



**ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
AMERICAN MUTUAL LIFE ASSOCIATION**

NAIC Group Code NAIC Company Code 56286 Employer's ID Number 34-6577472
(Current) (Prior)

Organized under the Laws of Country of Domicile	OH US	State of Domicile or Port of Entry	OH
Licensed as business type:	Fraternal Benefit Societies		
Incorporated/Organized	03/13/1914	Commenced Business	11/13/1910
Statutory Home Office	19424 SOUTH WATERLOO ROAD	CLEVELAND, OH, US 44119	
Main Administrative Office	19424 SOUTH WATERLOO ROAD CLEVELAND, OH, US 44119	216-531-1900 (Telephone)	
Mail Address	19424 SOUTH WATERLOO ROAD	CLEVELAND, OH, US 44119	
Primary Location of Books and Records	19424 SOUTH WATERLOO ROAD CLEVELAND, OH, US 44119	216-531-1900 (Telephone)	
Internet Website Address	WWW.AMERICANMUTUAL.ORG		
Statutory Statement Contact	ANDREW HANIGOSKY	216-531-1900 (Telephone)	
	A.HANIGOSKY@AMERICANMUTUAL.ORG		
	(Email)	(Fax)	

OFFICERS

**TIMOTHY J PERCIC, PRESIDENT
ANDREW LIANICOSKY, CEO**

DIRECTORS OR TRUSTEES

JAMES CZECK
KENNETH SHINE
JAIME LONCAR
CHARLES KOHLI
CADE JERIC
CHARLES KRZIC

State of
County of

ss

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.

Timothy J. Rercic
President/CEO

Andrew Hanigosky
CFO

Subscribed and sworn to before me

this _____ day of

March, 2024

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



KELLY D. DRAKE
Notary Public, State of Ohio
Commission No. 2015-RE-552764
My Commission Expires
November 29, 2025

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56286

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	78,774	620		32,352	3,163	63,132		98,647	209,871	11,059	74,402	295,332
3. Term					47			47			2,881	2,881
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	79,394			32,352	3,210	63,132		98,694	209,871	11,059	77,283	298,213
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	777,942								1,784,216			1,784,216
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)									1,784,216			1,784,216
26. Total Individual Annuities	777,942											
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)	4,671								XXX	XXX	XXX	
35. Comprehensive group (d)									XXX	XXX	XXX	
36. Medicare Supplement (d)									XXX	XXX	XXX	
37. Vision only (d)									XXX	XXX	XXX	
38. Dental only (d)									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)									XXX	XXX	XXX	
40. Title XVIII Medicare (d)									XXX	XXX	XXX	
41. Title XIX Medicaid (d)									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income (d)									XXX	XXX	XXX	
44. Long-term care (d)									XXX	XXX	XXX	
45. Other health (d)									XXX	XXX	XXX	
46. Total Accident and Health	4,671								XXX	XXX	XXX	
47. Total	862,007 (c)			32,352	3,210	63,132		98,694	1,994,087	11,059	77,283	2,082,429

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13		Claims Settled During Current Year							22		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Unpaid December 31, Current Year		Number of Pols/Certs		Number of Pols/Certs	
	14	15	16	17	18	19	20	21			Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	303,000	355	322,000						355	322,000	99,000	58	378,600	(391)	(137,000)	18,130	
3. Term	100,000	1	100,000						1	100,000	—	3	45,000	(17)	(225,000)	96	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life	403,000	356	422,000						356	422,000	99,000	61	423,600	(408)	(362,000)	18,226	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed	1,784,216	26	1,784,216						26	1,784,216	—	20	375,678			495	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities	1,784,216	26	1,784,216						26	1,784,216	—	20	375,678			495	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(22)	(552)	232	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			4,974	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(22)	(552)	232	
47. Total	2,187,216	382	2,206,216						382	2,206,216	99,000	81	799,278	(430)	(362,552)	18,953	
(a) 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) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$																	
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$430,540 Group: \$ Total: \$430,540																	
(d) 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																	
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$																	
(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:																	
1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	

