

### **QUARTERLY STATEMENT**

AS OF JUNE 30, 2009
OF THE CONDITION AND AFFAIRS OF THE

### AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

NAIC Group Code 0108 (Current Period)	, 0108 NAIC Con	npany Code 30562	Employer's ID	Number 36-2797074
Organized under the Laws of	Illinois	, State of Domici	le or Port of Entry _	Illinois
Country of Domicile		United States		
Incorporated/Organized	03/29/1837	Commenced Bus	siness	08/13/1837
Statutory Home Office	1 Kemper Drive (Street and Number)	,,		e, IL 60049-0001
Main Administrative Office			e, IL 60049-0001	847-320-2000 (Area Code) (Telephone Number)
Mail Address(Stre	1 Kemper Drive et and Number or P.O. Box)		Long Grove, IL (City or Town, State	60049-0001
Primary Location of Books and Records		Long G	irove, IL 60049-0001 Town, State and Zip Code)	847-320-3127 (Area Code) (Telephone Number
Internet Web Site Address	(Sirect and Number)	www.kemperinsuran		(Alea Gode) (Telephone Number
Statutory Statement Contact	Fredrick Thomas Gr	iffith		-320-3127
Fred.Griffith@kemper			847-320-381	
(E-Mail Addr	ess)		(Fax Number)	
	OF	FICERS		
Name	Title	Nam	ne	Title
Douglas Sean Andrews	President and CEO	John Keating	g Conway .	Secretary
Fredrick Thomas Griffith	Chief Financial Officer	Geoffrey And		Treasurer
	OTUE	R OFFICERS		
Daniamin David Calculate			N	Comian Vian Dranidant
Benjamin David Schwartz ,	Senior Vice President	Barbara Kay	iviurray #,	Senior Vice President
	DIDECTOR	OD TOUCTEE	•	
D 1 0 4 1		S OR TRUSTEES		
Douglas Sean Andrews	Peter Bannerman Hamilton	George Ralp	on Lewis	Arthur James Massolo
David Barrett Mathis				
State ofIllinois				
	SS			
County ofLakeLake	·			
The officers of this reporting entity being dul above, all of the herein described assets werthis statement, together with related exhibits, of the condition and affairs of the said report completed in accordance with the NAIC Annuthat state rules or regulations require different respectively. Furthermore, the scope of this a exact copy (except for formatting differences of the enclosed statement.	e the absolute property of the said rep- schedules and explanations therein co- ing entity as of the reporting period sta al Statement Instructions and Accounti- ces in reporting not related to accounti- ittestation by the described officers als	orting entity, free and clear frontained, annexed or referred ated above, and of its income ing Practices and Procedures ng practices and procedures, to includes the related corres, to includes the related corres.	om any liens or claims the to, is a full and true state and deductions therefror manual except to the ext according to the best of ponding electronic filing v	ereon, except as herein stated, and that ment of all the assets and liabilities and m for the period ended, and have been tent that: (1) state law may differ; or, (2) their information, knowledge and belief, with the NAIC, when required, that is an
Douglas Sean Andrews President and CEO		eating Conway Secretary		edrick Thomas Griffith nief Financial Officer
		а	. Is this an original filing?	Yes [ X ] No [ ]
Subscribed and sworn to before me this  12th day of Aug	gust, 2009		If no,     State the amendmen     Date filed     Number of pages atta	t number

### **ASSETS**

			Current Statement Date		4
		1	2	3 Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
		10,737,701		10,737,701	9,726,103
2.	Stocks:			0	0
	2.1 Preferred stocks				0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens				0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
5.	Cash (\$				
	cash equivalents (\$0 )				
	and short-term investments (\$	455 000		455,009	1 462 022
6					
	,				0
	Other invested assets			0	0
8.	Receivables for securities				0
	Aggregate write-ins for invested assets		0		0
	Subtotals, cash and invested assets (Lines 1 to 9)	11,192,710	0	11, 192, 710	11, 188, 126
11.	Title plants less \$charged off (for Title insurers				
	only)			0	
12.	Investment income due and accrued	142,059		142,059	138 , 838
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection			0	0
	13.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums).			0	0
	13.3 Accrued retrospective premiums			_	0
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers			0	0
	14.2 Funds held by or deposited with reinsured companies			0	0
	14.3 Other amounts receivable under reinsurance contracts			0	0
15	Amounts receivable relating to uninsured plans				0
	Current federal and foreign income tax recoverable and interest thereon				0
	2 Net deferred tax asset				0
	Guaranty funds receivable or on deposit				0
	Electronic data processing equipment and software			0	0
	Furniture and equipment, including health care delivery assets				
10.	(\$)			0	0
20	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates				Ω
	Health care (\$) and other amounts receivable				0
	Aggregate write-ins for other than invested assets		46,667	0	
	Total assets excluding Separate Accounts, Segregated Accounts and	40,007	40,007	0	
24.		99,783,169	88,448,400	11,334,769	11,326,964
0.5	Protected Cell Accounts (Lines 10 to 23)	99,700,109	00,440,400	11,334,708	11,320,304
25.	From Separate Accounts, Segregated Accounts and Protected			0	0
00	Cell Accounts	00 702 160	00 440 400	U	0
26.	Total (Lines 24 and 25)	99,783,169	88,448,400	11,334,769	11,326,964
202:	DETAILS OF WRITE-INS				
	Summary of remaining write-ins for Line 9 from overflow page		0	0	0
	Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
	Prepaid expenses		46,667	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page		0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	46,667	46,667	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIABILITIES, SURPLUS AND OTHER PO	1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$		0
2.	Reinsurance payable on paid losses and loss adjustment expenses		0
3.	Loss adjustment expenses		0
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)	900	900
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses)).		0
7.2	Net deferred tax liability		0
8.	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$		
	including warranty reserves of \$		0
10.	Advance premium		0
11.	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		0
12.	Ceded reinsurance premiums payable (net of ceding commissions)		0
13.	Funds held by company under reinsurance treaties		0
14.	Amounts withheld or retained by company for account of others		0
	Remittances and items not allocated		0
16.	Provision for reinsurance		0
17.	Net adjustments in assets and liabilities due to foreign exchange rates		0
	Payable to parent, subsidiaries and affiliates		
	Payable for securities		
	Liability for amounts held under uninsured plans		_
	Capital notes \$and interest thereon \$		0
	Aggregate write-ins for liabilities	0	0
	Total liabilities excluding protected cell liabilities (Lines 1 through 23)		215,690
		01,070	0
	Protected cell liabilities	61,073	215,690
	Total liabilities (Lines 24 and 25)		-
	Aggregate write-ins for special surplus funds	0	0
	Common capital stock		
	Preferred capital stock	4 500 000	
	Aggregate write-ins for other than special surplus funds		
	Surplus notes		
	Gross paid in and contributed surplus		
	Unassigned funds (surplus)	9,773,696	9,611,274
	Less treasury stock, at cost:		
	34.1 shares common (value included in Line 28 \$		0
	34.2 shares preferred (value included in Line 29 \$	1	0
35.	Surplus as regards policyholders (Lines 27 to 33, less 34)	11,273,696	11,111,274
36.	TOTALS	11,334,769	11,326,964
	DETAILS OF WRITE-INS		
2301.			
2302.			
2303.			
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0
2701.			
2702.			
2703.			
2798.	Summary of remaining write-ins for Line 27 from overflow page	0	0
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
	Guaranty fund	1,500,000	1,500,000
	Summary of remaining write-ins for Line 30 from overflow page		
	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	1,500,000	1,500,000

