



QUARTERLY STATEMENT

AS OF MARCH 31, 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)
dwong@kemperinsurance.com 847-320-3818
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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>Michael Albert Coutu</u>	<u>Acting CEO & President</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>Acting Senior Vice President</u>	<u>Frederick Otto Kist</u>	<u>Senior Vice President</u>
<u>Harold Newman Marsh III #</u>	<u>Acting Senior Vice President</u>	<u>Benjamin David Schwartz #</u>	<u>Acting 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>John Edward Porter</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.

Michael Albert Coutu
Acting CEO & President

John Keating Conway
Secretary

Dennis Andrew Wong
Treasurer

Subscribed and sworn to before me this
10th day of May, 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 MARCH 31, 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	4,329,994		4,329,994	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 (\$356,523), cash equivalents (\$0) and short-term investments (\$6,416,815)	6,773,338		6,773,338	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)	11,103,332	0	11,103,332	9,917,113
11. Investment income due and accrued	90,352		90,352	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)	115,539,935	104,346,251	11,193,684	10,054,480
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	115,539,935	104,346,251	11,193,684	10,054,480
DETAILS OF WRITE-INS				
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

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)	50,380	54,480
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		.0
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	3,231	.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 \$21,831,296 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	981,776	.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)	1,035,387	54,480
25. Protected cell liabilities		.0
26. Total liabilities (Lines 24 and 25)	1,035,387	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)	8,658,297	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)	10,158,297	10,000,000
36. TOTALS	11,193,684	10,054,480
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
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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ (1,515,848))	31,682,584	183,748,689	507,655,906
1.2 Assumed (written \$ (8,832,636))		4,845,372	25,566,529
1.3 Ceded (written \$ (10,348,484))	31,682,584	183,748,689	498,823,270
1.4 Net (written \$ 0)	0	4,845,372	34,399,165
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	23,896,462	123,881,745	254,490,460
2.2 Assumed		(320,709)	244,761,583
2.3 Ceded	23,896,462	123,881,745	501,339,969
2.4 Net	0	(320,709)	(2,087,926)
3. Loss expenses incurred		3,162,937	(2,290,836)
4. Other underwriting expenses incurred		9,065,184	27,706,563
5. Aggregate write-ins for underwriting deductions	0	0	678,841
6. Total underwriting deductions (Lines 2.4 thru 5)	0	11,907,412	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	(7,062,040)	10,392,523
INVESTMENT INCOME			
9. Net investment income earned	161,528	5,254,163	17,991,949
10. Net realized capital gains (losses)		1,415,512	7,642,079
11. Net investment gain (loss) (Lines 9 + 10)	161,528	6,669,675	25,634,028
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)		(130,856)	(1,078,294)
13. Finance and service charges not included in premiums		39,951	114,590
14. Aggregate write-ins for miscellaneous income	0	(673,756)	(269,616,229)
15. Total other income (Lines 12 through 14)	0	(764,661)	(270,579,933)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	161,528	(1,157,026)	(234,553,382)
17. Dividends to policyholders		1,919,465	1,488,287
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	161,528	(3,076,491)	(236,041,669)
19. Federal and foreign income taxes incurred	3,231	0	(9,534,383)
20. Net income (Line 18 minus Line 19)(to Line 22)	158,297	(3,076,491)	(226,507,286)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	10,000,000	230,739,341	230,739,341
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	158,297	(3,076,491)	(226,507,286)
23. Change in net unrealized capital gains or losses		(46,258)	(910,745)
24. Change in net unrealized foreign exchange capital gain (loss)		0	0
25. Change in net deferred income tax		(1,621,916)	80,102,524
26. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)		(43,475)	(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		0	0
37. Change in surplus as regards policyholders (Lines 22 through 36)	158,297	(4,788,140)	(220,739,341)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	10,158,297	225,951,201	10,000,000
DETAILS OF WRITE-INS			
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 gain (loss)		(756,990)	(40,922,235)
1403. Income/(loss) related to reinsurance transaction		82,967	(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	(673,756)	(269,616,229)
3601.			
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	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	0	106,416,678
2. Net investment income.....	205,977	22,666,005
3. Miscellaneous income.....	0	(270,579,933)
4. Total (Lines 1 to 3).....	205,977	(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).....	205,977	(530,762,323)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	0	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).....	0	517,671,071
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	0	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).....	0	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).....	0	440,843,836
Cash from Financing and Miscellaneous Sources		
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).....	981,776	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).....	981,776	75,919,983
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Lines 15 and 17).....	1,187,753	(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).....	6,773,338	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:

