



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2005
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/Organized 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 847-320-3127
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.kemperinsurance.com

Statutory Statement Contact Fredrick Thomas Griffith 847-320-3127
(Name) (Area Code) (Telephone Number) (Extension)
fgriffit@kemperinsurance.com 847-320-3818
(E-mail Address) (FAX Number)

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>President and CEO</u>	<u>John Keating Conway</u>	<u>Secretary</u>
<u>Geoffrey Andrew Cooke #</u>	<u>Treasurer</u>	<u>Fredrick Thomas Griffith #</u>	<u>Chief Accounting Officer</u>

OTHER OFFICERS

<u>Frederick Otto Kist</u>	<u>Senior Vice President</u>	<u>Benjamin David Schwartz</u>	<u>Senior Vice President</u>
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DIRECTORS OR TRUSTEES

<u>John Thomas Chain Jr.</u>	<u>James Robert Edgar</u>	<u>Roberta Segal Karmel</u>	<u>David Barrett Mathis</u>
<u>Arthur James Massolo</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
President and CEO

John Keating Conway
Secretary

Fredrick Thomas Griffith
Chief Accounting Officer

Subscribed and sworn to before me this
7th day of November, 2005

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 SEPTEMBER 30, 2005 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	7,542,459		7,542,459	6,122,574
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	4,180		4,180	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 (\$0), cash equivalents (\$2,493,994) and short-term investments (\$814,966)	3,308,960		3,308,960	19,793,166
6. Contract loans, (including \$ premium notes)			0	0
7. Other invested assets	0	0	0	0
8. Receivables 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)	10,855,599	0	10,855,599	25,915,740
11. Title plants less \$ charged off (for Title insurers only)			0	
12. Investment income due and accrued	42,158		42,158	72,002
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	0
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset	100,423,253	100,423,253	0	0
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software			0	0
19. Furniture and equipment, including health care delivery assets (\$)			0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates			0	0
22. Health care (\$) and other amounts receivable			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)	111,321,010	100,423,253	10,897,757	25,987,742
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	111,321,010	100,423,253	10,897,757	25,987,742
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

STATEMENT AS OF SEPTEMBER 30, 2005 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)	3,000	1,300
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$1,460,324 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	128,496	15,577,425
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)	131,496	15,578,725
25. Protected cell liabilities		0
26. Total liabilities (Lines 24 and 25)	131,496	15,578,725
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)	9,266,261	8,909,017
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)	10,766,261	10,409,017
36. TOTALS	10,897,757	25,987,742
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 AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

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 \$ 3,012,580)	5,292,588	57,182,734	57,187,667
1.2 Assumed (written \$)		0	0
1.3 Ceded (written \$ 3,012,580)	5,292,588	57,182,734	57,187,667
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	13,397,081	46,661,373	56,739,123
2.2 Assumed		0	0
2.3 Ceded	13,397,081	46,661,373	56,739,123
2.4 Net	0	0	0
3. Loss expenses incurred		0	0
4. Other underwriting expenses incurred		0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2.4 thru 5)	0	0	0
7. Net income of protected cells		0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	360,104	325,507	409,017
10. Net realized capital gains (losses) less capital gains tax of \$		0	0
11. Net investment gain (loss) (Lines 9 + 10)	360,104	325,507	409,017
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)		0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	360,104	325,507	409,017
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	360,104	325,507	409,017
19. Federal and foreign income taxes incurred		0	0
20. Net income (Line 18 minus Line 19)(to Line 22)	360,104	325,507	409,017
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	10,409,017	10,000,000	10,000,000
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	360,104	325,507	409,017
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	(2,860)	0	0
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax			(3,922,998)
27. Change in nonadmitted assets			3,922,998
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	357,244	325,507	409,017
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	10,766,261	10,325,507	10,409,017
DETAILS OF WRITE-INS			
0501.			
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	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	0	0
2. Net investment income	370,585	414,383
3. Miscellaneous income	0	0
4. Total (Lines 1 to 3)	370,585	414,383
5. Benefits and loss related payments	0	0
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) \$ net of tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	0	0
11. Net cash from operations (Line 4 minus Line 10)	370,585	414,383
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	290,000	3,148,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
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)	290,000	3,148,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,688,822	4,932,227
13.2 Stocks	7,040	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,695,862	4,932,227
14. Net increase (or decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,405,862)	(1,784,227)
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).....	(15,448,929)	15,577,425
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(15,448,929)	15,577,425
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17)	(16,484,206)	14,207,581
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	19,793,166	5,585,585
19.2 End of period (Line 18 plus Line 19.1)	3,308,960	19,793,166