### **STATEMENT OF INCOME**

	STATEMENT OF INC	1	2	3
		Current Year	Prior Year	Prior Year Ended
		to Date	to Date	December 31
4	UNDERWRITING INCOME Premiums earned:			
	1.1 Direct (written \$128,802 )	159 455	400 001	790 545
	1.2 Assumed (written \$)		0	
	1.3 Ceded (written \$128,802 )	159,455	400,001	790,545
	1.4 Net (written \$	0	0	0
	DEDUCTIONS			
2	DEDUCTIONS:  Losses incurred (current accident year \$):			
	2.1 Direct	1,959,050	1,895,885	41,423,973
	2.2 Assumed		0	
	2.3 Ceded			
2	2.4 Net			
3. 4	Loss adjustment expenses incurred	56,000	56 000	0 267 225
5.	Aggregate write-ins for underwriting deductions	0	0	0
6.	Total underwriting deductions (Lines 2 through 5)	56,000	56,000	267 , 225
7.	Net income of protected cells		0	0
8.	Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(56,000)	(56,000)	(267, 225)
	INVESTMENT INCOME			
9	Net investment income earned	211 226	251 110	497 238
10.	Net realized capital gains (losses) less capital gains tax of \$	7,196	0	0
11.	Net investment gain (loss) (Lines 9 + 10)	218,422	251,110	497 , 238
40	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$		0	0
13.	Finance and service charges not included in premiums			0
	Aggregate write-ins for miscellaneous income		0	0
	Total other income (Lines 12 through 14)	0	0	0
16.	Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	100, 400	105 110	220 042
17	Dividends to policyholders	102,422	195,110	230,013 N
	Net income, after dividends to policyholders after capital gains tax and before all other federal and		•	0
	foreign income taxes (Line 16 minus Line 17)	162 , 422	195,110	230,013
	Federal and foreign income taxes incurred		0	0
20.	Net income (Line 18 minus Line 19)(to Line 22)	162,422	195,110	230,013
	CAPITAL AND SURPLUS ACCOUNT			
21	Surplus as regards policyholders, December 31 prior year	11 111 274	10 881 261	10 881 261
22.	Net income (from Line 20)		195,110	230,013
23.	Net transfers (to) from Protected Cell accounts		0	0
	Change in net unrealized capital gains or (losses) less capital gains tax of \$			
	Change in net unrealized foreign exchange capital gain (loss)	(FC 047)	0	()
	Change in net deferred income tax  Change in nonadmitted assets			
	Change in provision for reinsurance		0	0
	Change in surplus notes		0	0
	Surplus (contributed to) withdrawn from protected cells		0	0
	3,		0	0
32.	Capital changes:		0	0
	32.1 Paid in			0
	32.3 Transferred to surplus		0	0
33.	Surplus adjustments:		-	
	33.1 Paid in		0	0
	33.2 Transferred to capital (Stock Dividend)		_	0
34	33.3 Transferred from capital		0	0
	Dividends to stockholders		0	0
	Change in treasury stock		0	0
	Aggregate write-ins for gains and losses in surplus	0	0	0
	Change in surplus as regards policyholders (Lines 22 through 37)	162,422	195,110	
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	11,273,696	11,076,371	11,111,274
0504	DETAILS OF WRITE-INS			
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
	Summary of remaining write-ins for Line 14 from overflow page		0	0
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
	· · · · · · · · · · · · · · · · · · ·	-	0	0
3703.				
	Summary of remaining write-ins for Line 37 from overflow page		_	0
J199.	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

