



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
AMERICAN MUTUAL LIFE ASSOCIATION

NAIC Group Code NAIC Company Code 56286 Employer's ID Number 34-6577472

Organized under the Laws of (Current) (Prior) 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
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

DIRECTORS OR TRUSTEES

JOSEPH ZAB JAMES CZECK
RONALD ZAB KENNETH SHINE
ALYCE KANE JAIME LONCAR
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.

Signatures of Timothy J Percic and Andrew Hanigosky with their titles: President/CEO and CFO

Subscribed and sworn to before me this 27th day of Feb, 2026

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



KEVIN R COLLINS
Notary Public, State of Ohio
Commission No. 2019-RE-768347
My Commission Expires February 23, 2029



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56286

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	77,237		31,546	5,033	64,147	100,726	319,931	27,500	51,851			399,282
3. Term	9,459											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	86,696		31,546	5,033	64,147	100,726	319,931	27,500	51,851			399,282
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	1,692,304						1,363,775					1,363,775
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	1,692,304						1,363,775					1,363,775
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)	3,974 (f)						XXX	XXX	XXX			
35. Comprehensive group (d)	(f)						XXX	XXX	XXX			
36. Medicare supplement (d)	(f)						XXX	XXX	XXX			
37. Vision only (d)	(f)						XXX	XXX	XXX			
38. Dental only (d)	(f)						XXX	XXX	XXX			
39. Federal employees health benefits plan (d)	(f)						XXX	XXX	XXX			
40. Title XVIII Medicare (d)	(e, f)						XXX	XXX	XXX			
41. Title XIX Medicaid (d)	(f)						XXX	XXX	XXX			
42. Credit A&H	(f)						XXX	XXX	XXX			
43. Disability income (d)	(f)						XXX	XXX	XXX			
44. Long-term care (d)	(f)						XXX	XXX	XXX			
45. Other health (d)	(f)						XXX	XXX	XXX			
46. Total accident and health	3,974						XXX	XXX	XXX			
47. Total	1,782,974 (c)		31,546	5,033	64,147	100,726	1,683,706	27,500	51,851			1,763,057

24.04

**DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025
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																
2. Whole	347,000	351	396,000					351	396,000	92,000	57	480,000	(447)	(353,000)	17,455	32,620,000
3. Term										-	44	455,000	(18)	(130,000)	153	2,295,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	347,000	351	396,000					351	396,000	92,000	101	935,000	(465)	(483,000)	17,608	34,915,000
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	1,363,775	13	1,363,775					13	1,363,775	-	13	62,996	(18)	1,399,669	495	23,156,292
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	1,363,775	13	1,363,775					13	1,363,775	-	13	62,996	(18)	1,399,669	495	23,156,292
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			(20)	(438)	186	4,032
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			(20)	(438)	186	4,032
47. Total	1,710,775	364	1,759,775					364	1,759,775	92,000	114	997,996	(503)	916,231	18,289	58,075,324

24 OH.1

(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: \$468,827 Group: \$ Total: \$468,827

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$



GRAND TOTAL DURING THE YEAR 2025
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0000

NAIC Company Code: 56286

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
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39. Federal employees health benefits plan (d)	(f)						XXX	XXX	XXX			
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45. Other health (d)	(f)						XXX	XXX	XXX			
46. Total accident and health	3,974						XXX	XXX	XXX			
47. Total	1,782,974 (c)		31,546	5,033	64,147	100,726	1,683,706	27,500	51,851			1,763,057

24.GT

Annual Statement for the Year 2025 of the American Mutual Life Association

GRAND TOTAL DURING THE YEAR 2025
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	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Amount	26 Amount	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							
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20. Fixed	1,363,775	13	1,363,775					13	1,363,775	-	13	62,996	(18)	1,399,669	495	23,156,292
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33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(20)	(438)	186	4,032
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			(20)	(438)	186	4,032
47. Total	1,710,775	364	1,759,775					364	1,759,775	92,000	114	997,996	(503)	916,231	18,289	58,075,324

