



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
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	OH	State of Domicile or Port of Entry		
Country of Domicile	US			
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			
	(E-Mail)	(Fax)		

OFFICERS

TIMOTHY J PERCIC, PRESIDENT	ANDREW HANIGOSKY, CFO
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DIRECTORS OR TRUSTEES

JOSEPH ZAB	JAMES CZECK
RONALD ZAB	KENNETH SHINE
ALYCE KANE	JAIME LONCAR
JAMES MANNION	CHARLES KOHLI
JACOB YOUNG	CADE JERIC
KAITLIN GINTER	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.

X		X		X
	Timothy J Percic		Andrew Hanigosky	
	President/CEO		CFO	

Subscribed and sworn to before me
this 27 day of
February, 2025

X

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)



NAIC Group Code: 0000

NAIC Company Code: 56286

	1	2	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	99,118		36,849	2,068	65,124		104,041	314,299	12,470	41,694		368,463
3. Term	10,839											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	109,957		36,849	2,068	65,124		104,041	314,299	12,470	41,694		368,463
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed	675,330							696,803				696,803
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities	675,330							696,803				696,803
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)	4,365							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)	(e)							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	4,365							XXX	XXX	XXX		
47. Total	789,652 (c)		36,849	2,068	65,124		104,041	1,011,102	12,470	41,694		1,065,266

Annual Statement for the Year 2024 of the American Mutual Life Association

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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			23 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount							
Individual Life																	
1.	Industrial	325,000	(286)	283,000				(286)	283,000	141,000	77	735,000	(362)	(440,000)	17,845	32,493,000	
2.	Whole										51	540,000	(20)	(162,000)	127	1,970,000	
3.	Term																
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	325,000	(286)	283,000				(286)	283,000	141,000	128	1,275,000	(382)	(602,000)	17,972	34,463,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed	696,803	9	696,803				9	696,803	—	14	155,646	(9)	841,147	500	21,693,627	
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities	696,803	9	696,803				9	696,803	—	14	155,646	(9)	841,147	500	21,693,627	
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(26)	(504)	206	4,470	
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(26)	(504)	206	4,470	
47.	Total	1,021,803	(277)	979,803				(277)	979,803	141,000	142	1,430,646	(417)	238,643	18,678	56,161,097	

(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: \$109,950 Group: \$ Total: \$109,950
(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 \$



GRAND TOTAL DURING THE YEAR 2024

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	99,118		36,849	2,068	65,124		104,041	314,299	12,470	41,694		368,463
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33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)	4,365							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)	(e)							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	4,365							XXX	XXX	XXX		
47. Total	789,652 (c)		36,849	2,068	65,124		104,041	1,011,102	12,470	41,694		1,065,266

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GRAND TOTAL DURING THE YEAR 2024

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

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		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			23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial																
2.	Whole	325,000	(286)	283,000				(286)	283,000	141,000	77	735,000	(362)	(440,000)	17,845	32,493,000	
3.	Term									—	51	540,000	(20)	(162,000)	127	1,970,000	
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Individual Annuities																	
20.	Fixed	696,803	9	696,803				9	696,803	—	14	155,646	(9)	841,147	500	21,693,627	
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26.	Total Individual Annuities	696,803	9	696,803				9	696,803	—	14	155,646	(9)	841,147	500	21,693,627	
Group Annuities																	
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33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(26)	(504)	206	4,470	
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(26)	(504)	206	4,470	
47.	Total	1,021,803	(277)	979,803				(277)	979,803	141,000	142	1,430,646	(417)	238,643	18,678	56,161,097	

(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: \$109,950 Group: \$ Total: \$109,950

(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 \$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1
		Amount
1.	Reserve as of December 31, prior year.....	225,373
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).....	225,373
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	23,156
6.	Reserve as of December 31, current year (Line 4 minus Line 5).....	202,217

