



# QUARTERLY STATEMENT

AS OF JUNE 30, 2004

OF THE CONDITION AND AFFAIRS OF THE

## AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

NAIC Group Code 0108 0108 NAIC Company Code 30562 Employer's ID Number 36-2797074  
(Current Period) (Prior Period)

Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois

Country of Domicile United States of America

Incorporated 03/29/1837 Commenced Business 08/13/1837

Statutory Home Office 1 Kemper Drive, Long Grove, IL 60049-0001  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1 Kemper Drive Long Grove, IL 60049-0001 847-320-2000  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1 Kemper Drive, Long Grove, IL 60049-0001  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1 Kemper Drive Long Grove, IL 60049-0001 847-320-3021  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.kemperinsurance.com

Statutory Statement Contact Dennis Andrew Wong 847-320-3021  
(Name) (Area Code) (Telephone Number) (Extension)  
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Policyowner Relations Contact Customer Relations, 1 Kemper Dr, ML-11SE Long Grove, IL 60049-0001 800-833-0355  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

Name	Title	Name	Title
<u>Douglas Sean Andrews #</u>	<u>Chief Operating Officer</u>	<u>John Keating Conway</u>	<u>Secretary</u>
<u>Dennis Andrew Wong #</u>	<u>Treasurer</u>		

### OTHER OFFICERS

<u>Douglas Sean Andrews #</u>	<u>Senior Vice President</u>	<u>Frederick Otto Kist</u>	<u>Senior Vice President</u>
<u>Harold Newman Marsh III #</u>	<u>Senior Vice President</u>	<u>Benjamin David Schwartz #</u>	<u>Senior Vice President</u>

### DIRECTORS OR TRUSTEES

<u>John Thomas Chain Jr.</u>	<u>James Robert Edgar</u>	<u>Roberta Segal Karmel</u>	<u>Arthur James Massolo</u>
<u>David Barrett Mathis</u>	<u>Zachary Layne Stamp</u>		

State of Illinois

ss

County of Lake

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.

Douglas Sean Andrews  
Chief Operating Officer

John Keating Conway  
Secretary

Frederick Otto Kist  
Senior Vice President

Subscribed and sworn to before me this  
9th day of August, 2004

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	7,234,597		7,234,597	4,331,528
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	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 (\$ .....356,716 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....3,796,948 ) .....	4,153,664		4,153,664	5,585,585
6. Contract loans, (including \$ .....premium notes)			0	0
7. Other invested assets .....	0	0	0	0
8. Receivable for securities .....			0	0
9. Aggregate write-ins for invested assets .....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	11,388,261	0	11,388,261	9,917,113
11. Investment income due and accrued .....	112,473		112,473	137,367
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
12.3 Accrued retrospective premiums .....			0	0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers .....			0	0
13.2 Funds held by or deposited with reinsured companies .....			0	0
13.3 Other amounts receivable under reinsurance contracts .....			0	0
14. Amounts receivable relating to uninsured plans .....			0	0
15.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
15.2 Net deferred tax asset .....	104,346,251	104,346,251	0	0
16. Guaranty funds receivable or on deposit .....			0	0
17. Electronic data processing equipment and software .....			0	0
18. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
19. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
20. Receivables from parent, subsidiaries and affiliates .....			0	0
21. Health care (\$ ..... ) and other amounts receivable .....			0	0
22. Other assets nonadmitted .....			0	0
23. Aggregate write-ins for other than invested assets .....	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	115,846,985	104,346,251	11,500,734	10,054,480
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25)	115,846,985	104,346,251	11,500,734	10,054,480
<b>DETAILS OF WRITE-INS</b>				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0

STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	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) .....	19,100	54,480
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)) .....	5,135	.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 \$ .....7,972,888 and including warranty reserves of \$ .....0 ) .....		.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
15. Remittances and items not allocated .....		.0
16. Provision for reinsurance .....		.0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		.0
18. Drafts outstanding .....		.0
19. Payable to parent, subsidiaries and affiliates .....	1,224,871	.0
20. Payable for securities .....		.0
21. Liability for amounts held under uninsured accident and health plans .....		.0
22. Capital notes \$ ..... and interest thereon \$ .....		.0
23. Aggregate write-ins for liabilities .....	0	0
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) .....	1,249,106	54,480
25. Protected cell liabilities .....		.0
26. Total liabilities (Lines 24 and 25) .....	1,249,106	54,480
27. Aggregate write-ins for special surplus funds .....	.0	.0
28. Common capital stock .....		.0
29. Preferred capital stock .....		.0
30. Aggregate write-ins for other than special surplus funds .....	1,500,000	1,500,000
31. Surplus notes .....		.0
32. Gross paid in and contributed surplus .....		.0
33. Unassigned funds (surplus) .....	8,751,628	8,500,000
34. Less treasury stock, at cost		
34.1 ..... shares common (value included in Line 28 \$ ..... ) .....		.0
34.2 ..... shares preferred (value included in Line 29 \$ ..... ) .....		.0
35. Surplus as regards policyholders (Lines 27 to 33, less 34) .....	10,251,628	10,000,000
36. TOTALS .....	11,500,734	10,054,480
<b>DETAILS OF WRITE-INS</b>		
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
3001. Guaranty fund .....	1,500,000	1,500,000
3002. ....		
3003. ....		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above) .....	1,500,000	1,500,000