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:

		September 30, 2005
Provision computed at statutory rate	\$	126,036
Section 197 amortization		(4,010,706)
Net operating loss adjustment		3,884,670
Total	\$	0
Federal and foreign income taxes incurred	\$	0
Change in net deferred income taxes		0
Total statutory income taxes	\$	0

F. No change.

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. Having entered into voluntary run-off in the first half of 2003, the Company has been operating under guidance provided within certain agreed to Corrective Orders with the Illinois Division of Insurance, pursuant to which the Company has ceased to write virtually all insurance business and is settling its liabilities under the administrative supervision of the Illinois Division of Insurance. The Company has also entered into consent agreements with certain states under which the Company agreed to cease writing business in those jurisdictions. In addition, in 2005, the Company entered into a voluntary Agreed Order with the Tennessee Division of Insurance for its license to be suspended with the Company permitted to maintain its license, but not permitted to write any new business. Florida has also sought to unilaterally suspend the Company's certificate of authority. The Company has resisted unilateral actions by states as not being in the best interests of the Company's policyholders or claimants.

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.

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

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 that 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 [X] No []
- 8.2 If yes, give full information:
Information is provided in financial note 14D.
- 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

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$

INVESTMENT

- 11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]
- 11.2 If yes, explain:
.....

- 12.1 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]

- 12.2 If yes, give full and complete information relating thereto:
.....

13. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

14. Amount of real estate and mortgages held in short-term investments:\$0

- 15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

15.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
15.21 Bonds	\$	\$
15.22 Preferred Stock	\$	\$
15.23 Common Stock	\$	\$
15.24 Short-Term Investments	\$	\$
15.25 Mortgage Loans on Real Estate	\$	\$
15.26 All Other	\$	\$
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26).....	\$0	\$0
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above	\$	\$

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

- 16.2 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.

17. 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 []

17.1 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.....

17.2 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)

- 17.3 Have there been any changes, including name changes in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

17.5 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
109875.....	Asset Allocation Management Company, L.L.C.....	30 North LaSalle, Suite # 3500, Chicago, IL 60602.....

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [X] No []

18.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

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

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] NA []

If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]

If yes, attach an explanation.

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

3.2 If yes, give full and complete information thereto.
.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	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

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year		
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after acquisitions		
3. Accrual of discount and mortgage interest points and commitment fees		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after acquisitions		
3. Accrual of discount		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book/adjusted carrying value of long-term invested assets at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,122,574	4,331,528
2. Cost of bonds and stocks acquired	1,695,862	4,932,227
3. Accrual of discount	21,805	18,610
4. Increase (decrease) by adjustment	(2,860)	0
5. Increase (decrease) by foreign exchange adjustment	0	0
6. Total profit (loss) on disposal	0	0
7. Consideration for bonds and stocks disposed of	290,000	3,148,000
8. Amortization of premium	742	11,790
9. Book/adjusted carrying value, current period	7,546,639	6,122,574
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	7,546,639	6,122,574
12. Total nonadmitted amounts	0	0
13. Statement value	7,546,639	6,122,574