24.GT.1

(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 \$

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(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$468,827 Group: \$ Total: \$468,827

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

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

(f) For health business report Direct Premiums Earned: Comprehensive Individual \$; Comprehensive 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 \$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE
INTEREST MAINTENANCE RESERVE

		1
		Amount
1.	Reserve as of December 31, prior year.....	202,217
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).....	202,217
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	17,017
6.	Reserve as of December 31, current year (Line 4 minus Line 5).....	185,200

AMORTIZATION

Year of 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)
1.	2025	17,017			17,017
2.	2026	10,506			10,506
3.	2027	5,049			5,049
4.	2028	1,951			1,951
5.	2029	1,853			1,853
6.	2030	4,037			4,037
7.	2031	7,767			7,767
8.	2032	11,649			11,649
9.	2033	15,086			15,086
10.	2034	17,093			17,093
11.	2035	16,731			16,731
12.	2036	16,092			16,092
13.	2037	15,441			15,441
14.	2038	14,102			14,102
15.	2039	13,110			13,110
16.	2040	11,873			11,873
17.	2041	9,871			9,871
18.	2042	6,683			6,683
19.	2043	4,261			4,261
20.	2044	2,235			2,235
21.	2045	383			383
22.	2046	(314)			(314)
23.	2047	(259)			(259)
24.	2048				
25.	2049				
26.	2050				
27.	2051				
28.	2052				
29.	2053				
30.	2054				
31.	2055 and Later				
32.	Total (Lines 1 to 31)	202,217			202,217

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.....	559,534		559,534	139,985	12,263	152,248	711,782
2. Realized capital gains/(losses) net of taxes-General Account.....				59,185		59,185	59,185
3. Realized capital gains/(losses) net of taxes-Separate Accounts.....							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account.....	(31,340)		(31,340)	9,778		9,778	(21,562)
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.....	144,061		144,061	-	-	-	144,061
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	672,254		672,254	208,948	12,263	221,211	893,465
9. Maximum reserve.....	650,418		650,418	61,001	13,497	74,498	724,916
10. Reserve objective.....	394,407		394,407	60,785	13,497	74,282	468,688
11. 20% of (Line 10 - Line 8).....	(55,570)		(55,570)	(29,633)	247	(29,386)	(84,955)
12. Balance before transfers (Lines 8 + 11).....	616,685		616,685	179,315	12,510	191,825	808,510
13. Transfers.....							
14. Voluntary contribution.....							
15. Adjustment down to maximum/up to zero.....	33,733		33,733	(118,314)	987	(117,327)	(83,594)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	650,418		650,418	61,001	13,497	74,498	724,916