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 2,592,794 )	49,649,632	339,597,421	507,655,906
1.2 Assumed (written \$ (8,832,636) )	0	15,046,400	25,566,529
1.3 Ceded (written \$ (6,239,842) )	49,649,632	339,597,421	498,823,270
1.4 Net (written \$ 0 )	0	15,046,400	34,399,165
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ .....):			
2.1 Direct	38,886,082	218,661,140	254,490,460
2.2 Assumed	0	(37,882,678)	244,761,583
2.3 Ceded	38,886,082	218,661,140	501,339,969
2.4 Net	0	(37,882,678)	(2,087,926)
3. Loss expenses incurred		3,858,728	(2,290,836)
4. Other underwriting expenses incurred		14,150,822	27,706,563
5. Aggregate write-ins for underwriting deductions	0	0	678,841
6. Total underwriting deductions (Lines 2.4 thru 5)	0	(19,873,128)	24,006,642
7. Net income of protected cells		0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	0	34,919,528	10,392,523
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	256,763	10,237,705	17,991,949
10. Net realized capital gains (losses)		2,593,096	7,642,079
11. Net investment gain (loss) (Lines 9 + 10)	256,763	12,830,801	25,634,028
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ .....)		(231,655)	(1,078,294)
13. Finance and service charges not included in premiums		82,018	114,590
14. Aggregate write-ins for miscellaneous income	0	(38,782,384)	(269,616,229)
15. Total other income (Lines 12 through 14)	0	(38,932,021)	(270,579,933)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	256,763	8,818,308	(234,553,382)
17. Dividends to policyholders		3,178,327	1,488,287
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	256,763	5,639,981	(236,041,669)
19. Federal and foreign income taxes incurred	5,135	1,249,452	(9,534,383)
20. Net income (Line 18 minus Line 19)(to Line 22)	251,628	4,390,529	(226,507,286)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	10,000,000	230,739,341	230,739,341
<b>GAINS AND (LOSSES) IN SURPLUS</b>			
22. Net income (from Line 20)	251,628	4,390,529	(226,507,286)
23. Change in net unrealized capital gains or losses		(659,895)	(910,745)
24. Change in net unrealized foreign exchange capital gain (loss)		0	0
25. Change in net deferred income tax		(2,779,847)	80,102,524
26. Change in nonadmitted assets		(4,111,100)	(73,423,834)
27. Change in provision for reinsurance		0	0
28. Change in surplus notes		0	0
29. Surplus (contributed to) withdrawn from protected cells		0	0
30. Cumulative effect of changes in accounting principles		0	0
31. Capital changes:			
31.1 Paid in		0	0
31.2 Transferred from surplus (Stock Dividend)		0	0
31.3 Transferred to surplus		0	0
32. Surplus adjustments:			
32.1 Paid in		0	0
32.2 Transferred to capital (Stock Dividend)		0	0
32.3 Transferred from capital		0	0
33. Net remittances from or (to) Home Office		0	0
34. Dividends to stockholders		0	0
35. Change in treasury stock		0	0
36. Aggregate write-ins for gains and losses in surplus		1,892,608	0
37. Change in surplus as regards policyholders (Lines 22 through 36)	251,628	(1,267,705)	(220,739,341)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	10,251,628	229,471,636	10,000,000
<b>DETAILS OF WRITE-INS</b>			
0501. Change in premium deficiency reserve		0	678,841
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	678,841
1401. Finance and service charges not included in premiums - intercompany pool		267	267
1402. Retroactive reinsurance loss		(39,600,738)	(40,922,235)
1403. Income/(loss) related to reinsurance transaction		818,087	(229,183,168)
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	488,907
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	(38,782,384)	(269,616,229)
3601. Change in minimum pension liability		1,892,608	0
3602. ....			
3603. ....			
3698. Summary of remaining write-ins for Line 36 from overflow page	0	0	0
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)	0	1,892,608	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	0	106,416,678
2. Net investment income .....	247,435	22,666,005
3. Miscellaneous income .....	0	(270,579,933)
4. Total (Lines 1 to 3) .....	247,435	(141,497,250)
5. Benefits and loss related payments .....	0	280,229,932
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	129,844,380
8. Dividends paid to policyholders .....	0	(9,196,359)
9. Federal and foreign income taxes paid (recovered) \$ .....0 net of tax on capital gains (losses)	0	(11,612,880)
10. Total (Lines 5 through 9) .....	0	389,265,073
11. Net cash from operations (Line 4 minus Line 10) .....	247,435	(530,762,323)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,028,000	499,210,776
12.2 Stocks .....	0	1,348,123
12.3 Mortgage loans .....	0	3,767,104
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	13,345,068
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,028,000	517,671,071
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	4,932,227	68,781,875
13.2 Stocks .....	0	175,313
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	499,786
13.6 Miscellaneous applications .....	0	7,370,261
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	4,932,227	76,827,235
14. Net increase (or decrease) in policy loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(2,904,227)	440,843,836
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	1,224,871	75,919,983
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,224,871	75,919,983
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash and short-term investments (Line 11 plus Lines 15 and 17) .....	(1,431,921)	(13,998,504)
19. Cash and short-term investments:		
19.1 Beginning of period .....	5,585,585	19,584,089
19.2 End of period (Line 18 plus Line 19.1) .....	4,153,664	5,585,585

## 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**

Not applicable.

