



**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 .. OH .....	
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 .....	
	CLEVELAND, OH, US 44119 .....	216-531-1900 .....	
		(Telephone) CLEVELAND, OH, US 44119 .....	
Mail Address .....	19424 SOUTH WATERLOO ROAD .....		
Primary Location of Books and Records .....	19424 SOUTH WATERLOO ROAD .....	216-531-1900 .....	
	CLEVELAND, OH, US 44119 .....	(Telephone) 216-531-1900 .....	
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 .....

## DIRECTORS OR TRUSTEES

JOSEPH ZAB .....

RONALD ZAB .....

ALYCE KANE .....

JAMES MANNION .....

JACOB YOUNG .....

KAITLIN GINTER .....

JAMES CZECK .....

KENNETH SHINE .....

JAIME LONCAR .....

CHARLES KOHLI .....

CADE JERIC .....

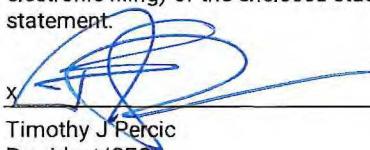
CHARLES KRZIC .....

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.

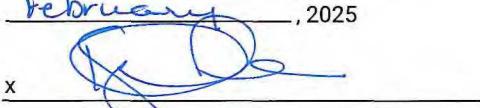
  
 x  
 Timothy J. Percic  
 President/CEO

  
 x  
 Andrew Hanigosky  
 CFO

Subscribed and sworn to before me  
 this 27 day of

February, 2025

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

  
 x



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

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>

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)	
<b>Individual Life</b>													
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
<b>Group Life</b>													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life													
<b>Individual Annuities</b>													
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
<b>Group Annuities</b>													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
33. Total Group Annuities													
<b>Accident and Health</b>													
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)<sup>(b)</sup>**

Line of Business	Incurred During Current Year	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)		
		14	15	16	17	18	19	20	21	23	24	25	26	27	28	
		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	
<b>Individual Life</b>																
1. Industrial																
2. Whole	325,000	(286)	283,000					(286)	283,000	141,000	77	735,000	(362)	(440,000)	17,845	
3. Term										51	540,000	(20)	(162,000)	127	32,493,000	
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
<b>Group Life</b>																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
<b>Individual Annuities</b>																
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
<b>Group Annuities</b>																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
<b>Accident and Health</b>																
34. Comprehensive individual (d)	XXX	XXX	XXX	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	XXX	XXX	XXX				
36. Medicare Supplement (d)	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				
38. Dental only (d)	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				
40. Title XVIII Medicare (d)	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				
42. Credit A&H																
43. Disability income (d)																
44. Long-term care (d)																
45. Other health (d)																
46. Total Accident and Health	XXX	XXX	XXX	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)<sup>(b)</sup>

5 6 2 8 6 2 0 2 4 4 3 0 5 9 1 0 0

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				
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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	

## GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

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<b>Individual Life</b>															
1. Industrial															
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7. Variable															
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10. Other															
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17. Credit															
18. Other															
19. Total Group Life															
<b>Individual Annuities</b>															
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35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			4,470
36. Medicare Supplement (d)	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			
38. Dental only (d)	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			
40. Title XVIII Medicare (d)	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			
42. Credit A&H															
43. Disability income (d)															
44. Long-term care (d)															
45. Other health (d)															
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(26)	(504)	206
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

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(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**

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. 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 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.	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 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)
<b>LONG-TERM BONDS</b>												
1		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	
2.2	1	NAIC Designation Category 1.B	420,880	XXX	XXX	420,880	0.0004	168	0.0011	463	0.0023	
2.3	1	NAIC Designation Category 1.C	125,306	XXX	XXX	125,306	0.0006	75	0.0018	226	0.0035	
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	
2.5	1	NAIC Designation Category 1.E	508,314	XXX	XXX	508,314	0.0009	457	0.0027	1,372	0.0055	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3)	521,373	XXX	XXX	521,373	XXX	16,163	XXX	37,747	XXX	
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	
<b>PREFERRED STOCKS</b>												
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	
12	3	Medium Quality	161,360	XXX	XXX	161,360	0.0099	1,597	0.0263	4,244	0.0376	
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	