**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)
LONG-TERM BONDS												
1		Exempt Obligations	4,214,334	XXX	XXX	4,214,334	-	-	-	-	-	-
2.1	1	NAIC Designation Category 1.A	2,822,330	XXX	XXX	2,822,330	0.0002	564	0.0007	1,976	0.0013	3,669
2.2	1	NAIC Designation Category 1.B	423,425	XXX	XXX	423,425	0.0004	169	0.0011	466	0.0023	974
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D	1,209,706	XXX	XXX	1,209,706	0.0007	847	0.0022	2,661	0.0044	5,323
2.5	1	NAIC Designation Category 1.E	808,178	XXX	XXX	808,178	0.0009	727	0.0027	2,182	0.0055	4,445
2.6	1	NAIC Designation Category 1.F	2,809,299	XXX	XXX	2,809,299	0.0011	3,090	0.0034	9,552	0.0068	19,103
2.7	1	NAIC Designation Category 1.G	4,188,399	XXX	XXX	4,188,399	0.0014	5,864	0.0042	17,591	0.0085	35,601
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7)	12,261,337	XXX	XXX	12,261,337	XXX	11,262	XXX	34,428	XXX	69,115
3.1	2	NAIC Designation Category 2.A	5,618,014	XXX	XXX	5,618,014	0.0021	11,798	0.0063	35,393	0.0105	58,989
3.2	2	NAIC Designation Category 2.B	14,828,383	XXX	XXX	14,828,383	0.0025	37,071	0.0076	112,696	0.0127	188,320
3.3	2	NAIC Designation Category 2.C	7,747,635	XXX	XXX	7,747,635	0.0036	27,891	0.0108	83,674	0.0180	139,457
3.4		Subtotal NAIC 2 (3.1 + 3.2 + 3.3)	28,194,032	XXX	XXX	28,194,032	XXX	76,760	XXX	231,764	XXX	386,767
4.1	3	NAIC Designation Category 3.A	1,816,698	XXX	XXX	1,816,698	0.0069	12,535	0.0183	33,246	0.0262	47,597
4.2	3	NAIC Designation Category 3.B	817,699	XXX	XXX	817,699	0.0099	8,095	0.0264	21,587	0.0377	30,827
4.3	3	NAIC Designation Category 3.C	585,324	XXX	XXX	585,324	0.0131	7,668	0.0350	20,486	0.0500	29,266
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3)	3,219,721	XXX	XXX	3,219,721	XXX	28,298	XXX	75,319	XXX	107,691
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		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A	520,711	XXX	XXX	520,711	0.0472	24,578	0.0846	44,052	0.1410	73,420
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)	520,711	XXX	XXX	520,711	XXX	24,578	XXX	44,052	XXX	73,420
7	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8		Intentionally left blank	XXX	XXX	XXX	XXX	XXX	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)	48,410,135	XXX	XXX	48,410,135	XXX	140,898	XXX	385,563	XXX	636,993
PREFERRED STOCKS												
10	1	Highest quality		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High quality	538,450	XXX	XXX	538,450	0.0021	1,131	0.0064	3,446	0.0106	5,708
12	3	Medium quality	205,240	XXX	XXX	205,240	0.0099	2,032	0.0263	5,398	0.0376	7,717
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)	743,690	XXX	XXX	743,690	XXX	3,163	XXX	8,844	XXX	13,425

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX	XXX		-		-			-
19.1	1	NAIC Designation Category 1.A.....		XXX	XXX		0.0002		0.0007			0.0013
19.2	1	NAIC Designation Category 1.B.....		XXX	XXX		0.0004		0.0011			0.0023
19.3	1	NAIC Designation Category 1.C.....		XXX	XXX		0.0006		0.0018			0.0035
19.4	1	NAIC Designation Category 1.D.....		XXX	XXX		0.0007		0.0022			0.0044
19.5	1	NAIC Designation Category 1.E.....		XXX	XXX		0.0009		0.0027			0.0055
19.6	1	NAIC Designation Category 1.F.....		XXX	XXX		0.0011		0.0034			0.0068
19.7	1	NAIC Designation Category 1.G.....		XXX	XXX		0.0014		0.0042			0.0085
19.8		Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7).....		XXX	XXX		XXX		XXX			XXX
20.1	2	NAIC Designation Category 2.A.....		XXX	XXX		0.0021		0.0063			0.0105
20.2	2	NAIC Designation Category 2.B.....		XXX	XXX		0.0025		0.0076			0.0127
20.3	2	NAIC Designation Category 2.C.....		XXX	XXX		0.0036		0.0108			0.0180
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3).....		XXX	XXX		XXX		XXX			XXX
21.1	3	NAIC Designation Category 3.A.....		XXX	XXX		0.0069		0.0183			0.0262
21.2	3	NAIC Designation Category 3.B.....		XXX	XXX		0.0099		0.0264			0.0377
21.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.0131		0.0350			0.0500
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3).....		XXX	XXX		XXX		XXX			XXX
22.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.0184		0.0430			0.0615
22.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.0238		0.0555			0.0793
22.3	4	NAIC Designation Category 4.C.....		XXX	XXX		0.0310		0.0724			0.1034
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3).....		XXX	XXX		XXX		XXX			XXX
23.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.0472		0.0846			0.1410
23.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.0663		0.1188			0.1980
23.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.0836		0.1498			0.2496
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3).....		XXX	XXX		XXX		XXX			XXX
24	6	NAIC 6.....		XXX	XXX		-		0.2370			0.2370
25		Total short-term bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24).....		XXX	XXX		XXX		XXX			XXX
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX	XXX		0.0005		0.0016			0.0033
27	1	Highest quality.....		XXX	XXX		0.0005		0.0016			0.0033
28	2	High quality.....		XXX	XXX		0.0021		0.0064			0.0106
29	3	Medium quality.....		XXX	XXX		0.0099		0.0263			0.0376
30	4	Low quality.....		XXX	XXX		0.0245		0.0572			0.0817
31	5	Lower quality.....		XXX	XXX		0.0630		0.1128			0.1880
32	6	In or near default.....		XXX	XXX		-		0.2370			0.2370
33		Total derivative instruments.....		XXX	XXX		XXX		XXX			XXX
34		Total (Lines 9+ 17 + 25 + 33).....	49,153,825	XXX	XXX	49,153,825	XXX	144,061	XXX	394,407	XXX	650,418