		March 31, 2004
Provision computed at statutory rate	\$	56,535
Net operating loss adjustment		(53,304)
Total	\$	3,231
Federal and foreign income taxes incurred	\$	3,231
Change in net deferred income taxes		0
Total statutory income taxes	\$	3,231

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.

14. CONTINGENCIES

No change.

NOTES TO FINANCIAL STATEMENTS

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**
Not applicable.
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.
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).....	\$0	\$0
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, 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 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

If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes No

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 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
NONE		
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		68,957,188
3. Accrual of discount	2,104	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		500,558,899
8. Amortization of premium	3,639	2,038,822
9. Book/adjusted carrying value, current period	4,329,994	4,331,528
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	4,329,994	4,331,528
12. Total nonadmitted amounts		0
13. Statement value	4,329,994	4,331,528

STATEMENT AS OF MARCH 31, 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
BONDS								
1. Class 1	5,990,856	7,262,142	2,504,655	(1,534)	10,746,809	0	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	5,990,856	7,262,142	2,504,655	(1,534)	10,746,809	0	0	5,990,856
PREFERRED STOCK								
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	5,990,856	7,262,142	2,504,655	(1,534)	10,746,809	0	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	6,416,815	XXX	6,416,815	95,806	

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	7,262,142	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	2,504,655	597,545,787
7. Book/adjusted carrying value, current period	6,416,815	1,659,328
8. Total valuation allowance .....		.0
9. Subtotal (Lines 7 plus 8)	6,416,815	1,659,328
10. Total nonadmitted amounts .....		.0
11. Statement value (Lines 9 minus 10)	6,416,815	1,659,328
12. Income collected during period	103,027	850,775
13. Income earned during period	103,027	850,775

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

NONE

STATEMENT AS OF MARCH 31, 2004 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