GRAND TOTAL DURING THE YEAR 2023



5 6 2 8 6 2 0 2 3 4 3 0 5 9 1 0 0
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56286

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
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Individual Annuities												
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30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)	4,671								XXX	XXX	XXX	
35. Comprehensive group (d)									XXX	XXX	XXX	
36. Medicare Supplement (d)									XXX	XXX	XXX	
37. Vision only (d)									XXX	XXX	XXX	
38. Dental only (d)									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)									XXX	XXX	XXX	
40. Title XVIII Medicare (d)									XXX	XXX	XXX	
41. Title XIX Medicaid (d)									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income (d)									XXX	XXX	XXX	
44. Long-term care (d)									XXX	XXX	XXX	
45. Other health (d)									XXX	XXX	XXX	
46. Total Accident and Health	4,671								XXX	XXX	XXX	
47. Total	862,007 (c)			32,352	3,210	63,132		98,694	1,994,087	11,059	77,283	2,082,429

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13		Claims Settled During Current Year							22		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Unpaid December 31, Current Year		Number of Pols/Certs		Number of Pols/Certs	
	14	15	16	17	18	19	20	21		23	24	25	26	27	28		
Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
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3. Term	100,000	1	100,000						1	100,000	—	3	45,000	(17)	(225,000)	96	1,592,000
4. Indexed																	
5. Universal																	
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11. Total Individual Life	403,000	356	422,000						356	422,000	99,000	61	423,600	(408)	(362,000)	18,226	33,790,000
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13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed	1,784,216	26	1,784,216						26	1,784,216	—	20	375,678			495	20,696,834
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities	1,784,216	26	1,784,216						26	1,784,216	—	20	375,678			495	20,696,834
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28. Indexed																	
29. Variable with guarantees																	
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31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(22)	(552)	232	4,974
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(22)	(552)	232	4,974
47. Total	2,187,216	382	2,206,216						382	2,206,216	99,000	81	799,278	(430)	(362,552)	18,953	54,491,808

(a) 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) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$430,540 Group: \$ Total: \$430,540

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, prior year.....	259,189
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$	
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).....	259,189
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	33,816
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	225,373

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. 2023.....	33,816			33,816
2. 2024.....	23,156			23,156
3. 2025.....	17,017			17,017
4. 2026.....	10,506			10,506
5. 2027.....	5,049			5,049
6. 2028.....	1,951			1,951
7. 2029.....	1,853			1,853
8. 2030.....	4,037			4,037
9. 2031.....	7,767			7,767
10. 2032.....	11,649			11,649
11. 2033.....	15,086			15,086
12. 2034.....	17,093			17,093
13. 2035.....	16,731			16,731
14. 2036.....	16,092			16,092
15. 2037.....	15,441			15,441
16. 2038.....	14,102			14,102
17. 2039.....	13,110			13,110
18. 2040.....	11,873			11,873
19. 2041.....	9,871			9,871
20. 2042.....	6,683			6,683
21. 2043.....	4,261			4,261
22. 2044.....	2,235			2,235
23. 2045.....	383			383
24. 2046.....	(314)			(314)
25. 2047.....	(259)			(259)
26. 2048.....				
27. 2049.....				
28. 2050.....				
29. 2051.....				
30. 2052.....				
31. 2053 and Later.....				
32. Total (Lines 1 to 31).....	259,189			259,189

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	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	463,820		463,820	313,184	13,932	327,117	790,937
2. Realized capital gains/(losses) net of taxes-General Account				(296,019)			(296,019)
3. Realized capital gains/(losses) net of taxes-Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account	27,770		27,770	391,981		391,981	419,751
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.....	111,249		111,249	—	—	—	111,249
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	602,839		602,839	409,146	13,932	423,078	1,025,917
9. Maximum reserve.....	515,455		515,455	125,768	13,052	138,820	654,275
10. Reserve objective.....	318,223		318,223	125,515	13,052	138,567	456,790
11. 20% of (Line 10 - Line 8).....	(56,923)		(56,923)	(56,726)	(176)	(56,902)	(113,825)
12. Balance before transfers (Lines 8 + 11).....	545,916		545,916	352,420	13,756	366,176	912,092
13. Transfers.....							
14. Voluntary contribution.....							
15. Adjustment down to maximum/up to zero.....	(30,461)		(30,461)	(226,652)	(704)	(227,356)	(257,817)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	515,455		515,455	125,768	13,052	138,820	654,275