**4. DISCONTINUED OPERATIONS**

Not applicable.

**5. INVESTMENTS**

No change.

**6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

No change.

**7. INVESTMENT INCOME**

No change.

**8. DERIVATIVE INSTRUMENTS**

Not applicable.

**9. INCOME TAXES**

A. No change.

C2. No change

D. The provision for Federal and foreign income taxes incurred 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, 2004
Provision computed at statutory rate	\$	89,867
Net operating loss adjustment		(84,732)
Total	\$	5,135
Federal and foreign income taxes incurred	\$	5,135
Change in net deferred income taxes		0
Total statutory income taxes	\$	5,135

F. The Company's Federal income tax return is not consolidated with any other entity's tax return.

**10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES**

No change.

**11. DEBT**

Not applicable.

**12. RETIREMENT PLANS, DEFERRED COMPENSATION, POST EMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

No change.

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

No change.

## NOTES TO FINANCIAL STATEMENTS

### 14. CONTINGENCIES

#### D. All Other Contingencies

##### *Risk of Insolvency*

The Company reinsures 100% of its premiums, losses, and underwriting expenses with Lumbermens Mutual Casualty Company (LMC). All reinsurance recoverables from LMC are unsecured, and the Company remains primarily liable as the direct insurer on all risks reinsured if LMC is unable to pay such claims. LMC included the following paragraphs in its second-quarter 2004 Notes to Financial Statements (The reference to the "Company" in the following quoted paragraphs means LMC):

"On March 19, 2004, the Company and the other Illinois-domiciled Kemper Insurance Companies filed a commercial run-off plan with the Illinois Department of Insurance, now the Illinois Department of Financial and Professional Regulation - Division of Insurance (the "Department"). On June 9, 2004, the Department gave the Kemper Insurance Companies permission to proceed with the run-off plan as submitted. Details of the plan are confidential, pursuant to the state's risk-based capital statute. The three-year plan is designed to help the Company meet its goal of resolving, to the maximum extent possible, all valid policyholder claims.

Risks and uncertainties involved in implementing the plan include the needs to achieve significant policy buybacks and novations, to commute reinsurance agreements, to conclude other surplus-enhancing transactions, to hire and retain the staff and resources necessary to implement the plan, to further reduce expenses, and to consummate agreements with regulators and other third parties. Realizing the projections in the run-off plan requires the consummation of agreements with insureds for policy buybacks and novations, the timely performance of payment and other contractual obligations owed to the Company by various third parties, including reinsurers, and the absence of significant additional disputes not only with reinsurers but also with creditors, including insureds and certain states, which could involve actions to seek either to force the Company to collateralize its unsecured obligations or to not timely release collateral back to the Company. Therefore, no assurance can be given that the plan will be successfully implemented.

The Department continues to closely monitor the Company's progress in achieving the objectives of the run-off plan, and as has been the case for more than one year, the Department retains the discretion at any time to seek to place the Company in a formal proceeding (conservatorship or receivership, rehabilitation or liquidation). As previously disclosed, the risk of a proceeding would be exacerbated if the Company fails to have sufficient liquid assets to meet its current obligations, or if the Company's reported liabilities at any time exceed its reported assets, or if the Company fails to meet the surplus and liquidity projections set forth in the plan.

The Company's reported results at June 30, 2004 show that its assets exceed its liabilities by \$18.6 million. That level is below the projections included in the run-off plan. Further, the Company's operating and other expenses (including amortization of the discount on loss reserves) currently exceed revenue (investment income, earned premium, and other income) by approximately \$15 million per month. In addition, in light of current market conditions and the Company's anticipated liquidity needs, management currently projects that the Company's investment portfolio return will be below the previously projected 3.1% over the time horizon of the run-off plan. Management believes, however, that certain planned policy buybacks and novations in the third and fourth quarters of 2004, as well as other surplus-enhancing initiatives, will more than cover the monthly surplus reductions caused by expenses exceeding revenues.

Approximately 30% of the decrease in surplus from \$153.6 million reported at March 31, 2004 to \$18.6 million at June 30, 2004 was due to additions to reserves, including adverse development on assumed reinsurance liabilities. The Company has begun a review of all its reserves as of June 30, 2004. There can be no assurance that additional reserve strengthening, potentially in excess of the Company's reported June 30, 2004 surplus, will not be required as a result of the planned reserve review.