AMORTIZATION

		1	2	3	4
		Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
Year of Amortization					
1.	2024.....	23,156			23,156
2.	2025.....	17,017			17,017
3.	2026.....	10,506			10,506
4.	2027.....	5,049			5,049
5.	2028.....	1,951			1,951
6.	2029.....	1,853			1,853
7.	2030.....	4,037			4,037
8.	2031.....	7,767			7,767
9.	2032.....	11,649			11,649
10.	2033.....	15,086			15,086
11.	2034.....	17,093			17,093
12.	2035.....	16,731			16,731
13.	2036.....	16,092			16,092
14.	2037.....	15,441			15,441
15.	2038.....	14,102			14,102
16.	2039.....	13,110			13,110
17.	2040.....	11,873			11,873
18.	2041.....	9,871			9,871
19.	2042.....	6,683			6,683
20.	2043.....	4,261			4,261
21.	2044.....	2,235			2,235
22.	2045.....	383			383
23.	2046.....	(314)			(314)
24.	2047.....	(259)			(259)
25.	2048.....				
26.	2049.....				
27.	2050.....				
28.	2051.....				
29.	2052.....				
30.	2053.....				
31.	2054 and Later.....				
32.	Total (Lines 1 to 31).....	225,373			225,373

ASSET VALUATION RESERVE

		Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
		1	2	3	4	5	6	
		Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4 + 5)	
1.	Reserve as of December 31, prior year	515,455		515,455	125,768	13,052	138,820	654,275
2.	Realized capital gains/(losses) net of taxes-General Account	(24,577)		(24,577)	30,118		30,118	5,541
3.	Realized capital gains/(losses) net of taxes-Separate Accounts							
4.	Unrealized capital gains/(losses) net of deferred taxes-General Account	5,110		5,110	38,352		38,352	43,462
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	120,898		120,898	—	—	—	120,898
8.	Accumulated balances (Lines 1 through 5 - 6 + 7)	616,886		616,886	194,238	13,052	207,290	824,175
9.	Maximum reserve	559,535		559,535	139,985	12,263	152,248	711,783
10.	Reserve objective	345,217		345,217	139,769	12,263	152,032	497,248
11.	20% of (Line 10 - Line 8)	(54,334)		(54,334)	(10,894)	(158)	(11,052)	(65,385)
12.	Balance before transfers (Lines 8 + 11)	562,552		562,552	183,344	12,894	196,238	758,790
13.	Transfers							
14.	Voluntary contribution							
15.	Adjustment down to maximum/up to zero	(3,018)		(3,018)	(43,359)	(631)	(43,990)	(47,008)
16.	Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	559,534		559,534	139,985	12,263	152,248	711,782