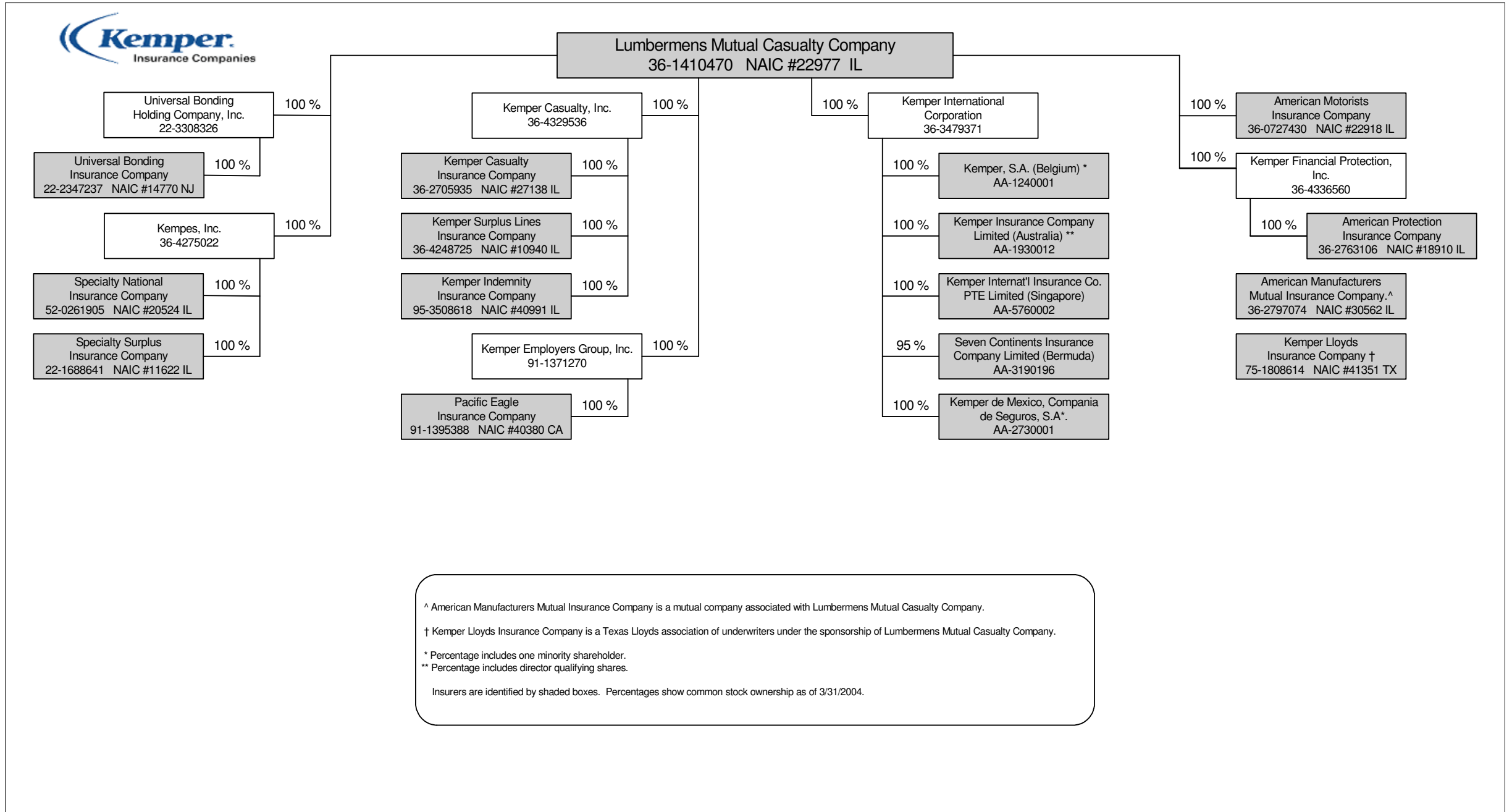
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