Based on results through the second quarter, if the Company fails to execute successfully its surplus-enhancing initiatives, then the Company's surplus would fall below zero before year-end 2004. Even assuming that the Company is successful in its policy buybacks and other surplus-enhancing efforts, the Company is predicted to face a shortage of unencumbered liquid assets to meet policyholder liabilities by mid-2005 if certain encumbered assets, including state deposits, are not timely released. The Company continues to communicate with various state insurance regulators regarding these matters.

## NOTES TO FINANCIAL STATEMENTS

On August 5, 2004, the Company's acting president, acting chief executive officer, and acting chief financial officer, Michael A. Coutu, resigned and the Company and Kenning Financial Advisors, LLC by mutual agreement terminated the contract under which Kenning had provided management services for Kemper's run-off planning and operations since October 2003. The Company continues to implement the steps set forth in the run-off plan substantially as previously submitted to the Department. Two former members of the Kenning team, who had been serving as officers of the Company while providing services under the Kenning contract, have joined the Company as its chief operating officer and its chief transactional counsel, respectively, to assist in the Company's and its affiliates' ongoing run off. The Company also announced that a search for a new chief executive officer is currently underway."

15. **LEASES**  
Not applicable.
16. **INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**  
Not applicable.
17. **SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**  
Not applicable.
18. **GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**  
Not applicable.
19. **DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**  
Not applicable.
20. **SEPTEMBER 11 EVENTS**  
No change.
21. **OTHER ITEMS**  
No change.
22. **EVENTS SUBSEQUENT**  
No change.
23. **REINSURANCE**  
No change.
24. **RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**  
No change.
25. **CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**  
No change.
26. **INTERCOMPANY POOLING ARRANGEMENTS**  
No change.



## NOTES TO FINANCIAL STATEMENTS

- 27. **STRUCTURED SETTLEMENTS**  
Not applicable.
- 28. **HEALTH CARE RECEIVABLES**  
Not applicable.
- 29. **PARTICIPATING POLICIES**  
Not applicable.
- 30. **PREMIUM DEFICIENCY RESERVES**  
Not applicable.
- 31. **HIGH DEDUCTIBLES**  
Not applicable.
- 32. **DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSE**  
No change.
- 33. **ASBESTOS/ENVIRONMENTAL RESERVES**  
No change.
- 34. **SUBSCRIBER SAVINGS ACCOUNT**  
Not applicable.
- 35. **MULTIPLE PERIL CROP INSURANCE**  
Not applicable.

# 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

- 1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? ..... Yes [ ] No [X]
- 1.2 If yes, explain:  
.....
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 2.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 3.2 If yes, date of change: .....  
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]  
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ ] NA [X]  
If yes, attach an explanation.
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2000
- 7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2000
- 7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 11/18/2003
- 7.4 By what department or departments?  
Prior examination completed by: Delaware, Illinois, Mississippi and Nevada .....
- 8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) ..... Yes [ ] No [X]
- 8.2 If yes, give full information:  
.....
- 9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [X]
- 9.2 If response to 9.1 is yes, please identify the name of the bank holding company.  
.....
- 9.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]
- 9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

## GENERAL INTERROGATORIES INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock? ..... Yes [ ] No [X]

10.2 If yes, explain:  
.....

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 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-term Investments .....	\$ .....	\$ .....
14.25 Mortgages, Loans or Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 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.

16. Excluding items in Schedule E, 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 Part 1 - General, Section IV.H - 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 Name of Custodian(s)	2 Custodian Address
BNY Midwest Trust Company.....	209 W. Jackson Blvd., Suite 800, Chicago, IL 60606.....

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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Central Registration Depository	2 Name(s)	3 Address
104518.....	Deutsche Investment Management Americas, Inc.....	222 S. Riverside Plaza, Chicago, IL 60606-5808.....

## 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 liabilities 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 [X] No [ ]

4.2 If yes, complete the following schedule:

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

**SCHEDULE A - VERIFICATION**

	1 Year to Date	2 Prior Year Ended December 31
<b>NONE</b>		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Increase (decrease) by adjustment		0
3. Cost of acquired		0
4. Cost of additions to and permanent improvements		0
5. Total profit (loss) on sales		0
6. Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		0
8. Book/adjusted carrying value at end of current period	0	0
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	0	0
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0	0

**SCHEDULE B – VERIFICATION**

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	3,767,104
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount and mortgage interest points and commitment fees		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		3,767,104
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

**SCHEDULE BA – VERIFICATION**

Other Invested Assets Included in Schedule BA

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	14,263,320
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		14,052
2.2. Additional investment made after acquisitions		485,734
3. Accrual of discount		0
4. Increase (decrease) by adjustment		(1,484,028)
5. Total profit (loss) on sale		65,990
6. Amounts paid on account or in full during the period		13,345,068
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

**SCHEDULE D - VERIFICATION**

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,331,528	420,522,069
2. Cost of bonds and stocks acquired	4,932,227	68,957,188
3. Accrual of discount	5,217	1,223,370
4. Increase (decrease) by adjustment		(2,419,263)
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal		18,645,885
7. Consideration for bonds and stocks disposed of	2,028,000	500,558,899
8. Amortization of premium	6,375	2,038,822
9. Book/adjusted carrying value, current period	7,234,597	4,331,528
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	7,234,597	4,331,528
12. Total nonadmitted amounts		0
13. Statement value	7,234,597	4,331,528

STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	10,746,809	14,426,144	14,141,784	377	10,746,809	11,031,545	.0	5,990,856
2. Class 2 .....	.0	.0	.0	.0	.0	.0	.0	.0
3. Class 3 .....	.0	.0	.0	.0	.0	.0	.0	.0
4. Class 4 .....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 .....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6 .....	0	0	0	0	0	0	0	0
7. Total Bonds	10,746,809	14,426,144	14,141,784	377	10,746,809	11,031,545	0	5,990,856
<b>PREFERRED STOCK</b>								
8. Class 1 .....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2 .....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3 .....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4 .....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5 .....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	10,746,809	14,426,144	14,141,784	377	10,746,809	11,031,545	0	5,990,856

**SCHEDULE DA - PART 1****Short-Term Investments Owned End of Current Quarter**

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	3,796,948	XXX	3,796,948	41,001	

**SCHEDULE DA - PART 2- Verification****Short-Term Investments Owned**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,659,328	18,964,405
2. Cost of short-term investments acquired .....	16,756,060	580,240,710
3. Increase (decrease) by adjustment .....		0
4. Increase (decrease) by foreign exchange adjustment .....		0
5. Total profit (loss) on disposal of short-term investments .....		0
6. Consideration received on disposal of short-term investments .....	14,618,439	597,545,787
7. Book/adjusted carrying value, current period .....	3,796,948	1,659,328
8. Total valuation allowance .....		0
9. Subtotal (Lines 7 plus 8) .....	3,796,948	1,659,328
10. Total nonadmitted amounts .....		0
11. Statement value (Lines 9 minus 10) .....	3,796,948	1,659,328
12. Income collected during period .....	112,727	850,775
13. Income earned during period .....	112,727	850,775