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
1		LONG-TERM BONDS										
		Exempt Obligations.....	7,149,450	XXX	XXX	7,149,450	—	—	—	—	—	—
2.1	1	NAIC Designation Category 1.A.....	2,832,304	XXX	XXX	2,832,304	0.0002	566	0.0007	1,983	0.0013	3,682
2.2	1	NAIC Designation Category 1.B.....	420,880	XXX	XXX	420,880	0.0004	168	0.0011	463	0.0023	968
2.3	1	NAIC Designation Category 1.C.....	125,306	XXX	XXX	125,306	0.0006	75	0.0018	226	0.0035	439
2.4	1	NAIC Designation Category 1.D.....	1,044,559	XXX	XXX	1,044,559	0.0007	731	0.0022	2,298	0.0044	4,596
2.5	1	NAIC Designation Category 1.E.....	508,314	XXX	XXX	508,314	0.0009	457	0.0027	1,372	0.0055	2,796
2.6	1	NAIC Designation Category 1.F.....	2,421,266	XXX	XXX	2,421,266	0.0011	2,663	0.0034	8,232	0.0068	16,465
2.7	1	NAIC Designation Category 1.G.....	2,985,596	XXX	XXX	2,985,596	0.0014	4,180	0.0042	12,540	0.0085	25,378
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7).....	10,338,225	XXX	XXX	10,338,225	XXX	8,842	XXX	27,113	XXX	54,323
3.1	2	NAIC Designation Category 2.A.....	3,474,159	XXX	XXX	3,474,159	0.0021	7,296	0.0063	21,887	0.0105	36,479
3.2	2	NAIC Designation Category 2.B.....	13,667,189	XXX	XXX	13,667,189	0.0025	34,168	0.0076	103,871	0.0127	173,573
3.3	2	NAIC Designation Category 2.C.....	7,597,949	XXX	XXX	7,597,949	0.0036	27,353	0.0108	82,058	0.0180	136,763
3.4	2	Subtotal NAIC 2 (3.1 + 3.2 + 3.3).....	24,739,297	XXX	XXX	24,739,297	XXX	68,816	XXX	207,816	XXX	346,815
4.1	3	NAIC Designation Category 3.A.....	1,001,377	XXX	XXX	1,001,377	0.0069	6,910	0.0183	18,325	0.0262	26,236
4.2	3	NAIC Designation Category 3.B.....	1,756,209	XXX	XXX	1,756,209	0.0099	17,386	0.0264	46,364	0.0377	66,209
4.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3).....	2,757,586	XXX	XXX	2,757,586	XXX	24,296	XXX	64,689	XXX	92,445
5.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C.....	521,373	XXX	XXX	521,373	0.0310	16,163	0.0724	37,747	0.1034	53,910
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3).....	521,373	XXX	XXX	521,373	XXX	16,163	XXX	37,747	XXX	53,910
6.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1 + 6.2 + 6.3).....		XXX	XXX		XXX		XXX		XXX	
7	6	NAIC 6.....		XXX	XXX		0.0000		0.2370		0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion.....		XXX	XXX		XXX		XXX		XXX	
9		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8).....	45,505,931	XXX	XXX	45,505,931	XXX	118,117	XXX	337,366	XXX	547,493
		PREFERRED STOCKS										
10	1	Highest Quality.....		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High Quality.....	563,670	XXX	XXX	563,670	0.0021	1,184	0.0064	3,607	0.0106	5,975
12	3	Medium Quality.....	161,360	XXX	XXX	161,360	0.0099	1,597	0.0263	4,244	0.0376	6,067
13	4	Low Quality.....		XXX	XXX		0.0245		0.0572		0.0817	
14	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
15	6	In or Near Default.....		XXX	XXX		0.0000		0.2370		0.2370	
16		Affiliated Life with AVR.....		XXX	XXX		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16).....	725,030	XXX	XXX	725,030	XXX	2,781	XXX	7,851	XXX	12,042

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	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)	46,230,961	XXX	XXX	46,230,961	XXX	120,898	XXX	345,217	XXX	559,535

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	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	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated Public	882,294	XXX	XXX	882,294	—	—	0.1580 (a)	139,402	0.1580 (a)	139,402
2		Unaffiliated Private		XXX	XXX		—	—	0.1945		0.1945	
3		Federal Home Loan Bank	60,100	XXX	XXX	60,100	—	—	0.0061	367	0.0097	583
4		Affiliated Life with AVR		XXX	XXX		—	—	—	—	—	—
		Affiliated Investment Subsidiary:										
5		Fixed Income Exempt Obligations					XXX		XXX		XXX	
6		Fixed Income Highest Quality					XXX		XXX		XXX	
7		Fixed Income High Quality					XXX		XXX		XXX	
8		Fixed Income Medium Quality					XXX		XXX		XXX	
9		Fixed Income Low Quality					XXX		XXX		XXX	
10		Fixed Income Lower Quality					XXX		XXX		XXX	
11		Fixed Income In or Near Default					XXX		XXX		XXX	
12		Unaffiliated Common Stock Public					—	—	0.1580 (a)		0.1580 (a)	
13		Unaffiliated Common Stock Private					—	—	0.1945		0.1945	
14		Real Estate					(b)		(b)		(b)	
15		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1580		0.1580	
16		Affiliated - All Other		XXX	XXX		—	—	0.1945		0.1945	
17		Total Common Stock (Sum of Lines 1 through 16)	942,394			942,394	XXX	—	XXX	139,769	XXX	139,985
REAL ESTATE												
18		Home Office Property (General Account only)	134,458			134,458	—	—	0.0912	12,263	0.0912	12,263
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)	134,458			134,458	XXX	—	XXX	12,263	XXX	12,263
OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt Obligations		XXX	XXX		—	—	—	—	—	—
23	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28	6	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	—