STATEMENT AS OF SEPTEMBER 30, 2005 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	6,711,234	5,350,428	3,712,193	7,956	10,874,485	6,711,234	8,357,425	25,759,206
2. Class 2 .....	.0				.0	.0	.0	.0
3. Class 3 .....	.0				.0	.0	.0	.0
4. Class 4 .....	.0				.0	.0	.0	.0
5. Class 5 .....	.0				.0	.0	.0	.0
6. Class 6	0				0	0	0	0
7. Total Bonds	6,711,234	5,350,428	3,712,193	7,956	10,874,485	6,711,234	8,357,425	25,759,206
PREFERRED STOCK								
8. Class 1 .....	.0				.0	.0	.0	.0
9. Class 2 .....	.0				.0	.0	.0	.0
10. Class 3 .....	.0				.0	.0	.0	.0
11. Class 4 .....	.0				.0	.0	.0	.0
12. Class 5 .....	.0				.0	.0	.0	.0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	6,711,234	5,350,428	3,712,193	7,956	10,874,485	6,711,234	8,357,425	25,759,206

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	814,966	XXX	814,966	0	0

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.....	19,636,632	1,659,328
2. Cost of short-term investments acquired	21,096,871	41,345,096
3. Increase (decrease) by adjustment	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0
5. Total profit (loss) on disposal of short-term investments	0	0
6. Consideration received on disposal of short-term investments	39,918,537	23,367,792
7. Book/adjusted carrying value, current period	814,966	19,636,632
8. Total valuation allowance	0	0
9. Subtotal (Lines 7 plus 8)	814,966	19,636,632
10. Total nonadmitted amounts	0	0
11. Statement value (Lines 9 minus 10)	814,966	19,636,632
12. Income collected during period	92,963	150,288
13. Income earned during period	95,838	150,288

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

NONE

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

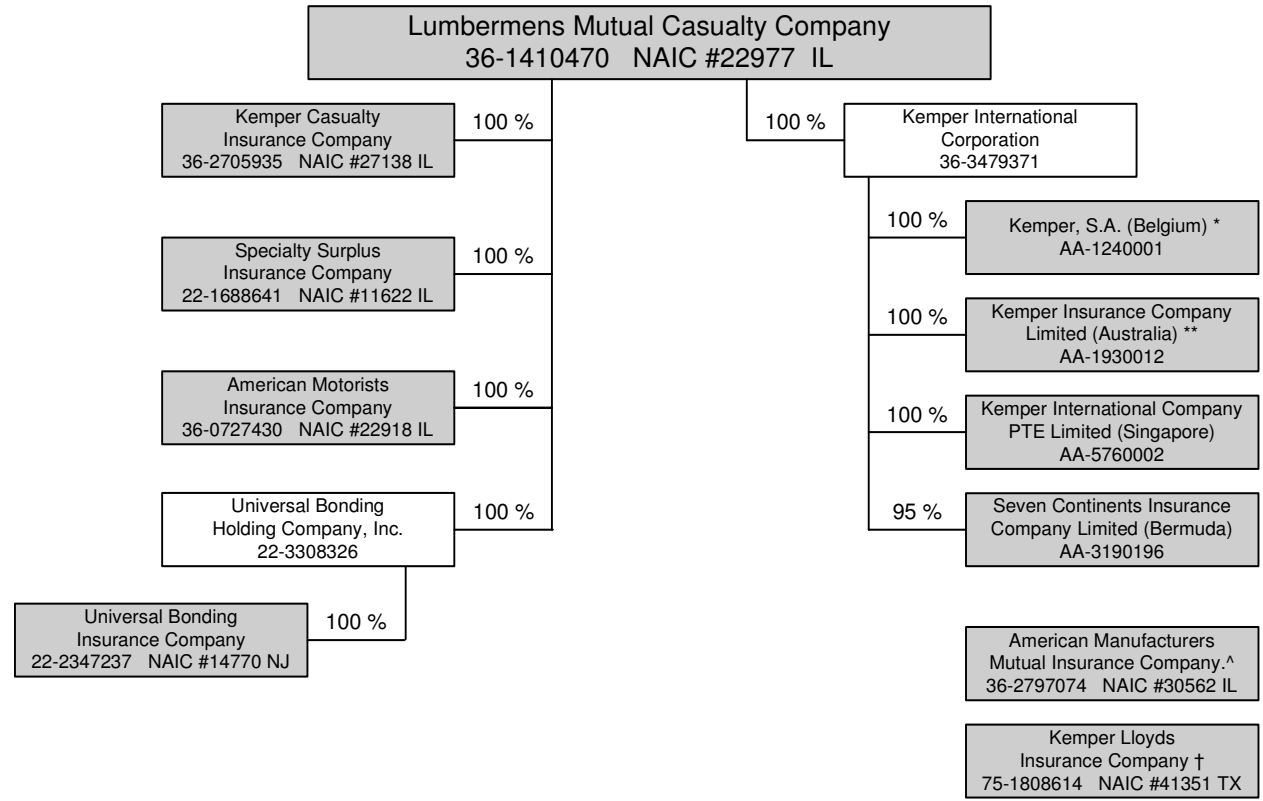
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