Schedule DB - Part F - Section 1

**NONE**

Schedule DB - Part F - Section 2

**NONE**

Schedule F

**NONE**



STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

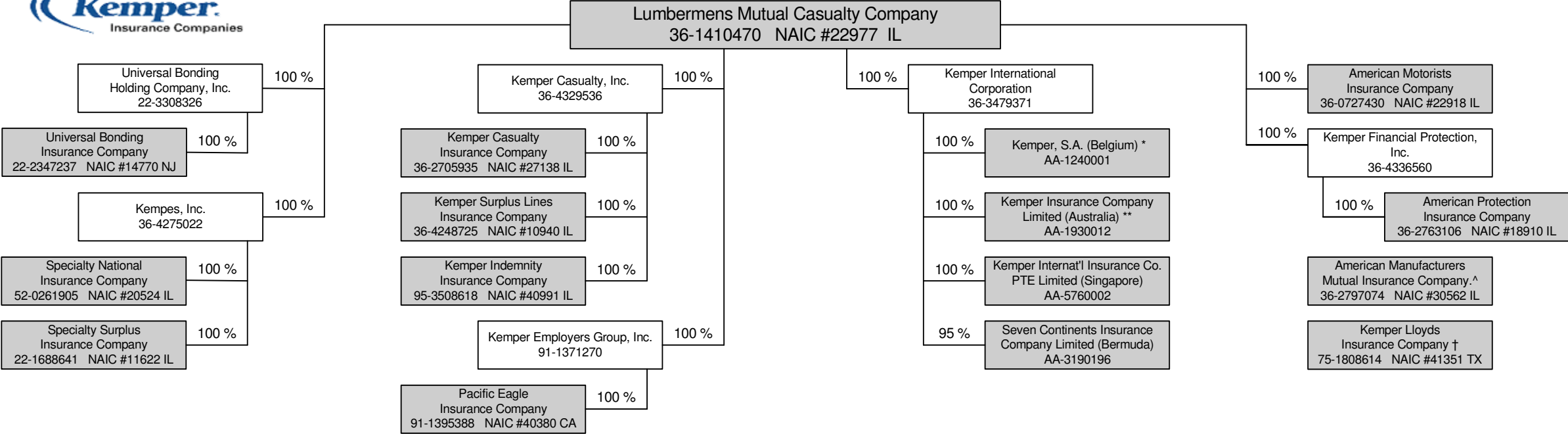
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	Yes	(150,535)	1,004,484	183,676	452,123	2,611,634	3,507,754
2. Alaska	AK	Yes	(50,688)	(3,356)	345,494	1,493,134	324,769	1,046,293
3. Arizona	AZ	Yes	250,499	601,709	1,410,896	3,825,192	7,906,970	9,643,374
4. Arkansas	AR	Yes	(9,928)	66,314	376,473	871,733	1,360,862	2,256,819
5. California	CA	Yes	2,849,934	65,432,301	32,961,189	42,367,420	117,054,911	157,261,748
6. Colorado	CO	Yes	(354,504)	6,816,642	2,838,884	3,722,486	5,751,095	10,413,752
7. Connecticut	CT	Yes	(61,320)	15,485,206	7,648,837	11,371,899	33,528,935	42,813,598
8. Delaware	DE	Yes	55,826	646,489	404,178	1,783,864	3,454,392	4,339,021
9. District of Columbia	DC	Yes	4,041	148,181	250,020	102,952	767,072	1,292,640
10. Florida	FL	Yes	(135,704)	3,411,819	3,010,937	3,104,309	18,591,180	22,220,163
11. Georgia	GA	Yes	771,128	7,803,111	6,620,975	9,203,603	6,997,495	20,201,936
12. Hawaii	HI	Yes	(449)	591,498	98,970	257,644	2,148,508	1,429,236
13. Idaho	ID	Yes	16,187	57,758	75,618	208,630	(342,733)	565,056
14. Illinois	IL	Yes	(26,231)	7,805,083	7,666,526	9,769,780	15,884,935	31,408,457
15. Indiana	IN	Yes	(55,297)	1,713,598	1,827,158	3,185,246	500,484	4,964,236
16. Iowa	IA	Yes	39,455	629,073	1,401,113	1,026,800	4,323,558	8,133,778
17. Kansas	KS	Yes	17,480	1,261,861	428,095	679,004	3,997,684	5,901,885
18. Kentucky	KY	Yes	(17,203)	2,834,860	912,121	1,756,793	7,618,637	10,654,894
19. Louisiana	LA	Yes	(612,763)	4,442,048	1,943,680	2,589,139	7,083,129	11,858,613
20. Maine	ME	Yes	37,237	2,216,918	1,265,735	957,207	3,697,369	4,721,484
21. Maryland	MD	Yes	(294,316)	3,448,795	2,887,909	4,601,804	13,085,755	14,344,640
22. Massachusetts	MA	Yes	67,467	1,376,774	3,122,711	4,784,797	2,756,236	18,783,507
23. Michigan	MI	Yes	(50,052)	524,011	2,593,821	3,140,305	5,261,192	12,801,080
24. Minnesota	MN	Yes	936,795	1,177,146	572,855	1,307,635	1,962,101	3,048,917
25. Mississippi	MS	Yes	(40,968)	3,342,520	2,715,784	2,830,041	5,139,965	9,019,053
26. Missouri	MO	Yes	(179,898)	4,571,251	969,013	1,216,499	8,458,082	11,812,460
27. Montana	MT	Yes	(15,301)	(476,861)	267,325	206,813	72,482	589,938
28. Nebraska	NE	Yes	(15,121)	(5,348)	637,468	1,373,176	424,370	1,862,835
29. Nevada	NV	Yes	29,101	554,832	271,973	3,239,525	2,865,637	3,465,240
30. New Hampshire	NH	Yes	(54,559)	708,691	240,911	399,622	1,863,136	2,435,053
31. New Jersey	NJ	Yes	(132,334)	4,262,778	6,522,280	7,521,543	14,245,817	38,895,343
32. New Mexico	NM	Yes	(32,917)	852,387	329,488	340,158	1,924,137	2,363,706
33. New York	NY	Yes	1,512,311	56,437,359	31,210,942	52,523,493	140,910,173	197,201,327
34. North Carolina	NC	Yes	(1,105,224)	23,887,912	6,933,995	16,197,072	17,847,506	23,974,090
35. North Dakota	ND	Yes	(2,191)	2,342		15,598	202,269	230,705
36. Ohio	OH	Yes	215,817	1,357,650	1,712,557	2,233,108	9,216,914	13,643,432
37. Oklahoma	OK	Yes	23,932	144,657	235,921	1,052,503	2,231,846	3,199,529
38. Oregon	OR	Yes	19,424	2,088,925	1,194,532	2,566,233	4,913,273	7,004,284
39. Pennsylvania	PA	Yes	(1,165,346)	5,767,130	7,325,192	11,778,851	23,177,818	38,604,102
40. Rhode Island	RI	Yes	(26,133)	346,946	157,838	160,846	807,429	1,098,699
41. South Carolina	SC	Yes	405,350	1,951,423	654,623	803,521	4,587,596	6,103,755
42. South Dakota	SD	Yes	6,624	206,509	60,045	48,456	319,396	715,866
43. Tennessee	TN	Yes	(86,825)	2,790,448	1,081,300	2,074,213	3,814,380	5,436,815
44. Texas	TX	Yes	236,080	7,081,532	4,886,705	10,987,386	14,534,989	26,448,009
45. Utah	UT	Yes	1,555	118,796	92,035	167,125	539,385	782,879
46. Vermont	VT	Yes	11,845	130,288	165,796	277,278	1,577,826	2,114,613
47. Virginia	VA	Yes	(63,192)	1,211,078	970,259	1,472,775	7,874,534	9,532,361
48. Washington	WA	Yes	(113,773)	7,701,452	3,487,676	4,762,066	8,031,705	20,962,941
49. West Virginia	WV	Yes	(98,163)	94,076	24,735	22,450	16,594	159,066
50. Wisconsin	WI	Yes	22,523	6,727,744	1,746,991	3,640,797	6,933,831	13,109,121
51. Wyoming	WY	Yes	(1,113)	37,282		6,194	14,768	93,875
52. American Samoa	AS	No		0		0		0
53. Guam	GU	No		0		0		0
54. Puerto Rico	PR	No		0		0		0
55. U.S. Virgin Islands	VI	Yes		0		0	199	82
56. Canada	CN	No		0		0		0
57. Aggregate Other Aliens	OT	XXX	14,231	3,814	0	11,117	29,012	26,001
58. Totals	(a) 52		2,592,794	261,389,936	154,743,255	240,491,958	548,901,239	844,498,061
<b>DETAILS OF WRITE-INS</b>								
5701. Europe	XXX			0		11,117	21,064	(7,052)
5702. Central and South America	XXX		750	0		0	26	22
5703. Africa	XXX		13,481	3,814		0	7,922	33,031
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX		0	0	0	0	0	0
5799. Totals (Lines 5701 through 5703 plus 5798) (Line 57 above)	XXX		14,231	3,814	0	11,117	29,012	26,001

