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## PROPERTY AND CASUALTY COMPANIES —ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF MARCH 31, 2009  
OF THE CONDITION AND AFFAIRS OF THE

## AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

NAIC Group Code	0108 (Current Period)	0108 (Prior Period)	NAIC Company Code	30562	Employer's ID Number		36-2797074	
Organized under the Laws of			Illinois	State of Domicile or Port of Entry			Illinois	
Country of Domicile			United States					
Incorporated/Organized			03/29/1837	Commenced Business			08/13/1837	
Statutory Home Office			1 Kemper Drive (Street and Number)	Long Grove, IL 60049-0001 (City or Town, State and Zip Code)				
Main Administrative Office			1 Kemper Drive (Street and Number)	Long Grove, IL 60049-0001 (City or Town, State and Zip Code)			847-320-2000 (Area Code) (Telephone Number)	
Mail Address			1 Kemper Drive (Street and Number or P.O. Box)	Long Grove, IL 60049-0001 (City or Town, State and Zip Code)				
Primary Location of Books and Records			1 Kemper Drive (Street and Number)	Long Grove, IL 60049-0001 (City or Town, State and Zip Code)			847-320-3127 (Area Code) (Telephone Number)	
Internet Web Site Address			www.kemperinsurance.com					
Statutory Statement Contact			Fredrick Thomas Griffith (Name)		847-320-3127 (Area Code) (Telephone Number) (Extension)			
			Fred.Griffith@kemperinsurance.com (E-Mail Address)		847-320-3818 (Fax Number)			

## OFFICERS

Name	Title	Name	Title
Douglas Sean Andrews	President and CEO	John Keating Conway	Secretary
Frederick Thomas Griffith	Chief Financial Officer	Geoffrey Andrew Cooke	Treasurer

## OTHER OFFICERS

Frederick Otto Kist	Senior Vice President	Barbara Kay Murray #	Senior Vice President
Benjamin David Schwartz	Senior Vice President		

## DIRECTORS OR TRUSTEES

Douglas Sean Andrews	Peter Bannerman Hamilton	George Ralph Lewis	Arthur James Massolo
David Barrett Mathis			

State of Illinois.....  
County of Lake.....  
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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) 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 CEOJohn Keating Conway  
SecretaryFredrick Thomas Griffith  
Chief Financial Officer

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 \_\_\_\_\_Subscribed and sworn to before me this  
12th day of May, 2009

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STATEMENT AS OF MARCH 31, 2009 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 .....	8,525,572		8,525,572	9,726,103
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 (\$ ..... 0 ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... 3,179,175 ) .....		3,179,175	3,179,175	1,462,023
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Other invested assets .....	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) .....	11,704,747	0	11,704,747	11,188,126
11. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
12. Investment income due and accrued .....	101,379		101,379	138,838
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
13.3 Accrued retrospective premiums .....			0	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 .....	88,419,755	88,419,755	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 .....	18,667	18,667	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	100,244,548	88,438,422	11,806,126	11,326,964
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25) .....	100,244,548	88,438,422	11,806,126	11,326,964
<b>DETAILS OF WRITE-INS</b>				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above) .....	0	0	0	0
2301. Prepaid expenses .....	18,667	18,667	0	0
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....	18,667	18,667	0	0

STATEMENT AS OF MARCH 31, 2009 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)	900	900
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses))		0
7.2 Net deferred tax liability		0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 296,733 and including warranty reserves of \$ ..... )		0
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)		0
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others		0
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	583,024	214,790
20. Payable for securities		0
21. Liability for amounts held under uninsured 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)	583,924	215,690
25. Protected cell liabilities		0
26. Total liabilities (Lines 24 and 25)	583,924	215,690
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)	9,722,202	9,611,274
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)	11,222,202	11,111,274
36. TOTALS	11,806,126	11,326,964
<b>DETAILS OF WRITE-INS</b>		
2301.		
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page	.0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	.0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
3001. Guaranty fund	1,500,000	1,500,000
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page	.0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	1,500,000	1,500,000