	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	41,946	(148,976)	349,243	1,151,424	1,979,719	1,778,553
2. Alaska	AK	Yes	42,052	(50,653)	169,299	560,047	81,305	203,760
3. Arizona	AZ	Yes	(118,836)	253,035	697,736	2,163,487	8,019,068	8,223,845
4. Arkansas	AR	Yes	289	(10,167)	426,984	474,228	2,933,126	3,238,773
5. California	CA	Yes	730,463	4,498,126	30,284,475	46,081,865	74,501,579	74,929,815
6. Colorado	CO	Yes	17,503	(272,218)	1,003,595	3,835,138	4,399,074	6,870,750
7. Connecticut	CT	Yes	49,707	101,846	6,585,150	10,308,777	17,900,170	26,115,645
8. Delaware	DE	Yes	24,430	64,239	269,817	390,839	2,837,078	3,977,656
9. District of Columbia	DC	Yes	594	45,078	304,467	497,767	499,409	714,008
10. Florida	FL	Yes	209,128	159,712	2,573,370	4,270,659	8,889,304	13,257,685
11. Georgia	GA	Yes	115,333	1,599,634	2,501,707	8,252,047	5,784,605	10,799,874
12. Hawaii	HI	Yes	24,777	(11,518)	145,532	150,789	194,219	495,440
13. Idaho	ID	Yes	(8,463)	18,097	100,323	82,837	178,993	305,031
14. Illinois	IL	Yes	281,659	328,917	5,003,470	10,613,196	11,914,630	18,084,622
15. Indiana	IN	Yes	(2,617)	(30,012)	1,412,803	2,154,711	1,237,935	3,540,950
16. Iowa	IA	Yes	639,640	38,266	1,687,920	1,617,079	1,483,604	3,216,796
17. Kansas	KS	Yes	38,337	35,659	256,914	515,293	2,156,726	2,308,916
18. Kentucky	KY	Yes	(6,297)	(16,557)	828,801	1,230,184	2,740,052	7,295,295
19. Louisiana	LA	Yes	(112,935)	(580,680)	831,797	2,407,021	3,009,197	5,347,869
20. Maine	ME	Yes	(859)	35,348	483,063	1,371,660	1,457,092	2,850,852
21. Maryland	MD	Yes	(10,048)	(270,950)	1,211,202	3,320,566	4,885,088	7,309,969
22. Massachusetts	MA	Yes	(19,994)	265,338	3,301,453	4,388,424	14,929,774	16,387,177
23. Michigan	MI	Yes	12,133	151,693	4,353,977	3,154,488	3,715,989	7,091,562
24. Minnesota	MN	Yes	(126,244)	953,823	744,895	823,310	2,709,068	3,410,270
25. Mississippi	MS	Yes	67,199	(26,068)	439,320	2,870,017	3,252,871	2,830,435
26. Missouri	MO	Yes	24,151	(169,744)	2,135,297	2,528,844	2,791,333	5,026,430
27. Montana	MT	Yes	33,481	(12,344)	309,025	303,773	1,249,986	1,451,001
28. Nebraska	NE	Yes	11,530	11,704	430,758	881,712	1,148,291	1,645,494
29. Nevada	NV	Yes	24,575	32,806	189,539	376,996	699,585	680,261
