3,204,204					2,129,204
45-4174567		MARKETVIEW PROPERTIES IV, LLC			(200,000)		176,174					(23,826)
.65811	86-6052181	AMERICAN MODERN LIFE INSURANCE COMPANY					(1,761,306)					(1,761,306)
.74365	62-0754973	SOUTHERN PIONEER LIFE INSURANCE COMPANY					(703,907)					(703,907)
90-0481794		SECURIAN AAM HOLDINGS, LLC	(2,800,000)				(104,300)					(2,904,300)
36-4418695		ASSET ALLOC & MGMT					92,108					92,108
		SECURIAN HOLDING COMPANY CANADA INC			300,208							300,208
		SECURIAN CANADA INC			22,306,024							22,306,024
		CANADIAN PREMIER LIFE INSURANCE COMPANY					(6,500,519)	1,500,000				(5,000,519)
		LEGACY GENERAL INSURANCE COMPANY					(320,000)	(1,500,000)				(1,820,000)
		CRI CANADA LTD					2,620,000					2,620,000
9999999 Control Totals										XXX		

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
<b>MARCH FILING</b>		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
<b>APRIL FILING</b>		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
<b>JUNE FILING</b>		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
<b>AUGUST FILING</b>		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>		
<b>MARCH FILING</b>		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO

**APRIL FILING**

41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	.....	YES
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	YES
45. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	.....	NO
47. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	.....	NO
48. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....	NO
49. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....	NO
50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	NO
51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	.....	NO

**AUGUST FILING**

53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....	NO
Explanations:		
12. Not Applicable	.....	
13. Not Applicable	.....	
14. Not Applicable	.....	
15. Not Applicable	.....	
16. Not Applicable	.....	
17. Not Applicable	.....	
18. Not Applicable	.....	
19. Not Applicable	.....	
20. Not Applicable	.....	
21. Not Applicable	.....	
22. Not Applicable	.....	
23. Not Applicable	.....	
24. Not Applicable	.....	
25. Not Applicable	.....	
26. Not Applicable	.....	
27. Not Applicable	.....	
28. Not Applicable	.....	
29. Not Applicable	.....	
30. Not Applicable	.....	
31. Not Applicable	.....	
32. Not Applicable	.....	
33. Not Applicable	.....	
34. Not Applicable	.....	
36. Not Applicable	.....	
37. Not Applicable	.....	
38. Not Applicable	.....	
39. Not Applicable	.....	
40. Not Applicable	.....	
42. Not Applicable	.....	
43. Not Applicable	.....	
46. Not Applicable	.....	
47. Not Applicable	.....	
48. Not Applicable	.....	
49. Not Applicable	.....	
50. Not Applicable	.....	
51. Not Applicable	.....	
52. Not Applicable	.....	
53. Not Applicable	.....	

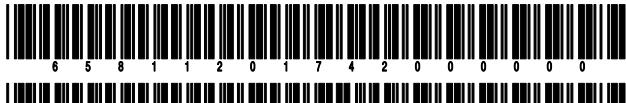
Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

14. Trusteed Surplus Statement [Document Identifier 490]

15. Participating Opinion for Exhibit 5 [Document Identifier 371]



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]  


6 5 8 1 1 2 0 1 7 3 7 0 0 0 0 0 0
17. Actuarial Opinion on X-Factors [Document Identifier 442]  


6 5 8 1 1 2 0 1 7 4 4 2 0 0 0 0 0
18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]  


6 5 8 1 1 2 0 1 7 4 4 3 0 0 0 0 0
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]  


6 5 8 1 1 2 0 1 7 4 4 4 0 0 0 0 0
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]  


6 5 8 1 1 2 0 1 7 4 4 5 0 0 0 0 0
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]  


6 5 8 1 1 2 0 1 7 4 4 6 0 0 0 0 0
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]  


6 5 8 1 1 2 0 1 7 4 4 7 0 0 0 0 0
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]  


6 5 8 1 1 2 0 1 7 4 4 8 0 0 0 0 0
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]  


6 5 8 1 1 2 0 1 7 4 4 9 0 0 0 0 0
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]  


6 5 8 1 1 2 0 1 7 4 5 0 0 0 0 0 0
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]  


6 5 8 1 1 2 0 1 7 4 5 1 0 0 0 0 0
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]  


6 5 8 1 1 2 0 1 7 4 5 2 0 0 0 0 0
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]  


6 5 8 1 1 2 0 1 7 4 5 3 0 0 0 0 0
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]  