**STATEMENT AS OF MARCH 31, 2009 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
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 69,963 )	81,830	98,958	790,545
1.2 Assumed (written \$ 69,963 )		0	
1.3 Ceded (written \$ 69,963 )	81,830	98,958	790,545
1.4 Net (written \$ 0 )	0	0	0
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	978,495	445,817	41,423,973
2.2 Assumed		0	
2.3 Ceded	978,495	445,817	41,423,973
2.4 Net	0	0	0
3. Loss adjustment expenses incurred		0	0
4. Other underwriting expenses incurred	28,000	28,000	267,225
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	28,000	28,000	267,225
7. Net income of protected cells		0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(28,000)	(28,000)	(267,225)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	110,928	125,841	497,238
10. Net realized capital gains (losses) less capital gains tax of \$		0	0
11. Net investment gain (loss) (Lines 9 + 10)	110,928	125,841	497,238
<b>OTHER INCOME</b>			
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)	82,928	97,841	230,013
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)	82,928	97,841	230,013
19. Federal and foreign income taxes incurred		0	0
20. Net income (Line 18 minus Line 19)(to Line 22)	82,928	97,841	230,013
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	11,111,274	10,881,261	10,881,261
22. Net income (from Line 20)	82,928	97,841	230,013
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$		0	0
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(38,825)	(44,044)	(92,748)
27. Change in nonadmitted assets	66,825	72,044	92,748
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)	110,928	125,841	230,013
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	11,222,202	11,007,102	11,111,274
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 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 through 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 through 3703 plus 3798) (Line 37 above)	0	0	0

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**CASH FLOW**

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	0	0
2. Net investment income.....	169,717	575,334
3. Miscellaneous income .....	0	0
4. Total (Lines 1 to 3) .....	169,717	575,334
5. Benefit and loss related payments .....	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	28,000	267,225
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) .....	28,000	267,225
11. Net cash from operations (Line 4 minus Line 10) .....	141,717	308,109
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,833,343	3,395,653
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) .....	1,833,343	3,395,653
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	654,142	3,957,840
13.2 Stocks .....	0	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) .....	654,142	3,957,840
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) .....	1,179,201	(562,187)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	396,234	154,771
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	396,234	154,771
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,717,152	(99,307)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,462,023	1,561,330
19.2 End of period (Line 18 plus Line 19.1) .....	3,179,175	1,462,023

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

No change.

**2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS**

No change.

**3. BUSINESS COMBINATIONS AND GOODWILL**

No change.

**4. DISCONTINUED OPERATIONS**

No change.

**5. INVESTMENTS**

No change.

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

No change.

**7. INVESTMENT INCOME**

No change.

**8. DERIVATIVE INSTRUMENTS**

No change.

**9. INCOME TAXES**

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

		March 31, 2009		December 31, 2008
(in thousands)				
Total of gross deferred tax assets	\$	88,420		88,459
Total of deferred tax liabilities		0		0
Net deferred tax asset		88,420		88,459
Deferred tax asset nonadmitted		88,420		88,459
Net admitted deferred tax asset		0		0
Decrease in nonadmitted asset	\$	(39)		

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

	March 31, 2009	December 31, 2008	Change
(in thousands)			
Total deferred tax assets	\$ 88,420	88,459	\$ (39)
Total deferred tax liabilities	0	0	0
Net deferred tax asset	\$ 88,420	88,459	(39)
Tax effect of unrealized gains (losses)			0
Changes in net deferred income tax			\$ (39)

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

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

		March 31, 2009
		(in thousands)
Provision computed at statutory rate	\$	29
Prepaid assets		10
Total	\$	39
Federal and foreign income taxes incurred	\$	0
Change in net deferred income taxes		39
Total statutory income taxes	\$	39

F. No change.

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

No change.

**11. DEBT**

No change.

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

No change.

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

No change.

**14. CONTINGENCIES**

No change

**15. LEASES**

No change.

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

No change.

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

No change.

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

No change.

## NOTES TO FINANCIAL STATEMENTS

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS  
No change.
20. OTHER ITEMS  
No change.
21. EVENTS SUBSEQUENT  
No change.
22. REINSURANCE  
No change.
23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION  
No change.
- 24. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**  
No change.
25. INTERCOMPANY POOLING ARRANGEMENTS  
No change.
26. STRUCTURED SETTLEMENTS  
No change.
27. HEALTH CARE RECEIVABLES  
No change.
28. PARTICIPATING POLICIES  
No change.
29. PREMIUM DEFICIENCY RESERVES  
No change.
30. HIGH DEDUCTIBLES  
No change.
31. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSE  
No change.
32. ASBESTOS/ENVIRONMENTAL RESERVES  
No change.
33. SUBSCRIBER SAVINGS ACCOUNT  
No change.
34. MULTIPLE PERIL CROP INSURANCE  
No change.

