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## AMENDED FILING EXPLANATION

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This page is required to be updated/completed any time an amended filing is created.

- General Interrogatories, Page 19 – added missing information in Section 3.
- General Interrogatories, Page 20 – added missing information in Section 7.
- Accident & Health, Page 23.GT – added missing information.
- Schedule T, Part 1, Page 46 – added missing explanations for notes (b) and (c).



ANNUAL STATEMENT

For the Year Ended December 31, 2018  
of the Condition and Affairs of the

American Mutual Life Association

NAIC Group Code.....	0, 0	NAIC Company Code.....	56286	Employer's ID Number.....	346577472
	(Current Period) (Prior Period)				
Organized under the Laws of OH		State of Domicile or Port of Entry OH		Country of Domicile	US
Incorporated/Organized.....	March 13, 1914	Commenced Business.....	November 13, 1910		
Statutory Home Office	19424 South Waterloo Road .. Cleveland .. OH .. US .. 44119 (Street and Number) (City or Town, State, Country and Zip Code)				
Main Administrative Office	19424 South Waterloo Road .. Cleveland .. OH .. US .. 44119 (Street and Number) (City or Town, State, Country and Zip Code)				
Mail Address	19424 South Waterloo Road .. Cleveland .. OH .. US .. 44119 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	19424 South Waterloo Road .. Cleveland .. OH .. US .. 44119 (Street and Number) (City or Town, State, Country and Zip Code)				
Internet Web Site Address	www.AmericanMutual.org				
Statutory Statement Contact	Bronwyn Salo Young (Name)				
	b.young@americanmutual.org (E-Mail Address)				

OFFICERS

Name	Title	Name	Title
1. Timothy J Percic	President	2. Bronwyn Salo Young #	Secretary-Treasurer
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Joseph Zab	James Czeck	Kenneth Shine	Ronald Zab
Alyce Kane	Jaime Loncar	James Mannion	Charles Kohli
Cade Jeric #	Jacob Young #		

State of..... Ohio  
County of..... Cuyahoga

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

(Signature)	(Signature)	(Signature)
Timothy J Percic	Bronwyn Salo Young	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary-Treasurer	
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [ ] No [ X ]
This _____ day of _____ 2019	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached



LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56286

1	
Life and Annuities	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	
1. Life insurance.....	56,102
2. Annuity considerations.....	605,116
3. Deposit-type contract funds.....	197,334
4. Other considerations.....	
5. Total (Lines 1 to 4).....	858,552
DIRECT REFUNDS TO MEMBERS	
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.....	119,999
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	119,999
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	119,999
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	290,522
10. Matured endowments.....	7,673
11. Annuity benefits.....	963,300
12. Surrender values and withdrawals for life contracts.....	66,267
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	1,327,762

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....	0

1		2
Number of Certificates		Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		
16. Unpaid December 31, prior year.....	104	110,569
17. Incurred during current year.....	45	96,006
Settled during current year:		
18.1 By payment in full.....	64	37,656
18.2 By payment on compromised claims.....		
18.3 Total paid.....	64	37,656
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	64	37,656
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	85	168,919
POLICY EXHIBIT		
20. In force December 31, prior year.....	20,754	33,247,108
21. Issued during year.....	61	582,960
22. Other changes to in force (net).....	(460)	(465,157)
23. In force December 31, current year.....	20,355	33,364,911

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	7,989	7,989		3,646	3,646
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	0	0	0	0	0
26. Totals (Line 24 + 25.7).....	7,989	7,989	0	3,646	3,646



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56286

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6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	119,999
6.4	Other.....	
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7.4	Total (Sum of Lines 7.1 to 7.3).....	0
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1303.	
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26.	Totals (Line 24 + 25.7).....7,989	7,989	0	3,646	3,646