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

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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX		—		—		—	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3)		XXX	XXX		XXX		XXX		XXX	
24	6	NAIC 6		XXX	XXX		—		0.2370		0.2370	
25		Total Short-Term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32	6	In or Near Default		XXX	XXX		—		0.2370		0.2370	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		Total (Lines 9+ 17 + 25 + 33)	45,626,851	XXX	XXX	45,626,851	XXX	111,249	XXX	318,223	XXX	
											515,455	

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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages – CM3 – Medium Quality			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
40		Residential Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages – All Other			XXX		0.0015		0.0034		0.0046	
42		Commercial Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages – All Other – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
44		Commercial Mortgages – All Other – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
45		Commercial Mortgages – All Other – CM3 – Medium Quality			XXX		0.0069		0.0200		0.0257	
46		Commercial Mortgages – All Other – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages – All Other – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49		Residential Mortgages – Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50		Residential Mortgages – All Other			XXX		0.0029		0.0066		0.0103	
51		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53		Farm Mortgages			XXX		–		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
55		Residential Mortgages - All Other			XXX		–		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
57		Commercial Mortgages - All Other			XXX		–		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated Public.....	791,682	XXX.....	XXX.....	791,682	—	—	0.1580 (a).....	125,086	0.1580 (a).....	125,086
2		Unaffiliated Private.....		XXX.....	XXX.....		—	—	0.1945.....		0.1945.....	
3		Federal Home Loan Bank.....	70,300	XXX.....	XXX.....	70,300	—	—	0.0061.....	429	0.0097.....	682
4		Affiliated Life with AVR.....		XXX.....	XXX.....		—	—	—	—	—	
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 or Near Default.....					XXX.....		XXX.....		XXX.....	
13		Unaffiliated Common Stock Public.....					—	—	0.1580 (a).....		0.1580 (a).....	
14		Unaffiliated Common Stock Private.....					—	—	0.1945.....		0.1945.....	
15		Real Estate.....					(b).....		(b).....		(b).....	
16		Affiliated-Certain Other (See SVO Purposes & Procedures Manual).....		XXX.....	XXX.....	—	—	—	0.1580.....	0.1580.....		
17		Affiliated - All Other.....		XXX.....	XXX.....	—	—	—	0.1945.....	0.1945.....		
		Total Common Stock (Sum of Lines 1 through 16).....	861,982			861,982	XXX	—	XXX	125,515	XXX	125,768
REAL ESTATE												
18		Home Office Property (General Account only).....	143,117			143,117	—	—	0.0912.....	13,052	0.0912.....	13,052
19		Investment Properties.....					—	—	0.0912.....		0.0912.....	
20		Properties Acquired in Satisfaction of Debt.....					—	—	0.1337.....		0.1337.....	
21		Total Real Estate (Sum of Lines 18 through 20).....	143,117			143,117	XXX	—	XXX	13,052	XXX	13,052
OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt Obligations.....		XXX.....	XXX.....	—	—	—	—	—	—	
23		Highest Quality.....		XXX.....	XXX.....	0.0005	0.0016				0.0033.....	
24		High Quality.....		XXX.....	XXX.....	0.0021	0.0064				0.0106.....	
25		Medium Quality.....		XXX.....	XXX.....	0.0099	0.0263				0.0376.....	
26		Low Quality.....		XXX.....	XXX.....	0.0245	0.0572				0.0817.....	
27		Lower Quality.....		XXX.....	XXX.....	0.0630	0.1128				0.1880.....	
28		In or Near Default.....		XXX.....	XXX.....	—	—	0.2370		0.2370		
29		Total with Bond Characteristics (Sum of Lines 22 through 28).....		XXX	XXX	XXX	XXX	—	XXX	—	XXX	