6 5 8 1 1 2 0 1 7 4 5 4 0 0 0 0 0
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]  


6 5 8 1 1 2 0 1 7 4 5 5 0 0 0 0 0
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]  


6 5 8 1 1 2 0 1 7 4 5 6 0 0 0 0 0
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]  


6 5 8 1 1 2 0 1 7 4 5 7 0 0 0 0 0
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]  


6 5 8 1 1 2 0 1 7 4 5 8 0 0 0 0 0
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]  


6 5 8 1 1 2 0 1 7 4 5 9 0 0 0 0 0
36. Medicare Part D Coverage Supplement [Document Identifier 365]  


6 5 8 1 1 2 0 1 7 4 6 0 0 0 0 0 0
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]  


6 5 8 1 1 2 0 1 7 4 6 5 0 0 0 0 0
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]  


6 5 8 1 1 2 0 1 7 4 6 6 0 0 0 0 0
39. Relief from the Requirements for Audit Committees [Document Identifier 226]  


6 5 8 1 1 2 0 1 7 4 6 7 0 0 0 0 0
40. VM-20 Reserves Supplement [Document Identifier 456]  


6 5 8 1 1 2 0 1 7 4 6 8 0 0 0 0 0
42. Long-Term Care Experience Reporting Forms [Document Identifier 306]  


6 5 8 1 1 2 0 1 7 4 6 9 0 0 0 0 0
43. Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]  


6 5 8 1 1 2 0 1 7 4 7 0 0 0 0 0 0
46. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]  


6 5 8 1 1 2 0 1 7 5 1 0 0 0 0 0 0
47. Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]  


6 5 8 1 1 2 0 1 7 5 1 5 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

48. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



49. Supplemental Health Care Exhibit's Expense Allocation Report  
[Document Identifier 217]



50. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D  
[Document Identifier 435]



51. Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]



52. Variable Annuities Supplement [Document Identifier 286]



53. Management's Report of Internal Control Over Financial Reporting  
[Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY

**SCHEDULE O SUPPLEMENT**

For The Year Ended December 31, 2017  
(To Be Filed by March 1)

Of The American Modern Life Insurance Company  
ADDRESS (City, State and Zip Code) Cleveland, OH 44114  
NAIC Group Code 0869 NAIC Company Code 65811 Employer's Identification Number (FEIN) 86-6052181

**SUPPLEMENTAL SCHEDULE O - PART 1**

**Development of Incurred Losses  
(\$000 Omitted)**

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2013	2 2014	3 2015	4 2016	5 2017(a)
1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XX			
5. 2016	XXX	XX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XX	XX			
5. 2016	XXX	XX	XXX		
6. 2017	XXX	XX	XXX	XXX	

**Section C - Credit Accident and Health**

1. Prior	(1,539)	(2,412)	(3,005)	(1,749)	183
2. 2013	661	443	338	187	96
3. 2014	XXX	605	394	219	126
4. 2015	XXX	XXX	248	260	143
5. 2016	XXX	XXX	XXX	271	252
6. 2017	XXX	XXX	XXX	XXX	117

**Section D -**

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XX	XX			
5. 2016	XXX	XX	XXX		
6. 2017	XXX	XX	XXX	XXX	

**Section E -**

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XX	XX			
5. 2016	XXX	XX	XXX		
6. 2017	XXX	XX	XXX	XXX	

**Section F -**

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XX	XX			
5. 2016	XXX	XX	XXX		
6. 2017	XXX	XX	XXX	XXX	

**Section G -**

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XX	XX			
5. 2016	XXX	XX	XXX		
6. 2017	XXX	XX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A

**N O N E**

Supplement Schedule O - Part 2 Section B

**N O N E**

Supplement Schedule O - Part 2 Section C

**N O N E**

Supplement Schedule O - Part 2 Section D

**N O N E**

Supplement Schedule O - Part 2 Section E

**N O N E**

Supplement Schedule O - Part 2 Section F

**N O N E**

Supplement Schedule O - Part 2 Section G

**N O N E**

SUPPLEMENT FOR THE YEAR 2017 OF THE AMERICAN MODERN LIFE INSURANCE COMPANY  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses

(\$000 Omitted)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3	4 2016	5 2017
1. 2013 .....				XXX .....	XXX .....
2. 2014 .....	XXX .....				XXX .....
3. 2015 .....	XXX .....	XXX .....			
4. 2016 .....	XXX .....	XXX .....	XXX .....		
5. 2017 .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....