(a) Insert the number of yes responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART**



^ American Manufacturers Mutual Insurance Company is a mutual company associated with Lumbermens Mutual Casualty Company.  
 † Kemper Lloyds Insurance Company is a Texas Lloyds association of underwriters under the sponsorship of Lumbermens Mutual Casualty Company.  
 \* Percentage includes one minority shareholder.  
 \*\* Percentage includes director qualifying shares.  
 Insurers are identified by shaded boxes. Percentages show common stock ownership as of 6/30/2004.

**PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	651,211	333,190	51.2	(23.2)
2. Allied Lines	268,542	99,776	37.2	(34.0)
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	16,242,433	12,817,157	78.9	72.2
5. Commercial multiple peril	817,784	896,099	109.6	63.2
6. Mortgage guaranty			0.0	0.0
8. Ocean marine	186,639	66,298	35.5	30.1
9. Inland marine	175,950	83,713	47.6	45.5
10. Financial guaranty			0.0	0.0
11.1 Medical malpractice - occurrence			0.0	0.0
11.2 Medical malpractice - claims-made			0.0	0.0
12. Earthquake	685,853	15,655	2.3	49.5
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	2,601,032	3,673,610	141.2	48.5
17.1 Other liability - occurrence	434,043	608,838	140.3	69.1
17.2 Other liability - claims-made	17,948	7,753	43.2	41.8
18.1 Products liability - occurrence	(611,732)	559,060	(91.4)	63.3
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 Private passenger auto liability	14,582,481	9,434,939	64.7	73.6
19.3,19.4 Commercial auto liability	814,166	1,030,750	126.6	69.7
21. Auto physical damage	10,333,120	6,640,182	64.3	70.3
22. Aircraft (all perils)			0.0	0.0
23. Fidelity	9,879	4,905	49.7	47.1
24. Surety	2,437,232	2,610,481	107.1	83.0
26. Burglary and theft	29	14	48.3	39.6
27. Boiler and machinery	3,022	3,662	121.2	34.5
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0.0	0.0
34. Totals	49,649,632	38,886,082	78.3	64.4
<b>DETAILS OF WRITE-INS</b>				
3301.				
3302.				
3303.				
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0.0	0.0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0.0	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	139,954	271,086	1,367,055
2. Allied Lines	41,201	81,503	640,881
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	327,247	433,772	47,794,699
5. Commercial multiple peril	(5,322)	(54,663)	13,419,351
6. Mortgage guaranty	0		0
8. Ocean marine	904	(282)	598,963
9. Inland marine	10,268	(1,022,833)	3,861,956
10. Financial guaranty	0		0
11.1 Medical malpractice - occurrence	0		0
11.2 Medical malpractice - claims-made	0		0
12. Earthquake	10,900	10,172	2,263,043
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	1,201,259	(241,188)	50,181,980
17.1 Other liability - occurrence	(46,153)	(550,363)	6,866,332
17.2 Other liability - claims-made	(7,612)	(19,871)	828,140
18.1 Products liability - occurrence	(257,562)	(629,347)	626,892
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	758,492	1,708,310	72,788,555
19.3,19.4 Commercial auto liability	776,617	697,775	3,453,753
21. Auto physical damage	624,226	1,269,108	48,285,317
22. Aircraft (all perils)	0		0
23. Fidelity	(357)	(1,030)	14,873
24. Surety	534,603	640,006	8,135,822
26. Burglary and theft	0		157
27. Boiler and machinery	(23)	639	262,167
28. Credit	0		0
29. International	0		0
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0
34. Totals	4,108,642	2,592,794	261,389,936
<b>DETAILS OF WRITE-INS</b>			
3301.			
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0

STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	2004 Loss and LAE Payments on Claims Reported as of Prior Year-End	2004 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2004 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (c) (Cols. 11 + 12)
1. 2001 + Prior .....			.0			.0				.0	.0	.0	.0
2. 2002 .....			.0			.0				.0	.0	.0	.0
3. Subtotals 2002 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2003 .....			.0			.0				.0	.0	.0	.0
5. Subtotals 2003 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2004 .....	XXX	XXX	XXX	XXX		.0	XXX			.0	XXX	XXX	XXX
7. Totals .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End's Surplus As Regards Policyholders	10,000										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

(a) Should Equal Prior Year-End Annual Statement; Page 3, Col. 1, Lines 1 + 3

(b) Should Equal Q.S. Page 3, Col. 1, Lines 1 and 3.