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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
30	1	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS		XXX	XXX		0.0005		0.0016		0.0033	
31	2	Highest Quality		XXX	XXX		0.0021		0.0064		0.0106	
32	3	High Quality		XXX	XXX		0.0099		0.0263		0.0376	
33	4	Medium Quality		XXX	XXX		0.0245		0.0572		0.0817	
34	5	Low Quality		XXX	XXX		0.0630		0.1128		0.1880	
35	6	Lower Quality		XXX	XXX		—	—	0.2370		0.2370	
36		In or Near Default		XXX	XXX		—	—	—	—	—	
37		Affiliated Life with AVR		XXX	XXX		XXX	—	XXX	—	XXX	—
		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX	—	XXX	—	XXX	—
34		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
		Commercial Mortgages -- All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
		Farm Mortgages			XXX		—	—	0.1942		0.1942	
		Residential Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
		Residential Mortgages - All Other			XXX		—	—	0.0149		0.0149	
		Commercial Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
		Commercial Mortgages - All Other			XXX		—	—	0.1942		0.1942	
		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX	—	XXX	—	XXX	—
		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0011		0.0057		0.0074	
		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
		Unaffiliated - In Process of Foreclosure			XXX		—	—	0.1942		0.1942	
		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX	—	XXX	—	XXX	—
		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX	—	XXX	—	XXX	—

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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
65		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK		XXX	XXX		—	—	0.1580 (a)	—	0.1580 (a)	
66		Unaffiliated Public		XXX	XXX		—	—	0.1945	—	0.1945	
67		Unaffiliated Private		XXX	XXX		—	—	—	—	—	
68		Affiliated Life with AVR		XXX	XXX		—	—	0.1580	—	0.1580	
69		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1580	—	0.1580	
70		Affiliated Other - All Other		XXX	XXX		—	—	0.1945	—	0.1945	
		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					—	—	0.0912	—	0.0912	
72		Home Office Property (General Account only)					—	—	0.0912	—	0.0912	
73		Investment Properties					—	—	0.0912	—	0.0912	
74		Properties Acquired in Satisfaction of Debt					—	—	0.1337	—	0.1337	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX	—	XXX	—	XXX	
75		LOW INCOME HOUSING TAX CREDIT INVESTMENTS					0.0003	—	0.0006	—	0.0010	
76		Guaranteed Federal Low Income Housing Tax Credit					0.0063	—	0.0120	—	0.0190	
77		Non-guaranteed Federal Low Income Housing Tax Credit					0.0003	—	0.0006	—	0.0010	
78		Guaranteed State Low Income Housing Tax Credit					0.0063	—	0.0120	—	0.0190	
79		Non-guaranteed State Low Income Housing Tax Credit					0.0273	—	0.0600	—	0.0975	
80		All Other Low Income Housing Tax Credit					XXX	—	XXX	—	XXX	
		Total LIHTC (Sum of Lines 75 through 79)					XXX	—	XXX	—	XXX	
81		RESIDUAL TRANCES OR INTERESTS					—	—	0.1580	—	0.1580	
82		Fixed Income Instruments – Unaffiliated		XXX	XXX		—	—	0.1580	—	0.1580	
83		Fixed Income Instruments – Affiliated		XXX	XXX		—	—	0.1580	—	0.1580	
84		Common Stock – Unaffiliated		XXX	XXX		—	—	0.1580	—	0.1580	
85		Common Stock – Affiliated		XXX	XXX		—	—	0.1580	—	0.1580	
86		Preferred Stock – Unaffiliated		XXX	XXX		—	—	0.1580	—	0.1580	
87		Preferred Stock – Affiliated		XXX	XXX		—	—	0.1580	—	0.1580	
88		Real Estate – Unaffiliated					—	—	0.1580	—	0.1580	
89		Real Estate – Affiliated					—	—	0.1580	—	0.1580	
90		Mortgage Loans – Unaffiliated		XXX	XXX		—	—	0.1580	—	0.1580	
91		Mortgage Loans – Affiliated		XXX	XXX		—	—	0.1580	—	0.1580	
92		Other – Unaffiliated		XXX	XXX		—	—	0.1580	—	0.1580	
93		Other – Affiliated		XXX	XXX		—	—	0.1580	—	0.1580	
		Total Residual Trances or Interests (Sum of Lines 81 through 92)					XXX	—	XXX	—	XXX	
94		ALL OTHER INVESTMENTS					—	—	0.0042	—	0.0042	
95		NAIC 1 Working Capital Finance Investments		XXX			—	—	0.0137	—	0.0137	
96		NAIC 2 Working Capital Finance Investments		XXX			—	—	0.1580	—	0.1580	
97		Other Invested Assets - Schedule BA		XXX			—	—	0.1580	—	0.1580	
98		Other Short-Term Invested Assets - Schedule DA		XXX			—	—	0.1580	—	0.1580	
		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX	—	XXX	—	XXX	
99		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)		XXX	XXX		XXX	—	XXX	—	XXX	