30. New Hampshire	NH	Yes	19,023	(51,011)	161,595	309,435	1,172,444	1,322,095
31. New Jersey	NJ	Yes	114,479	28,976	3,760,587	9,673,665	11,785,539	19,453,405
32. New Mexico	NM	Yes	23,021	(29,250)	397,284	377,530	898,330	808,532
33. New York	NY	Yes	509,291	2,473,614	30,366,100	45,573,885	85,777,895	138,246,574
34. North Carolina	NC	Yes	169,052	(1,063,399)	4,396,041	9,262,827	4,706,756	9,615,569
35. North Dakota	ND	Yes	119	(2,160)		225,000	1,014	433
36. Ohio	OH	Yes	29,439	250,939	1,114,646	2,477,563	4,648,291	12,233,771
37. Oklahoma	OK	Yes	20,630	25,888	93,309	341,987	819,933	1,132,244
38. Oregon	OR	Yes	(7,654)	116,060	612,092	1,480,040	2,894,347	4,483,163
39. Pennsylvania	PA	Yes	(35,086)	(1,140,103)	7,061,490	8,992,745	15,240,341	24,290,556
40. Rhode Island	RI	Yes	3,026	(32,985)	81,134	257,057	188,859	155,907
41. South Carolina	SC	Yes	(60,035)	(170,255)	180,611	1,020,887	1,989,668	2,654,737
42. South Dakota	SD	Yes	(82,873)	6,902	144,415	114,850	1,023,216	444,970
43. Tennessee	TN	Yes	325,048	(86,746)	538,500	1,265,855	1,936,356	3,330,835
44. Texas	TX	Yes	(82,557)	(71,554)	3,318,403	6,159,514	8,682,390	17,799,006
45. Utah	UT	Yes	9,100	15,409	132,228	94,786	113,785	323,042
46. Vermont	VT	Yes	21,625	19,117	269,265	222,651	896,270	1,344,881
47. Virginia	VA	Yes	73,972	(50,632)	890,968	1,231,076	4,229,682	6,492,134
48. Washington	WA	Yes	21,880	(110,521)	1,493,611	3,838,335	5,457,017	6,433,045
49. West Virginia	WV	Yes	(1,464)	(93,572)	13,463	24,735	(7,838)	24,314
50. Wisconsin	WI	Yes	(49,349)	75,204	2,765,967	2,510,021	2,382,526	9,201,246
51. Wyoming	WY	Yes	990	(777)		0	595	8,930
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		0
56. Canada	CN	No		0		0		0
57. Aggregate Other Aliens	OT	XXX	8,269	15,024	0	0	373	40
58. Totals	(a) 52		3,012,580	7,117,602	126,823,641	212,231,622	342,416,659	499,188,163
DETAILS OF WRITE-INS								
5701. Asia	XXX			0		0	200	0
5702. Central and South America	XXX			750		0		40
5703. Europe	XXX			0		0	173	0
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX		8,269	14,274	0	0	0	0
5799. Totals (Lines 5701 through 5703 plus 5798) (Line 57 above)	XXX		8,269	15,024	0	0	373	40