**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)
<b>SHORT-TERM BONDS</b>												
18		Exempt Obligations		XXX	XXX		—	—	—	—	—	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002	0.0007	0.0011	0.0013	0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004	0.0011	0.0018	0.0023	0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006	0.0018	0.0022	0.0035	0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007	0.0022	0.0027	0.0044	0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009	0.0027	0.0034	0.0068	0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011	0.0042	0.0085	0.0105	0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014	—	—	—	—	
19.8		Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7)		XXX	XXX		XXX	XXX	XXX	XXX	XXX	
20.1	2	NAIC Designation Category 2.A			XXX		0.0021	0.0063	0.0108	0.0127	0.0105	
20.2	2	NAIC Designation Category 2.B			XXX		0.0025	0.0076	0.0108	0.0180	0.0127	
20.3	2	NAIC Designation Category 2.C			XXX		0.0036	—	—	—	—	
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3)			XXX		XXX	XXX	XXX	XXX	XXX	
21.1	3	NAIC Designation Category 3.A			XXX		0.0069	0.0183	0.0264	0.0377	0.0262	
21.2	3	NAIC Designation Category 3.B			XXX		0.0099	0.0264	0.0350	0.0500	0.0377	
21.3	3	NAIC Designation Category 3.C			XXX		0.0131	—	—	—	—	
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3)			XXX		XXX	XXX	XXX	XXX	XXX	
22.1	4	NAIC Designation Category 4.A			XXX		0.0184	0.0430	0.0555	0.0793	0.0615	
22.2	4	NAIC Designation Category 4.B			XXX		0.0238	0.0555	0.0724	0.1034	0.0793	
22.3	4	NAIC Designation Category 4.C			XXX		0.0310	—	—	—	—	
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3)			XXX		XXX	XXX	XXX	XXX	XXX	
23.1	5	NAIC Designation Category 5.A			XXX		0.0472	0.0846	0.1188	0.1498	0.1410	
23.2	5	NAIC Designation Category 5.B			XXX		0.0663	0.1188	0.1498	0.1980	0.1498	
23.3	5	NAIC Designation Category 5.C			XXX		0.0836	—	—	—	—	
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3)			XXX		XXX	XXX	XXX	XXX	XXX	
24	6	NAIC 6			XXX		—	0.2370	—	—	—	
25		Total Short-Term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)			XXX		XXX	XXX	XXX	XXX	XXX	
<b>DERIVATIVE INSTRUMENTS</b>												
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	XXX	
34		Total (Lines 9+ 17 + 25 + 33)		46,230,961	XXX		46,230,961	XXX	120,898	XXX	345,217	
											559,535	

**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)
		<b>MORTGAGE LOANS</b>										
		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)
<b>COMMON STOCK</b>												
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.....		—	—	—	—	—	—
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).....	942,394			942,394	XXX.....	—	XXX.....	139,769	XXX.....	139,985
<b>REAL ESTATE</b>												
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
<b>OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS</b>												
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.....	—