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using 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
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP (6 digits)	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
0599999 - Totals.....								

NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
5399999 – Totals.....							XXX.....

NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written.....	4,953	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned.....	4,848	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims.....	729	15.0												
4. Cost containment expenses.....														
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	729	15.0												
6. Increase in contract reserves.....	(3,500)	(72.2)												
7. Commissions (a).....														
8. Other general insurance expenses.....														
9. Taxes, licenses and fees.....														
10. Total other expenses incurred.....	7,619	157.2												
11. Aggregate write-ins for deductions.....														
12. Gain from underwriting before dividends or refunds.....														
13. Dividends or refunds.....														
14. Gain from underwriting after dividends or refunds.....	7,619	157.2												
Details of Write-Ins														
1101.														
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page.....														
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written.....		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned.....		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims.....												
4. Cost containment expenses.....												
5. Incurred claims and cost containment expenses (Lines 3 and 4).....												
6. Increase in contract reserves.....												
7. Commissions (a).....												
8. Other general insurance expenses.....												
9. Taxes, licenses and fees.....												
10. Total other expenses incurred.....	7,619	157.2										
11. Aggregate write-ins for deductions.....												
12. Gain from underwriting before dividends or refunds.....												
13. Dividends or refunds.....												
14. Gain from underwriting after dividends or refunds.....	7,619	157.2										
Details of Write-Ins												
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page.....												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....												

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (CONTINUED)

PART 2 - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	105												105
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year	105												105
5. Total premium reserves, prior year	84												84
6. Increase in total premium reserves	21												21
B. Contract Reserves:													
1. Additional reserves (a)													
2. Reserve for future contingent benefits	29,000												29,000
3. Total contract reserves, current year	29,000												29,000
4. Total contract reserves, prior year	32,500												32,500
5. Increase in contract reserves	(3,500)												(3,500)
C. Claim Reserves and Liabilities:													
1. Total current year													
2. Total prior year													
3. Increase													

PART 3 - TEST OF PRIOR YEARS CLAIM RESERVES AND LIABILITIES

1. Claims paid during the year:													
1.1. On claims incurred prior to current year													
1.2. On claims incurred during current year	729												729
2. Claim reserves and liabilities, December 31, current year:													
2.1. On claims incurred prior to current year													
2.2. On claims incurred during current year													
3. Test:													
3.1. Lines 1.1 and 2.1													
3.2. Claim reserves and liabilities, December 31, prior year													
3.3. Line 3.1 minus Line 3.2													

PART 4 - REINSURANCE

A. Reinsurance Assumed:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													

(a) Includes \$ premium deficiency reserve.