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
MORTGAGE LOANS												
In Good Standing:												
35		Farm mortgages – CM1 – highest quality			XXX		0.0011		0.0057			0.0074
36		Farm mortgages – CM2 – high quality			XXX		0.0040		0.0114			0.0149
37		Farm mortgages – CM3 – medium quality			XXX		0.0069		0.0200			0.0257
38		Farm mortgages – CM4 – low medium quality			XXX		0.0120		0.0343			0.0428
39		Farm mortgages – CM5 – low quality			XXX		0.0183		0.0486			0.0628
40		Residential mortgages – insured or guaranteed			XXX		0.0003		0.0007			0.0011
41		Residential mortgages – all other			XXX		0.0015		0.0034			0.0046
42		Commercial mortgages – insured or guaranteed			XXX		0.0003		0.0007			0.0011
43		Commercial mortgages – all other – CM1 – highest quality			XXX		0.0011		0.0057			0.0074
44		Commercial mortgages – all other – CM2 – high quality			XXX		0.0040		0.0114			0.0149
45		Commercial mortgages – all other – CM3 – medium quality			XXX		0.0069		0.0200			0.0257
46		Commercial mortgages – all other – CM4 – low medium quality			XXX		0.0120		0.0343			0.0428
47		Commercial Mortgages – all other – CM5 – low quality			XXX		0.0183		0.0486			0.0628
Overdue, Not in Process:												
48		Farm mortgages			XXX		0.0480		0.0868			0.1371
49		Residential mortgages – insured or guaranteed			XXX		0.0006		0.0014			0.0023
50		Residential mortgages - all other			XXX		0.0029		0.0066			0.0103
51		Commercial mortgages - insured or guaranteed			XXX		0.0006		0.0014			0.0023
52		Commercial mortgages - all other			XXX		0.0480		0.0868			0.1371
In Process of Foreclosure:												
53		Farm mortgages			XXX		–		0.1942			0.1942
54		Residential mortgages - insured or guaranteed			XXX		–		0.0046			0.0046
55		Residential mortgages - all other			XXX		–		0.0149			0.0149
56		Commercial mortgages - insured or guaranteed			XXX		–		0.0046			0.0046
57		Commercial mortgages - all other			XXX		–		0.1942			0.1942
58		Total Schedule B mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX			XXX