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	(143,810)	194,591	123,849	252,716	2,586,034	3,061,851
2. Alaska	AK	Yes	(170,558)	(40,499)	290,977	457,707	307,779	1,946,416
3. Arizona	AZ	Yes	173,942	552,123	262,457	987,206	8,936,219	11,933,644
4. Arkansas	AR	Yes	(17,843)	70,828	162,638	484,139	1,564,137	2,549,824
5. California	CA	Yes	790,184	37,782,862	17,203,394	22,829,728	127,933,719	152,264,261
6. Colorado	CO	Yes	(1,577)	3,776,985	2,133,191	1,967,857	6,555,768	9,503,458
7. Connecticut	CT	Yes	(71,805)	7,184,659	4,586,769	6,299,634	35,552,685	42,167,990
8. Delaware	DE	Yes	38,448	547,488	182,539	770,781	3,652,367	4,966,722
9. District of Columbia	DC	Yes	(28,174)	141,396	102,546	116,786	877,991	1,166,366
10. Florida	FL	Yes	(703,227)	1,587,840	1,321,935	1,742,058	19,727,513	21,911,561
11. Georgia	GA	Yes	546,605	4,853,798	4,376,819	6,051,632	8,219,182	20,203,673
12. Hawaii	HI	Yes	(33,939)	89,555	24,324	207,537	2,170,185	1,276,397
13. Idaho	ID	Yes	1,402	25,171	27,632	160,679	(307,941)	558,065
14. Illinois	IL	Yes	(304,725)	5,229,816	2,784,851	4,923,707	20,124,363	33,504,011
15. Indiana	IN	Yes	(79,732)	1,114,638	1,387,636	1,908,909	881,624	5,417,118
16. Iowa	IA	Yes	57,367	1,215,028	1,249,512	408,048	4,487,407	8,989,365
17. Kansas	KS	Yes	22,430	765,259	307,519	454,350	4,104,559	5,609,655
18. Kentucky	KY	Yes	4,523	2,283,675	863,052	954,783	7,521,906	10,679,080
19. Louisiana	LA	Yes	(840,481)	1,544,960	604,811	1,787,209	8,099,698	10,855,272
20. Maine	ME	Yes	(5,456)	1,240,730	731,695	582,163	4,038,202	4,387,077
21. Maryland	MD	Yes	(324,607)	2,026,549	2,248,316	2,232,587	13,584,760	15,525,434
22. Massachusetts	MA	Yes	22,163	1,183,342	1,572,260	2,420,102	4,192,617	19,981,266
23. Michigan	MI	Yes	(20,075)	1,207,084	1,807,325	1,834,202	6,026,892	13,364,482
24. Minnesota	MN	Yes	71,816	1,209,104	280,695	581,027	1,376,263	3,423,910
25. Mississippi	MS	Yes	(24,399)	1,789,793	1,923,270	982,642	5,827,790	9,704,612
26. Missouri	MO	Yes	(106,964)	4,401,239	781,461	814,543	8,682,188	11,640,651
27. Montana	MT	Yes	(13,901)	(9,122)	149,424	122,652	184,007	985,319
28. Nebraska	NE	Yes	(18,446)	294,707	296,616	757,478	744,546	2,417,233
29. Nevada	NV	Yes	60,259	476,409	73,272	773,045	3,064,095	5,620,808
30. New Hampshire	NH	Yes	(56,365)	545,948	105,532	176,127	1,962,088	2,385,279
31. New Jersey	NJ	Yes	1,285,802	3,083,371	4,823,495	2,567,870	16,708,789	41,841,490
32. New Mexico	NM	Yes	(41,923)	560,410	127,246	121,556	2,094,683	2,277,926
33. New York	NY	Yes	(254,514)	29,972,492	16,363,969	24,812,581	152,886,095	207,840,447
34. North Carolina	NC	Yes	(1,050,719)	12,205,757	3,209,884	8,617,673	20,371,457	22,950,823
35. North Dakota	ND	Yes	175	(7,689)		15,601	204,546	216,899
36. Ohio	OH	Yes	89,315	953,332	1,544,092	953,140	9,290,117	13,855,500
37. Oklahoma	OK	Yes	9,766	211,358	134,404	638,583	2,319,261	3,484,655
38. Oregon	OR	Yes	(5,460)	1,432,640	727,697	1,255,665	5,291,723	7,412,335
39. Pennsylvania	PA	Yes	(348,322)	4,285,334	4,635,285	2,793,525	26,296,932	44,920,615
40. Rhode Island	RI	Yes	(46,802)	217,446	46,338	94,497	893,945	1,025,543
41. South Carolina	SC	Yes	234,549	1,429,283	485,978	412,541	4,616,182	5,664,813
42. South Dakota	SD	Yes	2,024	85,574	40,706	32,704	335,038	595,418
43. Tennessee	TN	Yes	(127,847)	1,804,097	677,040	723,528	3,978,482	5,905,984
44. Texas	TX	Yes	125,020	4,984,843	3,123,912	5,417,028	15,996,438	28,911,233
45. Utah	UT	Yes	(2,847)	103,877	16,785	39,688	604,597	785,122
46. Vermont	VT	Yes	(7,395)	90,844	54,462	116,306	1,671,731	2,213,233
47. Virginia	VA	Yes	(45,769)	999,020	597,541	981,980	8,052,673	9,412,053
48. Washington	WA	Yes	(89,692)	3,802,036	1,709,154	2,638,942	9,414,251	20,651,507
49. West Virginia	WV	Yes	(88,309)	(97,641)	24,735	14,803	26,454	78,574
50. Wisconsin	WI	Yes	24,870	5,442,154	915,315	2,162,200	7,662,305	13,644,418
51. Wyoming	WY	Yes	(896)	(8,462)			14,749	47,607
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	41
56. Canada	CN	No		0		0		0
57. Aggregate Other Aliens	OT	XXX	71	2,667	0	10,181	21,228	10,961
58. Totals	(a) 52		(1,515,848)	154,838,699	87,224,355	118,462,626	601,430,518	871,747,997
DETAILS OF WRITE-INS								
5701. Central and South America	XXX			0		0	26	38
5702. Europe	XXX			0		10,181	21,064	(6,116)
5703. Africa	XXX		71	2,667		0	138	17,039
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		71	2,667	0	10,181	21,228	10,961