### **CASH FLOW**

		1 Current Year To Date	2 Prior Year Ended December 31
	Cash from Operations		
Premiums collected net of reinsurance			0
Net investment income			575,334
Miscellaneous income			0
4. Total (Lines 1 to 3)		254,768	575,334
Benefit and loss related payments			0
	d Accounts and Protected Cell Accounts		0
<ol><li>Commissions, expenses paid and aggregate w</li></ol>	rite-ins for deductions	56,000	267 , 225
		0	0
. ,	ed) net of \$tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)			267,225
11. Net cash from operations (Line 4 minus Line 10	))	198,768	308,109
	Cash from Investments		
12. Proceeds from investments sold, matured or re			
12.1 Bonds			3,395,653
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate			0
			0
12.6 Net gains or (losses) on cash, cash equiva	alents and short-term investments		0
			0
·	(2.7)	4,146,302	3,395,653
<ol><li>Cost of investments acquired (long-term only):</li></ol>			
			3,957,840
			0
5 5			0
			0
			0
• • • • • • • • • • • • • • • • • • • •			0
	13.6)		3,957,840
<ol><li>Net increase (or decrease) in contract loans an</li></ol>	d premium notes		0
<ol><li>Net cash from investments (Line 12.8 minus Line)</li></ol>	ne 13.7 and Line 14)	(1,051,165)	(562, 187)
	Financing and Miscellaneous Sources		
<ol><li>Cash provided (applied):</li></ol>			
			0
	tock		0
			0
	d other insurance liabilities		0
	rces (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(154,617)	154,771
	CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	// 007 6:00	/00 00=1
	t-term investments (Line 11, plus Lines 15 and 17)	(1,007,014)	(99,307)
19. Cash, cash equivalents and short-term investm		4 400 000	4 504 000
19.2 End of period (Line 18 plus Line 19.1)		455,009	1,462,023

### **NOTES TO FINANCIAL STATEMENTS**

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

No change.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No change.

3. BUSINESS COMBINATIONS AND GOODWILL

No change.

4. DISCONTINUED OPERATIONS

No change.

5. INVESTMENTS

No change.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No change.

7. INVESTMENT INCOME

No change.

8. DERIVATIVE INSTRUMENTS

No change.

### 9. INCOME TAXES

A. The components of the Company's net deferred tax asset are as follows:

	June 30, 2009		December 31, 2008
	(in tho	usa	nds)
Total of gross deferred tax assets	\$ 88,402		88,459
Total of deferred tax liabilities	0		0
Net deferred tax asset	88,402		88,459
Deferred tax asset nonadmitted	88,402		88,459
Net admitted deferred tax asset	0		0
Decrease in nonadmitted asset	\$ 57		

### **C2.** The change in net deferred income taxes is comprised of the following:

	June 30, 2009		December 31, 2008	Change
	(in tho	usa	ands)	
Total deferred tax assets	\$ 88,402		88,459	\$ (57)
Total deferred tax liabilities	0		0	0
Net deferred tax asset	\$ 88,402		88,459	(57)
Tax effect of unrealized gains (losses)				0
Changes in net deferred income tax				\$ (57)

### **NOTES TO FINANCIAL STATEMENTS**

**D.** The provision for Federal and foreign income taxes incurred plus the change in deferred income taxes is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	June 30, 2009
	(in thousands)
Provision computed at statutory rate	\$ 57
Prepaid assets	0
Total	\$ 57
Federal and foreign income taxes incurred	\$ 0
Change in net deferred income taxes	57
Total statutory income taxes	\$ 57

F. No change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

No change.

11. DEBT

No change.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

No change.

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No change.

14. CONTINGENCIES

No change

15. LEASES

No change.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No change.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

No change.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No change.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No change.

20. OTHER ITEMS

No change.

21. EVENTS SUBSEQUENT

No change.

22. REINSURANCE

No change

23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No change.

### **NOTES TO FINANCIAL STATEMENTS**

### 24. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

No change.

### 25. INTERCOMPANY POOLING ARRANGEMENTS

No change.

### **26. STRUCTURED SETTLEMENTS**

No change.

### 27. HEALTH CARE RECEIVABLES

No change.

### 28. PARTICIPATING POLICIES

No change.

### 29. PREMIUM DEFICIENCY RESERVES

No change.

### 30. HIGH DEDUCTIBLES

No change.

### 31. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSE

No change.

### 32. ASBESTOS/ENVIRONMENTAL RESERVES

No change.

### 33. SUBSCRIBER SAVINGS ACCOUNT

No change.

### 34. MULTIPLE PERIL CROP INSURANCE

No change.

### **GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

### PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as required by the Model Act?	1 0 0				Yes	s [ ]	No [X]
1.2	If yes, has the report been filed with the domiciliary	state?				Yes	s [ ]	No [ ]
2.1	Has any change been made during the year of this reporting entity?					Yes	s [ ]	No [X]
2.2	If yes, date of change:							
3.	Have there been any substantial changes in the organization	ganizational chart since the prior quarter end	1?			Yes	s [ ]	No [X]
	If yes, complete the Schedule Y - Part 1 - organization	tional chart.						
4.1	Has the reporting entity been a party to a merger of	r consolidation during the period covered by	this statement?			Yes	s [ ]	No [X]
4.2	If yes, provide the name of entity, NAIC Company of ceased to exist as a result of the merger or consoli		tate abbreviation) for a	any entity that	has			
		1 Name of Entity	2 NAIC Company Code	3 State of D				
5.	If the reporting entity is subject to a management a fact, or similar agreement, have there been any sig If yes, attach an explanation.					Yes [ ] No	0 [ ]	NA [X]
6.1	State as of what date the latest financial examination	on of the reporting entity was made or is bei	ng made				12/	31/2005
6.2	State the as of date that the latest financial examin date should be the date of the examined balance s						12/	31/2005
6.3	State as of what date the latest financial examination the reporting entity. This is the release date or compate).	pletion date of the examination report and n	ot the date of the exa	mination (bala	ance sheet		07/	11/2007
6.4	By what department or departments?							
6.5	Have all financial statement adjustments within the statement filed with Departments?		counted for in a subse	quent financi	al	Yes [X] No	0 [ ]	NA [ ]
6.6	Have all of the recommendations within the latest f	inancial examination report been complied v	vith?			Yes [X] No	0 [ ]	NA [ ]
7.1	Has this reporting entity had any Certificates of Aut or revoked by any governmental entity during the re					Yes	s [ ]	No [X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding com	pany regulated by the Federal Reserve Boa	rd?			Yes	s [ ]	No [X]
8.2	If response to 8.1 is yes, please identify the name of							
8.3	Is the company affiliated with one or more banks, the	hrifts or securities firms?				Yes	s [ ]	No [X]
8.4	If response to 8.3 is yes, please provide below the federal regulatory services agency [i.e. the Federal Thrift Supervision (OTS), the Federal Deposit Insur the affiliate's primary federal regulator.]	Reserve Board (FRB), the Office of the Cor	nptroller of the Currer	ncy (OCC), the	e Office of			
	1	2 Location	3	4	5	6	Т	7
	Affiliate Name	(City, State)	FRB	OCC	OTS	FDIC	5	SEC