NONE

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	Total
A. Direct:														729
1. Incurred Claims														729
2. Beginning Claim Reserves and Liabilities														729
3. Ending Claim Reserves and Liabilities														729
4. Claims Paid														729
B. Assumed Reinsurance:														729
1. Incurred Claims														729
2. Beginning Claim Reserves and Liabilities														729
3. Ending Claim Reserves and Liabilities														729
4. Claims Paid														729
C. Ceded Reinsurance:														
1. Incurred Claims														
2. Beginning Claim Reserves and Liabilities														
3. Ending Claim Reserves and Liabilities														
4. Claims Paid														
D. Net:														729
1. Incurred Claims														729
2. Beginning Claim Reserves and Liabilities														729
3. Ending Claim Reserves and Liabilities														729
4. Claims Paid														729
E. Net Incurred Claims and Cost Containment Expenses:														729
1. Incurred Claims and Cost Containment Expenses														729
2. Beginning Reserves and Liabilities														729
3. Ending Reserves and Liabilities														729
4. Paid Claims and Cost Containment Expenses														729

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

(43) Schedule S - Part 2

NONE

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 Domiciliary Jurisdiction	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		
General Account, Authorized, Affiliates, U.S., Captive														
88099	75-1608507	07/01/2005	OptimumRe	TX	CO/I	ADB	—			1,749				
88099	75-1608507	07/01/2005	OptimumRe	TX	YRT/I	OL	1,020,000			1,550				
0199999 – General Account, Authorized, Affiliates, U.S., Captive								1,020,000			3,299			
0399999 – General Account, Authorized, Affiliates, U.S., Total								1,020,000			3,299			
0799999 – General Account, Authorized, Total Authorized Affiliates								1,020,000			3,299			
1199999 – Total General Account Authorized								1,020,000			3,299			
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified								1,020,000			3,299			
9199999 – Total U.S.								1,020,000			3,299			
9999999 – Total (Sum of 4599999 and 9099999)								1,020,000			3,299			

(45) Schedule S - Part 3 - Section 2

NONE

(46) Schedule S - Part 4

NONE

(46) Schedule S - Part 4 - Bank Information

NONE

(47) Schedule S - Part 5

NONE

(47) Schedule S - Part 5 - Bank Information

NONE

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	3	4	4	3	4
2. Commissions and reinsurance expense allowances					
3. Contract claims					
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts					
10. Liability for deposit-type contracts					
11. Contract claims unpaid					
12. Amounts recoverable on reinsurance					
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	47,293,562		47,293,562
2. Reinsurance (Line 16).....			
3. Premiums and considerations (Line 15).....	1,688		1,688
4. Net credit for ceded reinsurance.....	XXX		
5. All other admitted assets (balance).....	644,913		644,913
6. Total assets excluding Separate Accounts (Line 26).....	47,940,163		47,940,163
7. Separate Account assets (Line 27).....			
8. Total assets (Line 28).....	47,940,163		47,940,163
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	33,178,853		33,178,853
10. Liability for deposit-type contracts (Line 3).....	1,341,305		1,341,305
11. Claim reserves (Line 4).....	109,242		109,242
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	100,000		100,000
13. Premium & annuity considerations received in advance (Line 8).....			
14. Other contract liabilities (Line 9).....	225,373		225,373
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).....	905,419		905,419
20. Total liabilities excluding Separate Accounts (Line 26).....	35,860,192		35,860,192
21. Separate Account liabilities (Line 27).....			
22. Total liabilities (Line 28).....	35,860,192		35,860,192
23. Capital & surplus (Line 38).....	12,079,971	XXX	12,079,971
24. Total liabilities, capital & surplus (Line 39).....	47,940,163		47,940,163
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....		XXX	XXX
26. Claim reserves.....		XXX	XXX
27. Policyholder dividends/reserves.....		XXX	XXX
28. Premium & annuity considerations received in advance.....		XXX	XXX
29. Liability for deposit-type contracts.....		XXX	XXX
30. Other contract liabilities.....		XXX	XXX
31. Reinsurance ceded assets.....		XXX	XXX
32. Other ceded reinsurance recoverables.....		XXX	XXX
33. Total ceded reinsurance recoverables.....		XXX	XXX
34. Premiums and considerations.....		XXX	XXX
35. Reinsurance in unauthorized companies.....		XXX	XXX
36. Funds held under reinsurance treaties with unauthorized reinsurers.....		XXX	XXX
37. Reinsurance with Certified Reinsurers.....		XXX	XXX
38. Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
39. Other ceded reinsurance payables/offsets.....		XXX	XXX
40. Total ceded reinsurance payable/offsets.....		XXX	XXX
41. Total net credit for ceded reinsurance.....		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH	79,394	777,942			430,540
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
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. Totals		79,394	777,942			430,540
						1,287,876