(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 3/31/2004.

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	397,114	253,618	63.9	61.3
2. Allied Lines	171,325	70,742	41.3	61.1
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	11,074,882	8,719,094	78.7	0.0
5. Commercial multiple peril	759,082	652,632	86.0	42.6
6. Mortgage guaranty			0.0	0.0
8. Ocean marine	128,787	45,673	35.5	61.3
9. Inland marine	(83,773)	(34,687)	41.4	58.7
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	478,129	10,878	2.3	54.5
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	1,001,811	1,579,067	157.6	54.0
17.1 Other liability - occurrence	184,079	291,125	158.2	77.4
17.2 Other liability - claims-made	24,742	10,688	43.2	41.6
18.1 Products liability - occurrence	(356,960)	279,572	(78.3)	75.1
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 Private passenger auto liability	9,997,625	6,379,512	63.8	89.7
19.3,19.4 Commercial auto liability	25,895	145,755	562.9	73.1
21. Auto physical damage	6,943,536	4,484,933	64.6	72.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity	5,244	2,595	49.5	66.6
24. Surety	928,106	1,002,338	108.0	82.5
26. Burglary and theft	29	11	37.9	43.6
27. Boiler and machinery	2,931	2,916	99.5	60.2
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	31,682,584	23,896,462	75.4	67.4
DETAILS OF WRITE-INS				
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	131,132	131,132	22,999,294
2. Allied Lines	40,302	40,302	271,506
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	106,525	106,525	0
5. Commercial multiple peril	(49,341)	(49,341)	10,589,863
6. Mortgage guaranty	0	0	0
8. Ocean marine	(1,186)	(1,186)	251,939
9. Inland marine	(1,033,101)	(1,033,101)	2,187,747
10. Financial guaranty	0	0	0
11.1 Medical malpractice - occurrence	0	0	0
11.2 Medical malpractice - claims-made	0	0	0
12. Earthquake	(728)	(728)	1,204,435
13. Group accident and health	0	0	0
14. Credit accident and health	0	0	0
15. Other accident and health	0	0	0
16. Workers' compensation	(1,442,447)	(1,442,447)	34,684,466
17.1 Other liability - occurrence	(504,210)	(504,210)	8,505,096
17.2 Other liability - claims-made	(12,259)	(12,259)	572,567
18.1 Products liability - occurrence	(371,785)	(371,785)	3,565,724
18.2 Products liability - claims-made	0	0	0
19.1,19.2 Private passenger auto liability	949,818	949,818	35,996,259
19.3,19.4 Commercial auto liability	(78,842)	(78,842)	3,455,341
21. Auto physical damage	644,882	644,882	25,930,833
22. Aircraft (all perils)	0	0	0
23. Fidelity	(673)	(673)	15,592
24. Surety	105,403	105,403	4,377,503
26. Burglary and theft	0	0	144
27. Boiler and machinery	662	662	230,390
28. Credit	0	0	0
29. International	0	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	(1,515,848)	(1,515,848)	154,838,699
DETAILS OF WRITE-INS			
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 MARCH 31, 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

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

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 MARCH 31, 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
DETAILS OF WRITE-INS								
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 MARCH 31, 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
DETAILS OF WRITE-INS								
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 MARCH 31, 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
DETAILS OF WRITE-INS								
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 MARCH 31, 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
DETAILS OF WRITE-INS								
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 MARCH 31, 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
DETAILS OF WRITE-INS								
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