**STATEMENT AS OF MARCH 31, 2009 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 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]  
 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

- 2.1 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]

- 2.2 If yes, date of change: .....

3. 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.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

- 4.2 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

5. 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.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2005

- 6.2 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. ..... 12/31/2005

- 6.3 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). ..... 07/11/2007

- 6.4 By what department or departments?  
Illinois.....

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [X] No [ ] NA [ ]

- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]

- 7.1 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? ..... Yes [ ] No [X]

- 7.2 If yes, give full information:  
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [X]

- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]

- 8.4 If response to 8.3 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 MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY****GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... Yes [X] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:.....
- 9.2 Has the code of ethics for senior managers been amended?..... Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s)......
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s)......

**FINANCIAL**

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

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... Yes [ ] No [X]
- 11.2 If yes, give full and complete information relating thereto:.....

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

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

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... Yes [ ] No [X]
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent 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.

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY****GENERAL INTERROGATORIES**

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

Yes [X] No [ ]

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

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

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

1 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
109875.....	Asset Allocation & Management Company, L.L.C.....	30 North LaSalle St., 35th Floor, Chicago, IL 60602.....

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

Yes [X] No [ ]

- 17.2 If no, list exceptions:

.....

**STATEMENT AS OF MARCH 31, 2009 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? .....

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

## **SCHEDULE F—CEDED REINSURANCE**

**Showing all new reinsurers - Current Year to Date**

STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

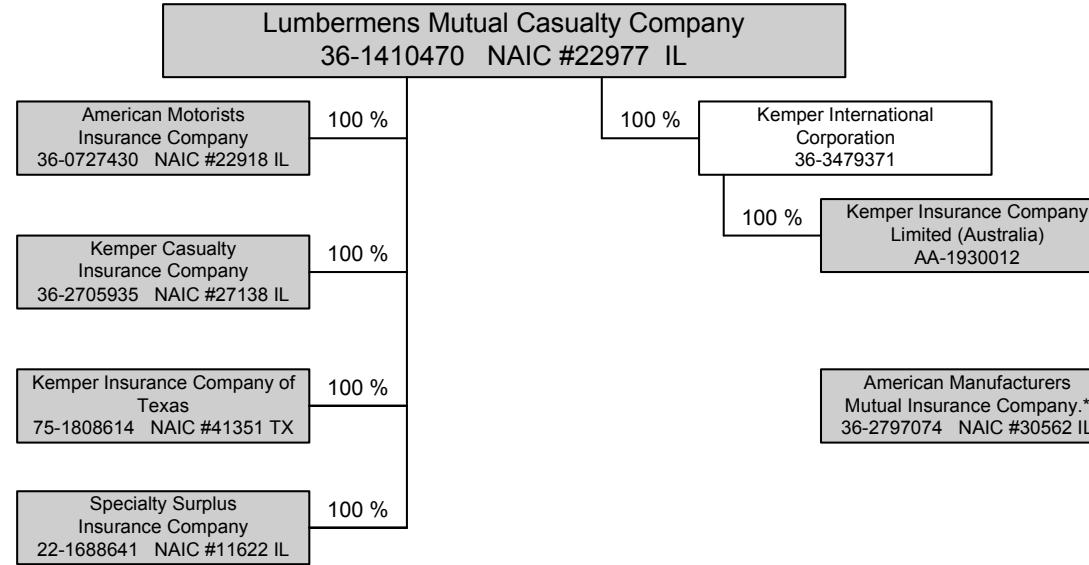
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	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	108	(521)	20,567	.42,078	593,018	.664,542
2. Alaska	AK	1,016	(1,050)	1,500	.429	(1,325)	(13,895)
3. Arizona	AZ	271	(395)	86,593	151,333	3,575,553	4,760,132