(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 9/30/2005.

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

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	308,915	56,358	18.2	44.5
2. Allied Lines	94,099	7,246	7.7	32.4
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	340,598	269,666	79.2	79.1
5. Commercial multiple peril	(17,281)	948,318	(5,487.6)	139.2
6. Mortgage guaranty			0.0	0.0
8. Ocean marine	2,440	871	35.7	35.6
9. Inland marine	120,626	53,890	44.7	47.6
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	17,337	571	3.3	2.4
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	2,223,369	10,817,355	486.5	115.3
17.1. Other liability - occurrence	505,675	697,756	138.0	162.0
17.2. Other liability - claims-made	(185,000)	(103,600)	56.0	43.2
18.1. Products liability - occurrence	(368,324)	(1,475,116)	400.5	(271.9)
18.2. Products liability - claims-made			0.0	0.0
19.1,19.2. Private passenger auto liability	361,096	468,811	129.8	66.0
19.3,19.4. Commercial auto liability	(24,098)	342	(1.4)	144.8
21. Auto physical damage	372,145	225,235	60.5	64.3
22. Aircraft (all perils)			0.0	0.0
23. Fidelity	4,870	2,505	51.4	49.8
24. Surety	1,536,121	1,426,738	92.9	107.6
26. Burglary and theft			0.0	58.6
27. Boiler and machinery		135	0.0	143.5
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	5,292,588	13,397,081	253.1	81.6
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	191,143	291,666	368,419
2. Allied Lines	54,706	84,588	111,743
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	14,761	40,061	506,608
5. Commercial multiple peril	17,412	(20,538)	(99,038)
6. Mortgage guaranty	0	0	0
8. Ocean marine	(499)	(602)	(1,411)
9. Inland marine	(3,493)	(1,667)	(1,020,172)
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	1,680	11,840	5,581
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	1,196,796	1,101,508	3,156,633
17.1. Other liability - occurrence	68,407	494,292	(471,083)
17.2. Other liability - claims-made	0	(185,000)	(21,448)
18.1. Products liability - occurrence	1,727	(368,324)	(514,596)
18.2. Products liability - claims-made	0	0	0
19.1,19.2. Private passenger auto liability	29,506	126,134	1,892,740
19.3,19.4. Commercial auto liability	(17,600)	(24,098)	718,861
21. Auto physical damage	22,198	199,145	1,408,811
22. Aircraft (all perils)	0	0	0
23. Fidelity	(146)	(290)	(1,322)
24. Surety	244,198	1,263,865	1,076,637
26. Burglary and theft	0	0	0
27. Boiler and machinery	0	0	639
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	1,820,796	3,012,580	7,117,602
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 SEPTEMBER 30, 2005 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 (Cols. 1 + 2)	2005 Loss and LAE Payments on Claims Reported as of Prior Year-End	2005 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2005 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 (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 (Cols. 11 + 12)
1. 2002 + Prior .....			.0			.0				.0	.0	.0	.0
2. 2003 .....			.0			.0				.0	.0	.0	.0
3. Subtotals 2003 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2004 .....			.0			.0				.0	.0	.0	.0
5. Subtotals 2004 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2005	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	10,409										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

STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

RESPONSE

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

Explanation:

- 1.
- 2.

Bar Code:

- 1. 
3 0 5 6 2 2 0 0 5 4 9 0 0 0 0 0 3
- 2. 
3 0 5 6 2 2 0 0 5 4 5 0 0 0 0 0 3

**STATEMENT AS OF SEPTEMBER 30, 2005 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE
COMPANY**

OVERFLOW PAGE FOR WRITE-INS

PQ015 Additional Aggregate Lines for Page 15 Line 57.

*SCT

	1 Is Insurer Licensed? (Yes or No)	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
5704. Africa.....	XXX	8,269	14,274		0		0
5797. Summary of remaining write-ins for Line 57 from Page 15	XXX	8,269	14,274	0	0	0	0

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 SEPTEMBER 30, 2005 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 (a)
BONDS									
INDUSTRIAL & MISC. (UNAFFIL)									
33901H-BJ-1	FCCMT 2003-A A 2.400 01/15/2006		08/16/2005	BARCLAYS BANK		591,095	595,000	159	1FE
36159M-AA-2	GEEST 2005-1 A1 4.000 09/22/2006		08/25/2005	CITIGROUP		800,000	800,000		1FE
4599999	Total - Bonds - Industrial, Misc.					1,391,095	1,395,000	159	XXX
6099997	Total - Bonds - Part 3					1,391,095	1,395,000	159	XXX
6099999	Total - Bonds					1,391,095	1,395,000	159	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					1,391,095	XXX	159	XXX

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

E04

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