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated public	382,394	XXX	XXX	382,394	-	-	0.1580 (a)	60,418	0.1580 (a)	60,418
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)	442,494			442,494	XXX	-	XXX	60,785	XXX	61,001
REAL ESTATE												
18		Home office property (General Account only)	147,992			147,992	-	-	0.0912	13,497	0.0912	13,497
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)	147,992			147,992	XXX	-	XXX	13,497	XXX	13,497
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
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)
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 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)
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	
INVESTMENTS IN TAX CREDIT STRUCTURES												
75		Yield guaranteed state tax credit investments					0.0003		0.0006		0.0010	
76		Qualifying federal tax credit investments					0.0063		0.0120		0.0190	
77		Qualifying state tax credit investments					0.0063		0.0120		0.0190	
78		Other tax credit investments					0.0273		0.0600		0.0975	
79		Total tax credit investments (Sum of Lines 75 through 78)					XXX		XXX		XXX	
RESIDUAL TRANCHES OR INTERESTS												
80		Bonds – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
81		Bonds – affiliated		XXX	XXX		-	-	0.1580		0.1580	
82		Common stock – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
83		Common stock – affiliated		XXX	XXX		-	-	0.1580		0.1580	
84		Preferred stock – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
85		Preferred stock – affiliated		XXX	XXX		-	-	0.1580		0.1580	
86		Real estate – unaffiliated					-	-	0.1580		0.1580	
87		Real estate – affiliated					-	-	0.1580		0.1580	
88		Mortgage loans – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
89		Mortgage loans – affiliated		XXX	XXX		-	-	0.1580		0.1580	
90		Other – unaffiliated		XXX	XXX		-	-	0.1580		0.1580	
91		Other – affiliated		XXX	XXX		-	-	0.1580		0.1580	
92		Total residual tranches or interests (Sum of Lines 80 through 91)					XXX	-	XXX		XXX	
SURPLUS NOTES AND CAPITAL NOTES												
93	1	Highest quality		XXX	XXX		0.0005		0.0016		0.0033	
94	2	High quality		XXX	XXX		0.0021		0.0064		0.0106	
95	3	Medium quality		XXX	XXX		0.0099		0.0263		0.0376	
96	4	Low quality		XXX	XXX		0.0245		0.0572		0.0817	
97	5	Lower quality		XXX	XXX		0.0630		0.1128		0.1880	
98	6	In or near default		XXX	XXX		-	-	0.2370		0.2370	
99		Total surplus notes and capital notes (Sum of Lines 93 through 98)		XXX	XXX		XXX	-	XXX		XXX	
ALL OTHER INVESTMENTS												
100		NAIC 1 working capital finance investments			XXX		-	-	0.0042		0.0042	
101		NAIC 2 working capital finance investments			XXX		-	-	0.0137		0.0137	
102		Other invested assets - Schedule BA			XXX		-	-	0.1580		0.1580	
103		Other short-term invested assets - Schedule DA			XXX		-	-	0.1580		0.1580	
104		Total all other (Sum of Lines 100 through 103)			XXX		XXX	-	XXX		XXX	
105		Total other invested assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 79, 92, 99 and 104)					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 amount 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	2	3	4	5	6	7	8	9	10	11	12	13	14
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Premiums written	3,974	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	3,941	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	886	22.5												
4. Cost containment expenses														
5. Incurred claims and cost containment expenses (Lines 3 and 4)	886	22.5												
6. Increase in contract reserves	(2,250)	(57.1)												
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	5,305	134.6												
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	5,305	134.6												
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)														

38

	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	3,974	XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX	3,941	XXX
3. Incurred claims											886	22.5
4. Cost containment expenses												
5. Incurred claims and cost containment expenses (Lines 3 and 4)											886	22.5
6. Increase in contract reserves											(2,250)	(57.1)
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											5,305	134.6
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds											5,305	134.6
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.....	156												156
2. Advance premiums.....													
3. Reserve for rate credits.....													
4. Total premium reserves, current year.....	156												156
5. Total premium reserves, prior year.....	123												123
6. Increase in total premium reserves.....	33												33
B. Contract Reserves:													
1. Additional reserves (a).....													
2. Reserve for future contingent benefits.....	23,500												23,500
3. Total contract reserves, current year.....	23,500												23,500
4. Total contract reserves, prior year.....	25,750												25,750
5. Increase in contract reserves.....	(2,250)												(2,250)
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.....	886												886
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												886	886
2. Beginning Claim Reserves and Liabilities													
3. Ending Claim Reserves and Liabilities													
4. Claims Paid												886	886
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												886	886
2. Beginning Claim Reserves and Liabilities													
3. Ending Claim Reserves and Liabilities													
4. Claims Paid												886	886
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred Claims and Cost Containment Expenses												886	886
2. Beginning Reserves and Liabilities													
3. Ending Reserves and Liabilities													
4. Paid Claims and Cost Containment Expenses												886	886