4. Arkansas	AR	2	(26)	113,218	.970,296	4,502,002	4,553,096
5. California	CA	(860)	14,730	2,791,009	5,673,267	40,260,765	36,382,597
6. Colorado	CO	941	458	262,970	.31,895	548,710	.483,836
7. Connecticut	CT	(5,305)	1,180	134,583	152,668	4,689,229	6,320,979
8. Delaware	DE	.506	404	33,292	.26,168	1,710,457	1,704,253
9. District of Columbia	DC	(160)	(4)	26,226	.26,854	431,799	.449,888
10. Florida	FL	N	16,628	64,703	1,253,282	3,500,622	3,411,008
11. Georgia	GA	L	2,404	(3,859)	41,291	171,382	2,606,460
12. Hawaii	HI	L	1,382	(16,857)	.10,021	.29,316	.62,734
13. Idaho	ID	L	.413	.286	.0	(607)	(9,722)
14. Illinois	IL	L	(65,508)	197	.213,884	.96,862	2,819,936
15. Indiana	IN	L	.218	(154)	(1,823)	.24,111	.69,560
16. Iowa	IA	L	346,299	(105,818)	23,022	.437,459	.863,254
17. Kansas	KS	L	(4)	(55)	25,356	.13,226	.165,505
18. Kentucky	KY	L	200	450	.32,035	.50,043	2,055,404
19. Louisiana	LA	L	.146	(337)	10,941	(28,862)	704,269
20. Maine	ME	L	.28	.0	.5,165	.4,958	.530,804
21. Maryland	MD	L	3,811	(13,566)	.59,018	.848,920	1,124,575
22. Massachusetts	MA	L	7,787	(69,059)	.195,003	(232,496)	6,532,198
23. Michigan	MI	L	.173	(3,400)	.67,659	.61,532	.5,429,645
24. Minnesota	MN	L	1,192	90,501	.89,129	.329,693	.870,843
25. Mississippi	MS	L	.102	(95)	.66,517	.2,308	.245,664
26. Missouri	MO	L	(499)	(33,169)	1,018,691	.12,434	1,379,535
27. Montana	MT	L	.30	.7,468	.4,963	.762,784	.56,673
28. Nebraska	NE	L	.48	(791)	.147,590	.41,553	.704,169
29. Nevada	NV	L	14,404	10,722	.3,967	.4,065	.487,493
30. New Hampshire	NH	L	1,356	.1,976	.35,746	.11,980	.893,981
31. New Jersey	NJ	L	4,723	(8,232)	.273,776	.244,080	.5,543,243
32. New Mexico	NM	L	.397	(2,691)	.10,848	.13,307	.345,153
33. New York	NY	L	(316,396)	.194,228	.1,212,414	.3,058,079	.37,481,286
34. North Carolina	NC	L	(391)	(434)	.123,422	.1,127,347	.588,448
35. North Dakota	ND	L	7	.8	.0	(211)	(2,930)
36. Ohio	OH	L	.501	.143	.36,296	.27,256	.1,460,434
37. Oklahoma	OK	L		.0	.23,073	.74,195	.408,158
38. Oregon	OR	L	58,702	.43,353	.88,185	.69,064	.1,958,985
39. Pennsylvania	PA	L	1,630	(312)	.475,100	.1,287,922	.12,602,477
40. Rhode Island	RI	L	.6	.300	.11,529	.10,453	.239,816
41. South Carolina	SC	L	.522	(477)	.20,201	.44,344	.955,863
42. South Dakota	SD	L	.245	(80)	.71,598	.1,057	.175,253
43. Tennessee	TN	L	(203)	(1,243)	.46,736	.32,475	.1,534,183
44. Texas	TX	L	.410	(389)	.90,362	.263,719	.3,273,314
45. Utah	UT	L	.33	(260)	(3,773)	.2,728	.9,832
46. Vermont	VT	L	.2	.0	.136,114	.39,603	.312,745
47. Virginia	VA	L	2,273	.538	.67,115	.94,194	.2,578,031
48. Washington	WA	L	.486	.362	.21,366	.82,810	.129,055
49. West Virginia	WV	L	.77	(18)	.0	.0	(597)
50. Wisconsin	WI	L	.40	(.594)	.78,089	.53,124	.610,887
51. Wyoming	WY	L	.5	.3,155	.0	.0	(131)
52. American Samoa	AS	N		.0	.0	.0	.0
53. Guam	GU	N		.0	.0	.0	.0
54. Puerto Rico	PR	N		.0	.0	.0	.0
55. U.S. Virgin Islands	VI	N		.0	.0	.0	.0
56. Northern Mariana Islands	MP	N		.0	.0	.0	.0
57. Canada	CN	N		.0	.0	.0	.0
58. Aggregate Other Alien	OT	XXX	(10,235)	.0	.0	.0	(78)
59. Totals		(a) 50	69,963	171,276	9,543,845	16,592,346	157,585,653
<b>DETAILS OF WRITE-INS</b>							
5801. Europe		XXX		.0	.0	.0	(36)
5802. Asia		XXX		.0	.0	.0	(42)
5803. Africa		XXX	(10,235)	.0	.0	.0	.0
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	.0	.0	.0	.0	.0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	(10,235)	.0	.0	.0	(78)
							(1,454)