### **GENERAL INTERROGATORIES**

9.1	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	res [x] NO [ ]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	
	(c) Compliance with applicable governmental laws, rules and regulations;	
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	(e) Accountability for adherence to the code.	
9.11	If the response to 9.1 is No, please explain:	
9.2	Has the code of ethics for senior managers been amended?	Yes [ ] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [ ] No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).	
	FINANCIAL	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [ ] No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$	
	INVESTMENT	
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [ ] No [X]
11.2	If yes, give full and complete information relating thereto:	
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:\$	0
13.	Amount of real estate and mortgages held in short-term investments:	0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [ ] No [X]
14.2	If yes, please complete the following:	
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value	
	14.21 Bonds \$ \$	
	14.23 Common Stock \$\$	-
	14.24 Short-Term Investments       \$         14.25 Mortgage Loans on Real Estate       \$	
	14.26 All Other \$ \$ 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal \$	-
	Lines 14.21 to 14.26)	
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [ ] No [X]
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [ ] No [ ]
	If no, attach a description with this statement.	[] []

### **GENERAL INTERROGATORIES**

16.	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting
	entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant
	to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or
	Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No [ ]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
BNY Mellon Trust Company of Illinois	2 North LaSalle St., Suite 1020, Chicago, IL 60602
, ,	·

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?...

Yes [ ] No [X]

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Data of Change	Pagent
Old Custodian	New Custodian	Date of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
109875	Asset Allocation & Management CompanyL.L.C	30 North LaSalle St., 35th Floor, Chicago,ll60602

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?......

Yes [X] No [ ]

17.2 If no, list exceptions:

### **GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

### PART 2 PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?	Yes [ ] No	[X]	NA	[ ]
	If yes, attach an explanation.				
2.	Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?	Yes	[]	No	[X]
	If yes, attach an explanation.				
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?	Yes	[ ]	No	[X]
3.2	If yes, give full and complete information thereto.				
4.1	Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see				
	annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero?	Yes	[]	No	[X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2 Maximum	3 Discount	4 Unpaid	5 Unpaid	6	7	8 Unpaid	9 Unpaid	10	11
Line of Business	Interest	Rate	Losses	LÄE	IBNR	TOTAL	Losses	LAE	IBNR	TOTAL
	0	0	0	0	0	0	0	0		

### SCHEDULE F—CEDED REINSURANCE

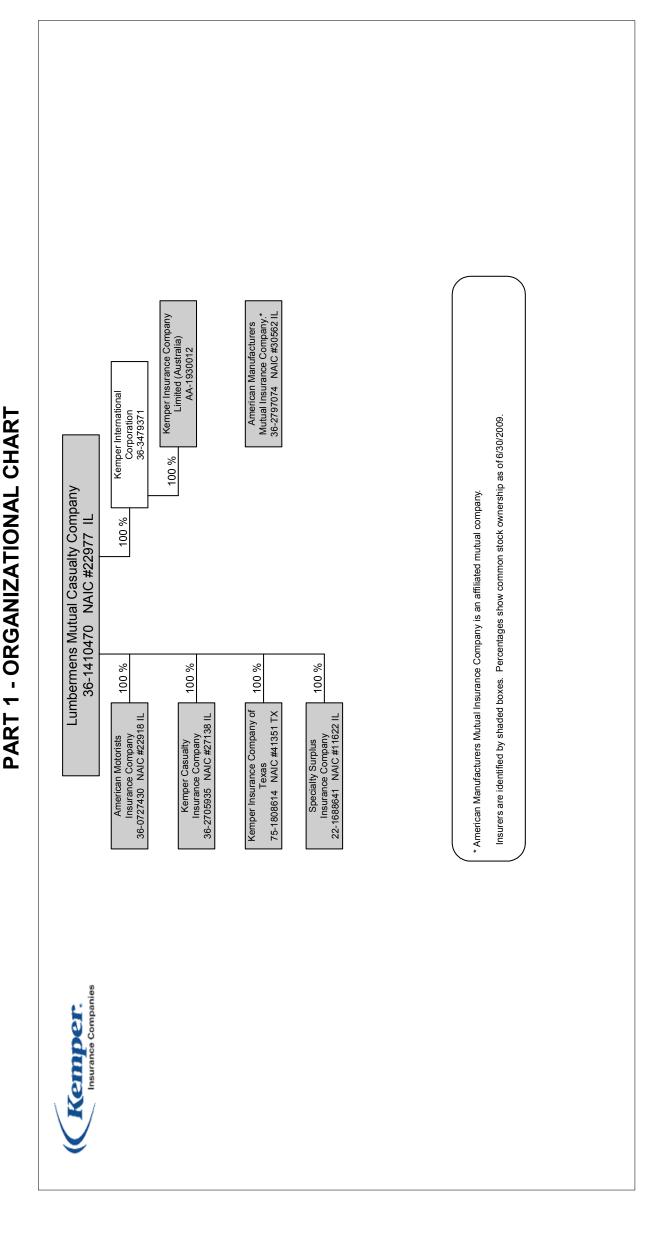
		Showing all new reinsurers - Current Yea	r to Date	
1	2	3	4	5
				Is Insurer
NAIC	Federal			Authorized?
Company Code	ID Number	Name of Reinsurer	Location	(Yes or No)
		AFFILIATES		
		US INSURERS		
		POOLS AND ASSOCIATIONS ALL OTHER INSURERS		
		ALL OTHER INSURERS		
		NONE		
·····				

### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

	Current Year to Date - Allocated by States and Territories  1 Direct Premiums Written Direct Losses Paid (Deducting Salvage) Direct Losses Unpa										
			1	2	3	4	5	6	7		
	States, etc.		Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date		
1.	Alabama	AL	L	333	359	42,713	68,134	587 , 114	762,517		
	Alaska		L	(20)	1 , 156	1,750	429	465	(13,626)		
	Arizona		L	(682)	(138)	206,252	219,611		3,634,215		
	Arkansas		LL	2	(26)	186,006	1,033,750	' '	4,366,241		
	California		LL		98,850	4,972,836	7 , 357 , 607	38,864,725	34,500,673		
	Colorado		L	1,168	2,130	266 , 154	138,471	,	412,898		
	Connecticut		L	(1.983)	854 606	265 , 828 84 , 369	502,275 51,822	4,400,5091,663,530	5,610,359		
	Delaware  District of Columbia		L	(1,963)(141)	(24)	48,616	51,622	405 044	424,522		
	Florida		N.	16,441	10,707	1,514,592	636,058	3,315,328	3,589,544		
	Georgia		L	4,985	(2,104)	123,657	199,073		1,985,376		
	Hawaii		L	1,824	(16,211)	120	9,648	8,566	24,415		
13.	ldaho	ID		383	250		0		(9,548)		
	Illinois		L	(64,723)	39,023	345,968	234 , 169		3,600,648		
15.	Indiana		L	366	1,290	(2,098)	523,958	80,734	275,544		
	lowa		L	346,286	(105,937)	45,378	445 , 469	788,892	787,082		
	Kansas		LL	(4,545)	(2,528)	23,280	42,720	153,591	15,026		
	Kentucky		LL	200	1,846	65,982 26,855	190,077	, ,	1,702,856		
	Louisiana Maine		L  	(560)	1 ,846	26,855	216,690 64,874	607 ,214501 ,352	398,373		
	Maryland		<u> </u>	4.283	(12,697)	152,380	913,527	1,088,945	761,068		
	Massachusetts		L	15.072	(62,322)	479,398	91,062	6,236,343	6,613,170		
	Michigan		<u> </u>	4,256	4,018	307 , 403	141,900	5,332,767	4,722,630		
	Minnesota		L	972	91,881	131,866	390,239	773,620	1,068,764		
25.	Mississippi	MS	L	(7, 191)	(473)	66,306	8,895	232,070	203,058		
26.	Missouri	MO	L	1,071	(31,924)	1,081,970	186,742	1 , 327 , 062	1, 118, 181		
	Montana		L	806	5,290	6,980	773,086	65,974	16,906		
28.	Nebraska		L	810	(554)	165,200	60,098	688,632	859,372		
	Nevada		LL	14,826	10,730	7,944	19,866	638,975	308,432		
	New Hampshire		L	929	1 , 154	46,818	26,118	867,994	1,087,444		
	New Jersey		L	6,740(300)	3,600	429,409 19,661	386,856 28,558	5,327,034 342,728	4,693,917 480,194		
	New York		L	(263,047)	282,015	2,799,763	6,855,582	36,290,147	39,315,903		
	North Carolina		<u>-</u>	(2,324)	5,980	186,854	1,208,667	609,357	687,037		
	North Dakota		L	13	19		0	265	(2,914)		
	Ohio		L	1,172	2,738	149,259	438,537	1 ,497 ,494	1,560,884		
37.	Oklahoma	OK	L	0	0	45,718	94,580	422,715	290,896		
38.	Oregon	OR	L	56,892	41,412	276,838	153 , 124	1 ,733 ,216	2, 152, 830		
	Pennsylvania		L	1,630	(312)	1,214,428	2,089,606	11,479,700	7 , 251 , 203		
	Rhode Island		L	883	885	22,768	22,575	227,298	237,211		
	South Carolina		L	382	9	(34,293)	325,839	958,563	1,687,245		
	South Dakota		L	(59)	(148)	75,298	1,279	173,607	280,676		
	Tennessee		L  	136		85 , 857 209 , 339	17 ,955 352 ,435	1,454,8233,165,262	1,527,903		
	Utah			724	(269)	(2,737)	4,213		(4,910)		
	Vermont		L	(2,945)		155,565	68,060	277 ,268	389,061		
	Virginia		L	5,716	3,952	89,222	210,789	2,496,837	2,354,231		
	Washington		L	(32)	(2,441)	32,694	139,697	143,292	230,288		
49.	West Virginia	WV	L	36	172		0	701	(12,877)		
	Wisconsin		LL	1,777	6,852	162,968	268,349	568,663	592,033		
	Wyoming		L	15	3,161		0	116	(1,686)		
	American Samoa		N		0		0		0		
	Guam		N N				0		0		
	Puerto Rico		NNN		0				υ		
	Northern Mariana Islands		NN.		0		0		 n		
	Canada		N		0		0		0		
	Aggregate Other Alien		XXX	(10,235)	4,692	0	0	(48)	(1,412)		
	Totals		(a) 50	128,802	393,188	16,599,518	27,263,592	151,510,535	148,109,412		
	DETAILS OF WRITE-IN		<u> </u>						<u> </u>		
	Africa		XXX	(10,235)	4,692		0		0		
	Europe.		XXX		0		0	(22)	(653)		
	Asia		XXX		0		0	(26)	(759)		
	Summary of remaining v for Line 58 from overflow Totals (Lines 5801 throu	v page	XXX	0	0	0	0	0	0		
5099.	5803 plus 5898) (Line 58										
	above)		XXX	(10,235)	4,692	0	0	(48)	(1,412)		

<sup>(</sup>a) Insert the number of L responses except for Canada and Other Alien.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