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
31	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
32	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
33	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
35	6	In or Near Default		XXX	XXX		—	—	0.2370		0.2370	
36		Affiliated Life with AVR		XXX	XXX		—	—	—	—	—	—
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX	—	XXX	—	XXX	—
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
Overdue, Not in Process Affiliated:												
46		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50		Commercial Mortgages -- All Other			XXX		0.0480		0.0868		0.1371	
In Process of Foreclosure Affiliated:												
51		Farm Mortgages			XXX		—	—	0.1942		0.1942	
52		Residential Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
53		Residential Mortgages - All Other			XXX		—	—	0.0149		0.0149	
54		Commercial Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
55		Commercial Mortgages - All Other			XXX		—	—	0.1942		0.1942	
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		0.0011		0.0057		0.0074	
59		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
62		Unaffiliated - In Process of Foreclosure			XXX		—	—	0.1942		0.1942	
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	

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated Public		XXX	XXX		—	—	0.1580 (a)		0.1580 (a)	
66		Unaffiliated Private		XXX	XXX		—	—	0.1945		0.1945	
67		Affiliated Life with AVR		XXX	XXX		—	—	—		—	
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1580		0.1580	
69		Affiliated Other - All Other		XXX	XXX		—	—	0.1945		0.1945	
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX	—	XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71		Home Office Property (General Account only)					—	—	0.0912		0.0912	
72		Investment Properties					—	—	0.0912		0.0912	
73		Properties Acquired in Satisfaction of Debt					—	—	0.1337		0.1337	
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX	—	XXX		XXX	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
RESIDUAL TRANCHES OR INTERESTS												
81		Fixed Income Instruments – Unaffiliated		XXX			—	—	0.1580		0.1580	
82		Fixed Income Instruments – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
83		Common Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
84		Common Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
85		Preferred Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
86		Preferred Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
87		Real Estate – Unaffiliated					—	—	0.1580		0.1580	
88		Real Estate – Affiliated					—	—	0.1580		0.1580	
89		Mortgage Loans – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
90		Mortgage Loans – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
91		Other – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
92		Other – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
93		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX	—	XXX		XXX	
ALL OTHER INVESTMENTS												
94		NAIC 1 Working Capital Finance Investments		XXX			—	—	0.0042		0.0042	
95		NAIC 2 Working Capital Finance Investments		XXX			—	—	0.0137		0.0137	
96		Other Invested Assets - Schedule BA		XXX			—	—	0.1580		0.1580	
97		Other Short-Term Invested Assets - Schedule DA		XXX			—	—	0.1580		0.1580	
98		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	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	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	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	2	3	4	5	6	7	8	9	10	11	12	13	14
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1.	Premiums written.....	4,365	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned.....	4,347	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims.....	929	21.4												
4.	Cost containment expenses.....	—	—												
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	929	21.4												
6.	Increase in contract reserves.....	(3,250)	(74.8)												
7.	Commissions (a).....	—	—												
8.	Other general insurance expenses.....	—	—												
9.	Taxes, licenses and fees.....	—	—												
10.	Total other expenses incurred.....	—	—												
11.	Aggregate write-ins for deductions.....														
12.	Gain from underwriting before dividends or refunds.....	6,668	153.4												
13.	Dividends or refunds.....														
14.	Gain from underwriting after dividends or refunds.....	6,668	153.4												
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	16	17	18	19	20	21	22	23	24	25	26
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1.	Premiums written.....		XXX		XXX		XXX		XXX		XXX	4,365	XXX
2.	Premiums earned.....		XXX		XXX		XXX		XXX		XXX	4,347	XXX
3.	Incurred claims.....											929	21.4
4.	Cost containment expenses.....											—	—
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....											929	21.4
6.	Increase in contract reserves.....											(3,250)	(74.8)
7.	Commissions (a).....											—	—
8.	Other general insurance expenses.....											—	—
9.	Taxes, licenses and fees.....											—	—
10.	Total other expenses incurred.....											—	—
11.	Aggregate write-ins for deductions.....												
12.	Gain from underwriting before dividends or refunds.....											6,668	153.4
13.	Dividends or refunds.....												
14.	Gain from underwriting after dividends or refunds.....											6,668	153.4
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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	123												123
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year	123												123
5. Total premium reserves, prior year	105												105
6. Increase in total premium reserves	18												18
B. Contract Reserves:													
1. Additional reserves (a)													
2. Reserve for future contingent benefits	25,750												25,750
3. Total contract reserves, current year	25,750												25,750
4. Total contract reserves, prior year	29,000												29,000
5. Increase in contract reserves	(3,250)												(3,250)
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	929												929
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													