(c) Should Also Equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

# 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.

RESPONSES

- 1. Will the SVO Compliance Certification be filed with this statement? .....YES.....
- 2. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....NO.....
- 3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement? .....YES.....

**Explanations:**

2.

**Bar Codes:**

2.



**OVERFLOW PAGE FOR WRITE-INS**

PQ004 Additional Aggregate Lines for Page 04 Line 14.

*UNINEX			
1404. Miscellaneous income .....		0	488,907
1497. Summary of remaining write-ins for Line 14 from Page 04	0	0	488,907

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 1

**NONE**

Schedule B - Part 2

**NONE**

Schedule BA - Part 1

**NONE**

Schedule BA - Part 2

**NONE**

STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator <sup>(a)</sup>
US Governments									
United States									
912828-BY-5	United States Treasury Nts Bond 2.250% 02/15/07		05/03/2004	Direct		4,932,227	5,000,000	24,416	1
Total United States						4,932,227	5,000,000	24,416	XXX
0399999 - Total - Bonds - U.S. Government						4,932,227	5,000,000	24,416	XXX
6099997 - Total - Bonds - Part 3						4,932,227	5,000,000	24,416	XXX
6099999 - Total - Bonds						4,932,227	5,000,000	24,416	XXX
6599999 - Total - Preferred Stocks						0	XXX	0	XXX
7299999 - Total - Common Stocks						0	XXX	0	XXX
7399999 - Total - Preferred and Common Stocks						0	XXX	0	XXX
7499999 - Totals						4,932,227	XXX	24,416	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....

E04



STATEMENT AS OF JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Maturity Date	22 NAIC Designation or Market Indicator (a)
										11 Unrealized Valuation Increase/(Decrease)	12 Current Year's (Amortization)/Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A. C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A. C.V.							
US Governments																					
United States																					
912827-P8-9	United States Treasury Nts 7.250% 05/15/04		05/15/2004	Maturity		1,515,000	1,515,000	1,572,049	1,518,640		(3,640)	0	(3,640)		1,515,000		0	51,279	05/15/2004	1	
912827-P8-9	United States Treasury Nts 7.250% 05/15/04		05/15/2004	Maturity		513,000	513,000	532,318	514,233		(1,233)	0	(1,233)		513,000		0	17,364	05/15/2004	1	
Total United States						2,028,000	2,028,000	2,104,367	2,032,872	0	(4,872)	0	(4,872)	0	2,028,000	0	0	68,643	XXX	XXX	
0399999 - Bonds - U.S. Governments						2,028,000	2,028,000	2,104,367	2,032,872	0	(4,872)	0	(4,872)	0	2,028,000	0	0	68,643	XXX	XXX	
6099997 - Bonds - Part 4						2,028,000	2,028,000	2,104,367	2,032,872	0	(4,872)	0	(4,872)	0	2,028,000	0	0	68,643	XXX	XXX	
6099999 - Total - Bonds						2,028,000	2,028,000	2,104,367	2,032,872	0	(4,872)	0	(4,872)	0	2,028,000	0	0	68,643	XXX	XXX	
6599999 - Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7299999 - Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7399999 - Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7499999 Totals						2,028,000	XXX	2,104,367	2,032,872	0	(4,872)	0	(4,872)	0	2,028,000	0	0	68,643	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E05

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**





SUPPLEMENT FOR JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Designate the type of health care providers reported on this page  
Physicians

**SUPPLEMENT "A" TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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								2,584
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								
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. Canada CN								
57. Aggregate Other Aliens OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	2,584
<b>DETAILS OF WRITE-INS</b>								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Designate the type of health care providers reported on this page  
Hospitals

**SUPPLEMENT "A" TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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								
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. Canada CN								
57. Aggregate Other Aliens OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
5701. ....								
5702. ....								
5703. ....								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	0	0	0	0	0	0	0	0

**NONE**



SUPPLEMENT FOR JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Designate the type of health care providers reported on this page  
Other Health Care Professionals

**SUPPLEMENT "A" TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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								
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. Canada CN								
57. Aggregate Other Aliens OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	0	0	0	0	0	0	0	0

**NONE**



**SUPPLEMENT FOR JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

Designate the type of health care providers reported on this page  
Other Health Care Facilities

**SUPPLEMENT "A" TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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								
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. Canada CN								
57. Aggregate Other Aliens OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	0	0	0	0	0	0	0	0

**NONE**



SUPPLEMENT FOR JUNE 30, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Designate the type of health care providers reported on this page  
 Medical Malpractice Policies

**SUPPLEMENT "A" TO SCHEDULE T  
 EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
 ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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								
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. Canada CN								
57. Aggregate Other Aliens OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	0	0	0	0	0	0	0	0

**NONE**