**Section B - Other Accident and Health**

1. 2013 .....				XXX .....	XXX .....
2. 2014 .....	XXX .....				XXX .....
3. 2015 .....	XXX .....				
4. 2016 .....	XXX .....	XXX .....	XXX .....		
5. 2017 .....	XXX .....				

**Section C - Credit Accident and Health**

1. 2013 .....	1,914 .....	1,553 .....	1,647 .....	XXX .....	XXX .....
2. 2014 .....	XXX .....	1,769 .....	1,436 .....	1,428 .....	XXX .....
3. 2015 .....	XXX .....	XXX .....	1,007 .....	787 .....	734 .....
4. 2016 .....	XXX .....	XXX .....	XXX .....	922 .....	772 .....
5. 2017 .....	XXX .....	XXX .....	XXX .....	XXX .....	412 .....

**Section D -**

1. 2013 .....				XXX .....	XXX .....
2. 2014 .....	XXX .....				XXX .....
3. 2015 .....	XXX .....				
4. 2016 .....	XXX .....	XXX .....	XXX .....		
5. 2017 .....	XXX .....				

**Section E -**

1. 2013 .....				XXX .....	XXX .....
2. 2014 .....	XXX .....				XXX .....
3. 2015 .....	XXX .....				
4. 2016 .....	XXX .....	XXX .....	XXX .....		
5. 2017 .....	XXX .....				

**Section F -**

1. 2013 .....				XXX .....	XXX .....
2. 2014 .....	XXX .....				XXX .....
3. 2015 .....	XXX .....				
4. 2016 .....	XXX .....	XXX .....	XXX .....		
5. 2017 .....	XXX .....				

**Section G -**

1. 2013 .....				XXX .....	XXX .....
2. 2014 .....	XXX .....				XXX .....
3. 2015 .....	XXX .....				
4. 2016 .....	XXX .....	XXX .....	XXX .....		
5. 2017 .....	XXX .....				

**SCHEDULE O SUPPLEMENT**  
**SUPPLEMENTAL SCHEDULE O - PART 4**

**Development of Incurred Losses**  
**( $\$000$  Omitted)**

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013 .....					
2. 2014 .....	XXX				
3. 2015 .....	XXX	XX			
4. 2016 .....	XXX	XXX	XXX		
5. 2017 .....	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. 2013 .....					
2. 2014 .....	XXX				
3. 2015 .....	XXX				
4. 2016 .....	XX	X	X		
5. 2017 .....	XXX	XX	XXX	XXX	XXX

**Section C - Credit Accident and Health**

1. 2013 .....	1,914	1,553	1,647	1,772	1,796
2. 2014 .....	XXX	1,769	1,436	1,428	1,462
3. 2015 .....	XXX	XXX	1,007	787	734
4. 2016 .....	XXX	XXX	XXX	922	772
5. 2017 .....	XXX	XXX	XXX	XXX	412

**Section D -**

1. 2013 .....					
2. 2014 .....	XXX				
3. 2015 .....	XXX				
4. 2016 .....	XX	X	X		
5. 2017 .....	XXX	XX	XXX	XXX	XXX

**Section E -**

1. 2013 .....					
2. 2014 .....	XXX				
3. 2015 .....	XXX				
4. 2016 .....	XX	X	X		
5. 2017 .....	XXX	XX	XXX	XXX	XXX

**Section F -**

1. 2013 .....					
2. 2014 .....	XXX				
3. 2015 .....	XXX				
4. 2016 .....	XX	X	X		
5. 2017 .....	XXX	XX	XXX	XXX	XXX

**Section G -**

1. 2013 .....					
2. 2014 .....	XXX				
3. 2015 .....	XXX				
4. 2016 .....	XX	X	X		
5. 2017 .....	XXX	XX	XXX	XXX	XXX

**SUPPLEMENTAL SCHEDULE O - PART 5**

(\$ $\$000$  OMITTED)

**Reserve and Liability Methodology - Exhibits 6 and 8**

Line of Business	1 Methodology	2 Amount
1. Industrial Life .....		
2. Ordinary Life .....		
3. Individual Annuity .....		
4. Supplementary Contracts .....		
5. Credit Life .....	Standard Factor .....	214
6. Group Life .....		
7. Group Annuities .....		
8. Group Accident and Health .....		
9. Credit Accident and Health .....	Standard Factor .....	938
10. Other Accident and Health .....		
11. Total .....		1,152

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