NONE

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health	Total
A.	Direct:													
	1. Incurred Claims.....												929	929
	2. Beginning Claim Reserves and Liabilities.....													
	3. Ending Claim Reserves and Liabilities.....													
	4. Claims Paid.....												929	929
B.	Assumed Reinsurance:													
	1. Incurred Claims.....													
	2. Beginning Claim Reserves and Liabilities.....													
	3. Ending Claim Reserves and Liabilities.....													
	4. Claims Paid.....													
C.	Ceded Reinsurance:													
	1. Incurred Claims.....													
	2. Beginning Claim Reserves and Liabilities.....													
	3. Ending Claim Reserves and Liabilities.....													
	4. Claims Paid.....													
D.	Net:													
	1. Incurred Claims.....												929	929
	2. Beginning Claim Reserves and Liabilities.....													
	3. Ending Claim Reserves and Liabilities.....													
	4. Claims Paid.....												929	929
E.	Net Incurred Claims and Cost Containment Expenses:													
	1. Incurred Claims and Cost Containment Expenses.....												929	929
	2. Beginning Reserves and Liabilities.....													
	3. Ending Reserves and Liabilities.....													
	4. Paid Claims and Cost Containment Expenses.....												929	929

(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	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
General Account, Authorized, Affiliates, U.S., Captive														
88099	75-1608507	07/01/2005	OptimumRE	TX	CO/I	ADB				1,465				
88099	75-1608507	07/01/2005	OptimumRE	TX	YRT/I	OL	1,020,000			1,678				
0199999 – General Account, Authorized, Affiliates, U.S., Captive							1,020,000			3,143				
0399999 – General Account, Authorized, Affiliates, U.S., Total							1,020,000			3,143				
0799999 – General Account, Authorized, Total Authorized Affiliates							1,020,000			3,143				
1199999 – Total General Account Authorized							1,020,000			3,143				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							1,020,000			3,143				
9199999 – Total U.S.							1,020,000			3,143				
9999999 – Total (Sum of 4599999 and 9099999)							1,020,000			3,143				

(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 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