**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	<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS</b>		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		—	—	—	—	—	
		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX	—	XXX	—	XXX	
34		<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS</b>										
		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	
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 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		<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK</b>		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		—	—	0.1945	—	0.1945	
70		Affiliated Other - All Other		XXX	XXX		—	—	XXX	—	XXX	
Total with Common Stock Characteristics (Sum of Lines 65 through 69)				XXX	XXX		XXX	—	XXX	—	XXX	
71		<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE</b>					—	—	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		<b>LOW INCOME HOUSING TAX CREDIT INVESTMENTS</b>					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		<b>RESIDUAL TRANCES OR INTERESTS</b>		XXX	XXX		—	—	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		<b>ALL OTHER INVESTMENTS</b>		XXX	XXX		—	—	0.0042	—	0.0042	
95		NAIC 1 Working Capital Finance Investments		XXX	XXX		—	—	0.0137	—	0.0137	
96		NAIC 2 Working Capital Finance Investments		XXX	XXX		—	—	0.1580	—	0.1580	
97		Other Invested Assets - Schedule BA		XXX	XXX		—	—	0.1580	—	0.1580	
98		Other Short-Term Invested Assets - Schedule DA		XXX	XXX		—	—	0.1580	—	0.1580	
99		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX	XXX		XXX	—	XXX	—	XXX	
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 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.....	4,365	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												
<b>Details of Write-Ins</b>														
1101.....														
1102.....														
1103.....														
1198.. Summary of remaining write-ins for Line 11 from overflow page.....														
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....														

38

	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.....												
11. Aggregate write-ins for deductions.....												
12. Gain from underwriting before dividends or refunds.....											6,668	153.4
13. Dividends or refunds.....											6,668	153.4
14. Gain from underwriting after dividends or refunds.....												
<b>Details of Write-Ins</b>												
1101.....												
1102.....												
1103.....												
1198.. Summary of remaining write-ins for Line 11 from overflow page.....												
1199. Totals (Lines 1101 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	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 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:														929
1. Incurred Claims														929
2. Beginning Claim Reserves and Liabilities														929
3. Ending Claim Reserves and Liabilities														929
4. Claims Paid														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:														929
1. Incurred Claims														929
2. Beginning Claim Reserves and Liabilities														929
3. Ending Claim Reserves and Liabilities														929
4. Claims Paid														929
E. Net Incurred Claims and Cost Containment Expenses:														929
1. Incurred Claims and Cost Containment Expenses														929
2. Beginning Reserves and Liabilities														
3. Ending Reserves and Liabilities														
4. Paid Claims and Cost Containment Expenses														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 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
<b>General Account, Authorized, Affiliates, U.S., Captive</b>														
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 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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 .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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.

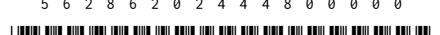
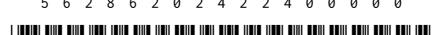
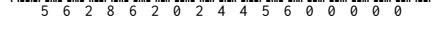
	Response
<b>March Filing</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
<b>April Filing</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association 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
<b>June Filing</b>	
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
<b>SUPPLEMENTAL FILINGS</b>	
<p>The following supplemental reports are required to be filed as part of your statement filing <b>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.</b> If the supplement is required of your company but is not being filed for whatever reason, enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.</p>	
<b>March Filing</b>	
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
<b>April Filing</b>	
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**