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

(43) Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account, Authorized, Affiliates, U.S., Captive														
88099	75-1608507	07/01/2005	OptimumRE	TX	CO/I	ADB				1,498				
88099	75-1608507	07/01/2005	OptimumRE	TX	YRT/I	OL	920,000			1,590				
0199999 – General Account, Authorized, Affiliates, U.S., Captive							920,000			3,088				
0399999 – General Account, Authorized, Affiliates, U.S., Total							920,000			3,088				
0799999 – General Account, Authorized, Total Authorized Affiliates							920,000			3,088				
1199999 – Total General Account Authorized							920,000			3,088				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							920,000			3,088				
9199999 – Total U.S.							920,000			3,088				
9999999 – Total (Sum of 4599999 and 9099999)							920,000			3,088				

(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
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	3	3	3	4	4
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....					
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders and refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends and refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	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)	50,034,686		50,034,686
2. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15)	1,746		1,746
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (balance)	738,789		738,789
6. Total assets excluding Separate Accounts (Line 26)	50,775,221		50,775,221
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	50,775,221		50,775,221
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	36,054,410		36,054,410
10. Liability for deposit-type contracts (Line 3)	1,473,245		1,473,245
11. Claim reserves (Line 4)	102,446		102,446
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)	185,200		185,200
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)	1,305,811		1,305,811
20. Total liabilities excluding Separate Accounts (Line 26)	39,221,112		39,221,112
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	39,221,112		39,221,112
23. Capital & surplus (Line 38)	11,554,109	XXX	11,554,109
24. Total liabilities, capital & surplus (Line 39)	50,775,221		50,775,221
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

(50) Schedule S - Part 8

NONE

(51) Schedule S - Part 8

NONE

(52) Schedule S - Part 8

NONE

(53) Schedule S - Part 8

NONE

(54) Schedule S - Part 8

NONE

(55) Schedule S - Part 8

NONE

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

States, Etc.		Direct Business Only					Totals
		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	
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	86,696	1,692,304			468,827	2,247,827
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.....	86,696	1,692,304			468,827	2,247,827

(59) Schedule Y - Part 1A - Details of Insurance Holding Company System

NONE

(59) Schedule Y - Part 1A - Explanation

NONE

(60) Schedule Y - Part 2

NONE

(61) 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 5 2 9 0 0 0 0 0
7.	
8.	
9.	
10.	 5 6 2 8 6 2 0 2 5 4 2 0 0 0 0 0
11.	 5 6 2 8 6 2 0 2 5 3 6 0 0 0 0 0
12.	 5 6 2 8 6 2 0 2 5 4 9 0 0 0 0 0
13.	
14.	
15.	 5 6 2 8 6 2 0 2 5 4 4 2 0 0 0 0
16.	 5 6 2 8 6 2 0 2 5 4 4 3 0 0 0 0
17.	 5 6 2 8 6 2 0 2 5 4 4 4 0 0 0 0
18.	 5 6 2 8 6 2 0 2 5 4 4 5 0 0 0 0
19.	 5 6 2 8 6 2 0 2 5 4 4 6 0 0 0 0
20.	 5 6 2 8 6 2 0 2 5 4 4 7 0 0 0 0
21.	 5 6 2 8 6 2 0 2 5 4 4 8 0 0 0 0
22.	 5 6 2 8 6 2 0 2 5 4 4 9 0 0 0 0
23.	 5 6 2 8 6 2 0 2 5 4 5 0 0 0 0 0
24.	 5 6 2 8 6 2 0 2 5 4 5 1 0 0 0 0 0
25.	 5 6 2 8 6 2 0 2 5 4 5 2 0 0 0 0 0
26.	 5 6 2 8 6 2 0 2 5 4 5 3 0 0 0 0 0
27.	 5 6 2 8 6 2 0 2 5 4 5 4 0 0 0 0 0
28.	 5 6 2 8 6 2 0 2 5 4 9 5 0 0 0 0 0
29.	
30.	 5 6 2 8 6 2 0 2 5 3 6 5 0 0 0 0 0
31.	 5 6 2 8 6 2 0 2 5 2 2 4 0 0 0 0 0
32.	 5 6 2 8 6 2 0 2 5 2 2 5 0 0 0 0 0
33.	 5 6 2 8 6 2 0 2 5 2 2 6 0 0 0 0 0
34.	 5 6 2 8 6 2 0 2 5 4 5 6 0 0 0 0 0
35.	
36.	 5 6 2 8 6 2 0 2 5 6 0 0 0 0 0 0 0
37.	 5 6 2 8 6 2 0 2 5 4 3 4 0 0 0 0 0
38.	 5 6 2 8 6 2 0 2 5 3 0 6 0 0 0 0 0
39.	 5 6 2 8 6 2 0 2 5 2 3 0 0 0 0 0 0
40.	 5 6 2 8 6 2 0 2 5 2 1 0 0 0 0 0 0