		1	2	3	4	5
		2024	2023	2022	2021	2020
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	3	3	4	4	3
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	48,216,221		48,216,221
2. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15)	1,566		1,566
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (balance)	674,840		674,840
6. Total assets excluding Separate Accounts (Line 26)	48,892,627		48,892,627
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	48,892,627		48,892,627
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	34,488,144		34,488,144
10. Liability for deposit-type contracts (Line 3)	1,260,740		1,260,740
11. Claim reserves (Line 4)	151,096		151,096
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)	202,217		202,217
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)	996,102		996,102
20. Total liabilities excluding Separate Accounts (Line 26)	37,198,299		37,198,299
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	37,198,299		37,198,299
23. Capital & surplus (Line 38)	11,694,328	XXX	11,694,328
24. Total liabilities, capital & surplus (Line 39)	48,892,627		48,892,627
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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (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	109,957	675,330			109,950	895,237
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		109,957	675,330			109,950	895,237

(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?	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
April Filing		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
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)	WAIVED
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
June Filing		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

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)	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
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?	YES
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?	YES
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
28.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
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?	NO
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
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?	NO
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?	NO
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
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

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

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

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

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

OVERFLOW PAGE FOR WRITE-INS

ASSETS				
	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page				
2504. PREPAID EXPENSE	21,257	21,257	-	-
2597. Summary of remaining write-ins for Line 25 from overflow page	21,257	21,257	-	-

EXHIBIT 2 - GENERAL EXPENSES							
	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
		Cost Containment	All Other				
	Life				Investment	Fraternal	Total
09.304. FRATERNAL EVENTS.....						40,737	40,737
09.305. CONSULTING SERVICES.....	12,789						12,789
09.306. DATA PROCESSING.....	18,754						18,754
09.397. Summary of remaining write-ins for Line 9.3 from overflow page.....	31,543					40,737	72,280

OVERFLOW PAGE FOR WRITE-INS



SCHEDULE O SUPPLEMENT
For The Year Ended December 31, 2024
(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	2	3	4	5
	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

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

SUPPLEMENTAL SCHEDULE O – PART 1

Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
Years in Which Losses Were Incurred	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
Years in Which Losses Were Incurred	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
Years in Which Losses Were Incurred	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
Years in Which Losses Were Incurred	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

(Supp-465.2) Part 2 - Section A - Group Accident and Health (\$000's Omitted)
NONE

(Supp-465.2) Part 2 - Section B - Other Accident and Health (\$000's Omitted)
NONE

(Supp-465.2) Part 2 - Section C - Credit Accident and Health (\$000's Omitted)
NONE

(Supp-465.2) Part 2 - Section D (\$000's Omitted)
NONE

(Supp-465.2) Part 2 - Section E (\$000's Omitted)
NONE

(Supp-465.2) Part 2 - Section F (\$000's Omitted)
NONE

(Supp-465.2) Part 2 - Section G (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section A - Group Accident and Health (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section B - Other Accident and Health (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section C - Credit Accident and Health (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section D (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section E (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section F (\$000's Omitted)
NONE

(Supp-465.3) Part 3 - Section G (\$000's Omitted)
NONE

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020					
2.	2021	XXX				
3.	2022	XXX				
4.	2023	XXX	XXX	XXX		
5.	2024	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020					
2.	2021	XXX				
3.	2022	XXX				
4.	2023	XXX	XXX	XXX		
5.	2024	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020					
2.	2021	XXX				
3.	2022	XXX				
4.	2023	XXX	XXX	XXX		
5.	2024	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

		1	2
Line of Business		Methodology	Amount
1.	Industrial life	Other	151
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	151



HEALTH SUPPLEMENTS
For The Year Ended December 31, 2024
(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	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
1. Net premium income.....	4,365	4,365												
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....	4,365	4,365												
8. Hospital/medical benefits.....	929	929												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).....	929	929												XXX
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16).....	929	929												XXX
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses.....														
20. General administrative expenses.....														
21. Increase in reserves for accident and health contracts.....	(3,250)	(3,250)												XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	(2,321)	(2,321)												
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	6,686	6,686												
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.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 06 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....														XXX

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 3

Health Care Receivables

NONE

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

EXHIBIT 3A

Analysis of Health Care Receivables Collected and Accrued

	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables		NONE				
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)						

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