(53) Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

(53) Schedule Y - Part 1A - Explanation

NONE

(54) Schedule Y - Part 2

NONE

(55) Schedule Y - Part 3

NONE

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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.

	Response
	March Filing
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....
4.	Will an actuarial opinion be filed by March 1?.....
	April Filing
5.	Will Management's Discussion and Analysis be filed by April 1?.....
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies).....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....
	June Filing
8.	Will an audited financial report be filed by June 1?.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....
	SUPPLEMENTAL FILINGS
	The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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.
	March Filing
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies).....
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?.....
13.	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?.....
14.	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?.....
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?.....
16.	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?.....
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?.....
18.	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?.....
19.	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?.....
20.	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?.....
21.	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?.....
22.	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?.....
23.	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?.....
24.	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?.....
25.	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?.....
26.	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?.....
27.	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?.....
28.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies).....
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?.....
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....
31.	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?.....
32.	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?.....
33.	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?.....
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?.....
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?.....
36.	Will the Market Conduct Annual Statement (MCAS) Premium exhibit for the Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....
	April Filing
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?.....
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

	Response
39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies).....	NO
40. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	NO
41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO
42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?.....	NO
43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO
44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?.....	NO
45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO
46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO
47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO

August Filing

48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES
---	-----

Explanation	Barcode
1.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
2.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
3.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
4.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
5.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
6.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
7.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
8.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
9.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
10.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
11.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
12.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
13.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
14.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
15.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
16.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
17.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
18.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
19.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
20.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
21.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
22.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
23.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
24.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
25.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
26.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
27.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
28.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
29.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
30.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
31.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
32.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
33.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
34.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
35.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
36.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
37.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
38.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
39.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0
40.	5 6 2 8 6 2 0 2 3 2 9 0 0 0 0 0 0 0

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Barcode

Explanation

41.	 5 6 2 8 6 2 0 2 3 2 1 6 0 0 0 0 0
42.	 5 6 2 8 6 2 0 2 3 4 3 5 0 0 0 0 0
43.	 5 6 2 8 6 2 0 2 3 3 4 5 0 0 0 0 0
44.	 5 6 2 8 6 2 0 2 3 2 8 6 0 0 0 0 0
45.	 5 6 2 8 6 2 0 2 3 4 5 7 0 0 0 0 0
46.	 5 6 2 8 6 2 0 2 3 4 5 8 0 0 0 0 0
47.	 5 6 2 8 6 2 0 2 3 4 5 9 0 0 0 0 0
48.	

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7			
	1	Accident and Health							
		2	3						
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total		
09.304. FRATERNAL EVENTS						28,167	28,167		
09.305. CONSULTING SERVICES	11,592						11,592		
09.306. DATA PROCESSING	17,148						17,148		
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	28,740					28,167	56,907		

OVERFLOW PAGE FOR WRITE-INS

**SCHEDULE O SUPPLEMENT**

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The: American Mutual Life Association

Address (City, State and Zip Code): CLEVELAND, OH, US 44119

NAIC Group Code: 0000

NAIC Company Code: 56286

Employer's ID Number: 34-6577472

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 2019	2 2020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION B — OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 2020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION C — CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 2020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

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

SUPPLEMENTAL SCHEDULE O – PART 1Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 000	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