### **PART 1 - LOSS EXPERIENCE**

			Current Year to Date		4
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	49.2
2.	Allied Lines			0.0	49.2
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril	(1,566)	1,876	(119.8)	(2,859.1)
5.	Commercial multiple peril		166 , 467	0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine	(342)		0.0	46.7
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability - occurrence			0.0	0.0
11.2	Medical professional liability - claims-made			0.0	0.0
12.	Earthquake			0.0	1.9
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation	175,647		913.2	820.4
17.1	Other liability - occurrence	211,383	138 , 139	65.4	(91.2)
17.2	Other liability - claims-made		1,132	0.0	0.0
18.1	Products liability - occurrence.		18,055	0.0	1,085.8
18.2	Products liability - claims-made			0.0	0.0
19.1,19.2	Private passenger auto liability	(810)	21,871	(2,700.1)	(6,722.3)
19.3,19.4	Commercial auto liability	9,486	2,323	24.5	98.5
21.	Auto physical damage		603	0.0	4,290.9
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety	(234,343)	4 , 585	(2.0)	107.8
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	ХХХ	XXX	ХХХ
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business		0	0.0	0.0
35.	TOTALS	159,455	1,959,050	1,228.6	474.0
	AILS OF WRITE-INS				
3402					
					^ ^
	mary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Tota	ls (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0.0	0.0

### PART 2 - DIRECT PREMIUMS WRITTEN

	PART 2 - DIRECT PREMIUN	IS WKII IE	IN	
	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0		3,202
2.	Allied Lines	0		879
3.	Farmowners multiple peril	0		0
4.	Homeowners multiple peril	(448)	(1,566)	(257)
5.	Commercial multiple peril	0		0
6.	Mortgage guaranty	0		0
8.	Ocean marine	0		0
9.	Inland marine		(276)	45
10.	Financial guaranty	0		0
11.1	Medical professional liability - occurrence	0		0
11.2	Medical professional liability - claims-made	0		0
12.	Earthquake	0		2,005
13.	Group accident and health	0		
14.	Credit accident and health	0		0
15.	Other accident and health			0
16.	Workers' compensation	(10,079)	175,647	136,027
17.1	Other liability - occurrence	(12)	211,383	(63,020)
17.2	Other liability - claims-made			0 <sup>°</sup>
18.1	Products liability - occurrence	0		5,211
18.2	Products liability - claims-made.	0		0
19.1,19.2	2 Private passenger auto liability	0	(810)	(206)
19.3,19.4	4 Commercial auto liability	0	9,486	8,421
21.	Auto physical damage	0		22
22.	Aircraft (all perils)	0		0
23.	Fidelity	0		0
24.	Surety	69,278	(265,062)	300,859
26.	Burglary and theft	0	, , ,	0
27.	Boiler and machinery			0
28.	Credit	0		0
29.	International	0		0
30.	Warranty	0		0
31.	Reinsurance - Nonproportional Assumed Property			
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	TOTALS	58,839	128,802	393,188
	TAILS OF WRITE-INS	,	-,	,
3403.				
	nmary of remaining write-ins for Line 34 from overflow page	0	0	0
	als (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0

STATEMENT AS OF JUNE 30, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

### PART 3 (000 omitted)

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13	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)	0	0	0	0	0	XXX	0	Col. 13, Line 7 As % of Col. 3 Line 7	3. 0.0	Col. 13, Line 7 As a % of Col. 1 Line 8
12	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	0	0	O	0	O	XX	0	Col. 12, Line 7 As % of Col. 2 Line 7	2. 0.0	
11	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7	0	0	0	0	0	XX	0	Col. 11, Line 7 As % of Col. 1 Line 7	1. 0.0	
10	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	0	0	0	0	0		0			
6	Q.S. Date IBNR Loss and LAE Reserves			0		0		0			
8	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End			0		0	- 1	0			
2	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End			0		O		0			
9	Total 2009 Loss and LAE Payments (Cols. 4 + 5)	0	0	O		0	0	0			
5	2009 Loss and LAE Payments on Claims Unreported as of Prior Year-End			0		0		0			
4	2009 Loss and LAE Payments on Claims Reported as of Prior Year-End			0		0	XXX	0			
က	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	0	0	0	0	0	XXX	0			
2	Prior Year-End IBNR Loss and LAE Reserves			0		0		0			
-	Prior Year-End Known Case Loss and LAE Reserves			0		0	XX	0	11,111		
	Years in Which Losses Occurred	1. 2006 + Prior	2. 2007	3. Subtotals 2007 + Prior	4. 2008.	5. Subtotals 2008 + Prior	6. 2009	7. Totals	8. Prior Year-End's Surplus As Regards Policyholders		

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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 on "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 question.

		RESPONSE
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
xpla	nation:	
Bar C	ode:	

### **OVERFLOW PAGE FOR WRITE-INS**

### **SCHEDULE A - VERIFICATION**

Real Estate 2 Prior Year Ended Year to Date ..0 ..0 2. Cost of acquired: ..0 Current year change in encumbrances.
Total gain (loss) on disposals..... 0 Deduct amounts received on disposals.

Total foreign exchange change in book/adjusted carrying value. 0 Deduct current year's other than temporary impairment recognized. Deduct current year's depreciation..... 0 Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8). Deduct total nonadmitted amounts 0 0 Statement value at end of current period (Line 9 minus Line 10) 0

### **SCHEDULE B – VERIFICATION**

Mortgage Loans		
	1	2
		Prior Year Ended
	Year to Date	December 31
1. Book value/recorded investment excluding accrued interes_December 24mforior mar	0	0
2. Cost of acquired:		
		0
2.2 Additional investment made after acquisition		0
2.1 Actual cost at time of acquisition		0
4. Accrual of discount		0
Unrealized valuation increase (decrease)		0
Total gain (loss) on disposals      Deduct amounts received on disposals      Deduct amortization of premium and mortgage interest points and commitment fees		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and mortgage interest points and commitment fees		0
Total foreign exchange change in book value/recorded investment excluding accrued interest		0
Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7	'-	
8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		l0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

### SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets		
-	1	2
		Prior Year Ended
	Year To Date	December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		
Capitalized deferred interest and other.		0
4 ACCIDAL OF DISCOUNT		
5. Unrealized valuation increase (decrease). 6. Total gain (loss) on disposals. 7. Deduct amounts received on disposals. 8. Deduct amortization of premium and depreciation. 9. Total foreign exphange change in book (adjusted coming value).		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and depreciation		0
3. Total toletyll exchange change in book/adjusted carrying value		
I 10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts.		0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

### SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,726,103	9,238,091
Cost of bonds and stocks acquired		3,957,840
3. Accrual of discount.	E 111	16,485
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals		0
Deduct consideration for bonds and stocks disposed of	4,146,301	3,395,652
7. Deduct amortization of premium		90,660
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		9,726,103
11. Deduct total nonadmitted amounts		0
12 Statement value at end of current period (Line 10 minus Line 11)	10 737 701	9 726 103

Showing the Acquisitions, Dispositions and Non-Trading Activity

1. Class 1 (a)  1. Class 2 (a)  2. Class 2 (a)  4. Class 4 (a)  5. Class 5 (a)  6. Class 5 (a)	Acquisitions During Current Quarter  6,992,523	3 Dispositions During Current Quarter	4 Non-Trading Activity During	5 Book/Adjusted Carrying Value End of	6 Book/Adjusted Carrying Value End of	7 Book/Adjusted Carrying Value	8 Book/Adjusted Carrying Value
BONDS  Carrying Value Beginning of Current Quarter Class 1 (a)  Class 2 (a)  Class 3 (a)  Class 4 (a)  Class 5 (a)	- 7	Dispositions During Current Quarter	Activity During	Carrying Value End of	Carrying Value End of	Carrying Value	Carrying Value
Beginning of Current Quarter Current Quarter Current Quarter Class 1 (a)	_ 7	During Current Quarter	During	End of	End of	יל לינו	
BONDS  Class 1 (a)	6,992,523		Current Quarter	First Quarter	Second Quarter	Third Quarter	December 31 Prior Year
Class 1 (a)	6,992,523						
Class 1 (a)	6,992,523						
Class 2 (a)	0	7,479,126	(25,434)	11,704,747	11,192,710	0	11,365,211
Class 3 (a).  Class 5 (a).	0	0	0	0	0	0	0
Class 4 (a)		0	0	0	0	0	0
Class 5 (a)	0	0	0	0	0	0	0
17) 0 000	0	0	0	0	0	0	0
Class o (a)	0	0	0	0	0	0	0
7. Total Bonds 11,704,747	6,992,523	7,479,126	(25,434)	11,704,747	11,192,710	0	11,365,211
PREFERRED STOCK							
	c	C	c	C	C	C	C
	0	0	0	0	D C	0	0
Class 3	0	0	0	0	0	0	0
Class 4	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
14. Total Preferred Stock 0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,992,523	7,479,126	(25,434)	11,704,747	11,192,710	0	11,365,211
ш	llowing amount of non-rated sh	ort-term and cash equivaler	onds by NAIC designation	on: NAIC 1 \$	0 : NAIC 2 \$	0 : NAIC 3	. 0

SI02

### **SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	455,009	XXX	455,009	0	0

### **SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	1,639,108	561,667
Cost of short-term investments acquired		
3. Accrual of discount	0	0
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals		0
Deduct consideration received on disposals	5,829,528	5,704,147
7. Deduct amortization of premium.		0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	455,009	1,639,108
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	455,009	1,639,108

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

### **SCHEDULE E-VERIFICATION**

(Cash Equivalents)

	1	2 Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	0	999,663
Cost of cash equivalents acquired	0	0
Accrual of discount	0	338
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
Deduct consideration received on disposals	0	1,000,000
7. Deduct amortization of premium.	0	0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

**NONE** 

Schedule A - Part 3

**NONE** 

Schedule B - Part 2

**NONE** 

Schedule B - Part 3

**NONE** 

Schedule BA - Part 2

**NONE** 

Schedule BA - Part 3

**NONE** 

STATEMENT AS OF JUNE 30, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

### SCHEDULE D - PART 3 Show All Long-Term Bonds and Stock Acquired During the Current Quarter

-	o	ŀ		<b>-</b>	_	o	n	2 2
								NAIC Designation or
CUSIP				Number of	Actual		Paid for Accrued	Market
Identification	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value		Indicator (a)
3133X1-BV-8. FED HOME LOAN BANK		1	BANK OF AMERICA		1,084,538	1,000,000	8,250	1FE
3134A4-TZ-7. FREDDIE MAC			BANK OF AMERICA		593, 101	545,000		1E
31398A-SD-5 FANNIE MAE			BANK OF AMERICA		1.063.938	1.000.000		1FE
912828-BR-0 US TREASURY NOTE			BNP SECURITIES		951,585	000,888		_
.912828-JG-6. US TREASURY N/B.			VAR I OUS.		348,958	328,000		_
0399999 - Total - Bonds - U.S. Government					4,042,120	3,761,000		XXX
31395P-5J-7 FHR 2931 QB		.05/28/2009.	FIRST TENNESSEE BANK		501,205	482,000		1FE
inds - U.S. Special Revenue and Special Assessment	and all Non-Guaranteed Obligations of	Obligations of			501,205	482,000	1,687	XXX
8399997 - Total - Bonds - Part 3					4,543,325	4,243,000	39,233	XXX
8399999 - Total - Bonds					4,543,325	4,243,000	39,233	XXX
8999999 - Total - Preferred Stocks					0	XXX	0	XXX
9799999 - Total - Common Stocks					0	XXX	0	XXX
9899999 - Total - Preferred and Common Stocks					0	XXX	0	XXX
					5	AAA	000	AAA
					47.5.7.7	XXX	5.7 p.	XXX