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation	Barcode
41.	 5 6 2 8 6 2 0 2 5 2 1 6 0 0 0 0 0
42.	 5 6 2 8 6 2 0 2 5 4 3 5 0 0 0 0 0
43.	 5 6 2 8 6 2 0 2 5 3 4 5 0 0 0 0 0
44.	 5 6 2 8 6 2 0 2 5 2 8 6 0 0 0 0 0
45.	 5 6 2 8 6 2 0 2 5 4 5 7 0 0 0 0 0
46.	 5 6 2 8 6 2 0 2 5 4 5 8 0 0 0 0 0
47.	 5 6 2 8 6 2 0 2 5 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.....	20,161	20,161	-	-
2597. Summary of remaining write-ins for Line 25 from overflow page.....	20,161	20,161	-	-

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total	
09.304. FRATERNAL EVENTS.....						38,700	38,700
09.305. CONSULTING SERVICES.....	15,031						15,031
09.306. DATA PROCESSING.....	17,281						17,281
09.397. Summary of remaining write-ins for Line 9.3 from overflow page.....	32,312					38,700	71,012

OVERFLOW PAGE FOR WRITE-INS



SCHEDULE O SUPPLEMENT
 For The Year Ended December 31, 2025
 (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 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	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 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2021	2 2022	3 2023	4 2024	5 2025 (a)
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	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		2021	2022	2023	2024	2025
1.	2021.....					
2.	2022.....	XXX				
3.	2023.....	XXX				
4.	2024.....	XXX	XXX	XXX		
5.	2025.....	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		2021	2022	2023	2024	2025
1.	2021.....					
2.	2022.....	XXX				
3.	2023.....	XXX				
4.	2024.....	XXX	XXX	XXX		
5.	2025.....	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		2021	2022	2023	2024	2025
1.	2021.....					
2.	2022.....	XXX				
3.	2023.....	XXX				
4.	2024.....	XXX	XXX	XXX		
5.	2025.....	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	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		2021	2022	2023	2024	2025
1.	2021					
2.	2022	XXX				
3.	2023	XXX				
4.	2024	XXX	XXX	XXX		
5.	2025	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business		1 Methodology	2 Amount
1.	Industrial life	Other	102
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	102



HEALTH SUPPLEMENTS
For The Year Ended December 31, 2025
(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 Total	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.....	3,974	3,974												
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).....	3,974	3,974												
8. Hospital/medical benefits.....	886	886												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).....	886	886												XXX
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16).....	886	886												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.....	(2,250)	(2,250)												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).....	(1,364)	(1,364)												
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	5,338	5,338												
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

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Annual Statement for the Year 2025 of the American Mutual Life Association

(Supp-476.1) Write-Ins for Health Supplement

NONE

(Supp-477) Health Supplement - Exhibit 3 - Health Care Receivables

NONE

(Supp-478) Health Supplement - Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued

NONE