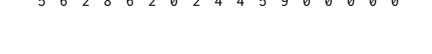
	Response
40. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 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.		 5 6 2 8 6 2 0 2 4 2 9 0 0 0 0 0 0
2.		 5 6 2 8 6 2 0 2 4 4 2 0 0 0 0 0 0
3.		 5 6 2 8 6 2 0 2 4 3 6 0 0 0 0 0 0
4.		 5 6 2 8 6 2 0 2 4 4 9 0 0 0 0 0 0
5.		 5 6 2 8 6 2 0 2 4 4 2 0 0 0 0 0 0
6.		 5 6 2 8 6 2 0 2 4 4 4 3 0 0 0 0 0 0
7.		 5 6 2 8 6 2 0 2 4 4 4 4 0 0 0 0 0 0
8.		 5 6 2 8 6 2 0 2 4 4 4 5 0 0 0 0 0 0
9.		 5 6 2 8 6 2 0 2 4 4 4 6 0 0 0 0 0 0
10.		 5 6 2 8 6 2 0 2 4 4 4 7 0 0 0 0 0 0
11.		 5 6 2 8 6 2 0 2 4 4 4 8 0 0 0 0 0 0
12.		 5 6 2 8 6 2 0 2 4 4 4 9 0 0 0 0 0 0
13.		 5 6 2 8 6 2 0 2 4 4 5 0 0 0 0 0 0 0
14.		 5 6 2 8 6 2 0 2 4 4 5 1 0 0 0 0 0 0
15.		 5 6 2 8 6 2 0 2 4 4 5 2 0 0 0 0 0 0
16.		 5 6 2 8 6 2 0 2 4 4 5 3 0 0 0 0 0 0
17.		 5 6 2 8 6 2 0 2 4 4 5 4 0 0 0 0 0 0
18.		 5 6 2 8 6 2 0 2 4 4 5 5 0 0 0 0 0 0
19.		 5 6 2 8 6 2 0 2 4 4 5 6 0 0 0 0 0 0
20.		 5 6 2 8 6 2 0 2 4 4 6 0 0 0 0 0 0 0
21.		 5 6 2 8 6 2 0 2 4 4 6 1 0 0 0 0 0 0
22.		 5 6 2 8 6 2 0 2 4 4 6 2 0 0 0 0 0 0
23.		 5 6 2 8 6 2 0 2 4 4 6 3 0 0 0 0 0 0
24.		 5 6 2 8 6 2 0 2 4 4 6 4 0 0 0 0 0 0
25.		 5 6 2 8 6 2 0 2 4 4 6 5 0 0 0 0 0 0
26.		 5 6 2 8 6 2 0 2 4 4 6 6 0 0 0 0 0 0
27.		 5 6 2 8 6 2 0 2 4 4 6 7 0 0 0 0 0 0
28.		 5 6 2 8 6 2 0 2 4 4 6 8 0 0 0 0 0 0
29.		 5 6 2 8 6 2 0 2 4 4 6 9 0 0 0 0 0 0
30.		 5 6 2 8 6 2 0 2 4 4 7 0 0 0 0 0 0 0
31.		 5 6 2 8 6 2 0 2 4 4 7 1 0 0 0 0 0 0
32.		 5 6 2 8 6 2 0 2 4 4 7 2 0 0 0 0 0 0
33.		 5 6 2 8 6 2 0 2 4 4 7 3 0 0 0 0 0 0
34.		 5 6 2 8 6 2 0 2 4 4 7 4 0 0 0 0 0 0
35.		 5 6 2 8 6 2 0 2 4 4 7 5 0 0 0 0 0 0
36.		 5 6 2 8 6 2 0 2 4 4 7 6 0 0 0 0 0 0
37.		 5 6 2 8 6 2 0 2 4 4 7 7 0 0 0 0 0 0
38.		 5 6 2 8 6 2 0 2 4 4 7 8 0 0 0 0 0 0
39.		 5 6 2 8 6 2 0 2 4 4 7 9 0 0 0 0 0 0
40.		 5 6 2 8 6 2 0 2 4 4 7 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 2 8 6 0 0 0 0 0
46.	 5 6 2 8 6 2 0 2 4 4 5 7 0 0 0 0 0
47.	 5 6 2 8 6 2 0 2 4 4 5 8 0 0 0 0 0
48.	 5 6 2 8 6 2 0 2 4 4 5 9 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS****ASSETS**

	Assets	Current Year			Prior Year
		1	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 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 Investment	6 Fraternal	7 Total			
	1 Life	Accident and Health		4 All Other Lines of Business						
		2 Cost Containment	3 All Other							
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 2020	2 2021	3 2022	4 2023	5 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 2020	2 2021	3 2022	4 2023	5 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 2020	2 2021	3 2022	4 2023	5 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**

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

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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX	XXX	
5. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX	XXX	
5. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX	XXX	
5. 2024.....	XXX	XXX	XXX	XXX	XXX

**SUPPLEMENTAL SCHEDULE O – PART 4**Development 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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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		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 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.....	4,365	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
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).....														
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.....														
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												
<b>Details of Write-ins</b>														
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	
0602.....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.....			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	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....			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

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.