(Supp-465.2) Part 2 - Section A - Group Accident and Health

NONE

(Supp-465.2) Part 2 - Section B - Other Accident and Health

NONE

(Supp-465.2) Part 2 - Section C - Credit Accident and Health

NONE

(Supp-465.2) Part 2 - Section D

NONE

(Supp-465.2) Part 2 - Section E

NONE

(Supp-465.2) Part 2 - Section F

NONE

(Supp-465.2) Part 2 - Section G

NONE

(Supp-465.3) Part 3 - Section A - Group Accident and Health

NONE

(Supp-465.3) Part 3 - Section B - Other Accident and Health

NONE

(Supp-465.3) Part 3 - Section C - Credit Accident and Health

NONE

(Supp-465.3) Part 3 - Section D

NONE

(Supp-465.3) Part 3 - Section E

NONE

(Supp-465.3) Part 3 - Section F

NONE

(Supp-465.3) Part 3 - Section G

NONE

SUPPLEMENTAL SCHEDULE O – PART 4Development 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX	XXX	
5. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION B – OTHER 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX	XXX	
5. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION C – CREDIT 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX	XXX	
5. 2023.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O – PART 4Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business	Methodology	1	2
			Amount
1. Industrial life.....	Other.....		109
2. Ordinary life.....			
3. Individual annuity.....			
4. Supplementary contracts.....			
5. Credit life.....			
6. Group life.....			
7. Group annuities.....			
8. Group accident and health.....			
9. Credit accident and health.....			
10. Other accident and health.....			
11. Total.....	XXX		109



HEALTH SUPPLEMENTS

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The: American Mutual Life Association

Address (City, State and Zip Code): CLEVELAND, OH, US 44119

NAIC Group Code: 0000

NAIC Company Code: 56286

Employer's ID Number: 34-6577472

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1.	Net premium income.....	4,776	4,776											
2.	Change in unearned premium reserves and reserve for rate credit.....													
3.	Fee-for-service (net of \$ medical expenses).....													XXX
4.	Risk revenue.....													XXX
5.	Aggregate write-ins for other health care related revenues.....													XXX
6.	Aggregate write-ins for other non-health care related revenues.....													XXX
7.	Total revenues (Lines 1 to 6).....	4,776	4,776											
8.	Hospital/medical benefits.....	729	729											XXX
9.	Other professional services.....													XXX
10.	Outside referrals.....													XXX
11.	Emergency room and out-of-area.....													XXX
12.	Prescription drugs.....													XXX
13.	Aggregate write-ins for other hospital and medical.....													XXX
14.	Incentive pool, withhold adjustments and bonus amounts.....													XXX
15.	Subtotal (Lines 8 to 14).....	729	729											XXX
16.	Net reinsurance recoveries.....													XXX
17.	Total hospital and medical (Lines 15 minus 16).....	729	729											XXX
18.	Non-health claims (net).....													XXX
19.	Claims adjustment expenses including \$ cost containment expenses.....													XXX
20.	General administrative expenses.....													
21.	Increase in reserves for accident and health contracts.....	(3,500)	(3,500)											XXX
22.	Increase in reserves for life contracts.....													XXX
23.	Total underwriting deductions (Lines 17 to 22).....	(2,771)	(2,771)											
24.	Net underwriting gain or (loss) (Line 7 minus Line 23).....	7,547	7,547											
Details of Write-Ins														
0501.														XXX
0502.														XXX
0503.														XXX
0598.	Summary of remaining write-ins for Line 05 from overflow page.....													XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....													XXX
0601.														
0602.														
0603.														
0698.	Summary of remaining write-ins for Line 06 from overflow page.....													
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....													
1301.														
1302.														
1303.														
1398.	Summary of remaining write-ins for Line 13 from overflow page.....													
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....													

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 3
HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 - Gross Health Care Receivables.....						

NONE

EXHIBIT 3A

ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....						
2. Claim overpayment receivables.....						
3. Loans and advances to providers.....						
4. Capitation arrangement receivables.....						
5. Risk sharing receivables.....						
6. Other health care receivables.....						
7. Totals (Lines 1 through 6).....						

NONE

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.