### SCHEDULE D - PART 4 Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

2 3 4 5 5  F F C C C C C C C C C C C C C C C C C	φ	_	∞	o	0	7	Change in Book	Change in Book/Adjusted Carrying Value	ying Value	15	16	17	18	19	20	21	22
P   P   P   P   P   P   P   P   P   P						7	10	13	41	15							
P   O   C   C   C   C   C   C   C   C   C						,	12	13	4	15							
Compared to the control of the con						=	4		:	!							CIAN
Prescription   Date   Name of Purchaser								2									Desig-
Disposal   Name of Purchaser   Date   Name of Purchaser   Date   Name of Purchaser					Prior Year	Inrealized	<u> </u>	Current Year's Other Than		Total Foreign	Book/ Adjusted	Foreign			Bond Interest/Stock		nation
Description   Date   Name of Purchaser	Number of			- Boc	þe			_	⊒. e		e	Exchange Gain	Realized Gain	Total Gain	Dividends		Market
ANNIE MAE  S TREASURY NOTE  O6/16/2009 MATURITY  STREASURY NOTE  O6/16/2009 GOLDMAN SACHS & CO.		Consideration	Par Value Act	O Cost	Carrying	Increase/ (A	(Amortization)/	Impairment (	B./A.C.V.	Change in	at Disposal Date	(Loss) on Disposal	(Loss) on Disposal	(Loss) on Disposal	Received During Year	Maturity Ir	ndicator
JS TREASURY NOTE		1	9	. 5	00	0	(88)	c	2	0	500 000		Capaca	Capaca	12 188	04/15/2009	) H
US TREASURY NOTE		290,000		296,978	291,617	0	ĪΞ	0 0	(1,617)		290,000		0 0		7 975	05/15/2009	-
ands - U.S. Governments		1.009.372	1.000.000	1.033.711	1.002.471	0	(295)	0	(295)	0	1.002.176	0	7.196	7.196	20,221	08/15/2009	-
ELD 2654 AV		1 799 372		1 833 764	1 794 676	U	(2, 500)	U	(2,500)	C	1 792 176	U	7 196	7 196	40.383	XXX	XXX
		73 605	73 605		73 574	0	121	0	121		73 605	0	0	0011	1 324	19/01/2010	155
ENR 2005-86 WH		63 074	63 074	63 626	63 307	0	(233)	0	(233)		63 074		0	0	1 313	11/01/2010	Į.
-HR 2781 TX 04/01/2009 MBS		17.300	17,300	16.858	16.861	0	439	0	439	0	17.300	0	0	0	159	04/01/2009	Ħ
-HR 2857 TE		62,608	62,608	62,100	62,368	0	241	0	241	0	62,608	0	0	0	1,016	.11/01/2009.	1E
JC		36,415	36,415	36, 164	36,292	ő	123	Õ	123	0	36,415	0	0	0	758	10/01/2009	出
-HK 2943 JB		80,010	80,010	80,360	80,212	0	(202)	0	(202)	0	80,010	0	0	0	1,532	.01/01/2010	1FE
3199999 - Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed	uaranteed			000	0	(	000	(				(		(			
0blic		333, 101	333, 101	332,330		0	488	0	488	0	333, 101	0	0	0	6,103	XXX	XXX
161505-DK-5. CCMSC 1999-2 A2		97,841		100,960	98,555	0	(714)	0	(714)	0	97,841	0	0	0	2,983	.11/01/2009	1F
MLR 2006-14 A3 05/15/2009 MBS		36,739	-	36,923	36,876	0	(137)	0	(137)	0	36,739	0	0	0	_	.05/15/2009	1F
A1B		3,917	3,917	3,954	3,924	0	(1)	0	(1)	ő	3,917	0	0.0	0	_	10/11/2009	# !
WINM 2006-A A		41,98/		42, 132		0	(cs)	0	(cc)	0	41,98/	0	0	0	-		I.F.
- Bonds		1	484	183,968	181,377	0	(892)	0	(892)	0	180,484	0	0	0	4,648	XXX	XXX
			586	2,350,062	2,308,666	0	(2,904)	0	(2,904)	0	2,305,761	0	7,196	7,196	51,134	XXX	XXX
- Bonds		2,312,957	3,586	2,350,062	2,308,666	0	(2,904)	0	(2,904)	0	2,305,761	0	7,196	7,196	51,134	XXX	XXX
8999999 - Total - Preferred Stocks		0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999 - Total - Common Stocks		0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
- Total - Prefer		0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
יסימו		5								5			5				
: :																	
÷																	
: :																	
9999999 Totals		2 312 957	XXX	2 350 062	2 308 666	0	(2, 904)	0	(2.904)	0	2 305 761	0	7 196	7, 196	51.134	XXX	XXX
A SASSASS TOTALS			VVVV	200,000,2		0	(4,004)	0	(400,204)	0	101,000,2	0	061,	061 , 1	**	VVV	WWW

Schedule DB - Part A - Section 1

**NONE** 

Schedule DB - Part B - Section 1

**NONE** 

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

**NONE** 

### **SCHEDULE E - PART 1 - CASH**

		th End De	pository Balance	S				
1	2	3	4	5		Balance at End of During Current Qu		9
Depository BNY Mellon Trust Company of IllinoisChicago, Illinois	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month(4, 125)	8	* XXX
019998 Deposits in depositories that do not exceed the allowable limit in any one depository						, ,		T
(see Instructions) - Open Depositories	XXX	XXX						XX
0199999 Totals - Open Depositories	XXX	XXX				(4,125)		XX
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								.]
·····								
								.]
		<b> </b>						1
								.]
		<u> </u>						1
		I						-1
	<u>-</u>	<u> </u>			<u> </u>			
								]
0399999 Total Cash on Deposit	XXX	XXX				(4,125)		 X)
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	X)
0599999 Total Cash	XXX	XXX			I	(4,125)		XΧ

### Schedule E - Part 2 - Cash Equivalents NONE