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

STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

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



STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

**PART 1 - LOSS EXPERIENCE**

Line 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			0.0	49.2
2. Allied Lines			0.0	49.2
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	(1,118)	938	(83.9)	(1,507.6)
5. Commercial multiple peril		83,233	0.0	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine	(355)		0.0	44.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence			0.0	0.0
11.2 Medical professional liability - claims-made			0.0	0.0
12. Earthquake			0.0	1.9
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation	185,726	801,005	431.3	(923.0)
17.1 Other liability - occurrence	211,395	69,034	32.7	7.1
17.2 Other liability - claims-made		566	0.0	0.0
18.1 Products liability - occurrence		9,027	0.0	734.0
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 Private passenger auto liability	(810)	10,936	(1,350.1)	0.0
19.3,19.4 Commercial auto liability	9,486	1,162	12.2	94.8
21. Auto physical damage		301	0.0	0.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety	(322,494)	2,293	(0.7)	107.4
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. TOTALS	81,830	978,495	1,195.8	450.5
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0.0	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	.0		2,894
2. Allied Lines	.0		849
3. Farmowners multiple peril	.0		0
4. Homeowners multiple peril	(1,118)	(1,118)	(238)
5. Commercial multiple peril	.0		0
6. Mortgage guaranty	.0		0
8. Ocean marine	.0		0
9. Inland marine	(376)	(376)	0
10. Financial guaranty	.0		0
11.1 Medical professional liability - occurrence	.0		0
11.2 Medical professional liability - claims-made	.0		0
12. Earthquake	.0		2,005
13. Group accident and health	.0		0
14. Credit accident and health	.0		0
15. Other accident and health	.0		0
16. Workers' compensation	185,726	185,726	(8,084)
17.1 Other liability - occurrence	211,395	211,395	(63,175)
17.2 Other liability - claims-made	0		0
18.1 Products liability - occurrence	0		5,211
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	(810)	(810)	0
19.3,19.4 Commercial auto liability	9,486	9,486	(11,960)
21. Auto physical damage	0		0
22. Aircraft (all perils)	0		0
23. Fidelity	0		0
24. Surety	(334,340)	(334,340)	243,774
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		0
29. International	0		0
30. Warranty	0		0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. TOTALS	69,963	69,963	171,276
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

## **PART 3 (000 omitted)**

## **LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

# STATEMENT AS OF MARCH 31, 2009 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 Professional Liability Supplement) be filed with this statement? .....NO.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....NO.....

### Explanation:

- 1.
- 2.
- 3.

### Bar Code:

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

**OVERFLOW PAGE FOR WRITE-INS**

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**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**SCHEDULE A - VERIFICATION**

Real Estate		1 Year to Date	2 Prior Year Ended December 31
<b>NONE</b>			
1. Book/adjusted carrying value, December 31 of prior year		0	0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition		0	0
2.2 Additional investment made after acquisition		0	0
3. Current year change in encumbrances		0	0
4. Total gain (loss) on disposals		0	0
5. Deduct amounts received on disposals		0	0
6. Total foreign exchange change in book/adjusted carrying value		0	0
7. Deduct current year's other than temporary impairment recognized		0	0
8. Deduct current year's depreciation		0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		0	0
10. Deduct total nonadmitted amounts		0	0
11. Statement value at end of current period (Line 9 minus Line 10)		0	0

**SCHEDULE B – VERIFICATION**

Mortgage Loans		1 Year to Date	2 Prior Year Ended December 31
<b>NONE</b>			
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		0	0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition		0	0
2.2 Additional investment made after acquisition		0	0
3. Capitalized deferred interest and other		0	0
4. Accrual of discount		0	0
5. Unrealized valuation increase (decrease)		0	0
6. Total gain (loss) on disposals		0	0
7. Deduct amounts received on disposals		0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0	0
10. Deduct current year's other than temporary impairment recognized		0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0	0
12. Total valuation allowance		0	0
13. Subtotal (Line 11 plus Line 12)		0	0
14. Deduct total nonadmitted amounts		0	0
15. Statement value at end of current period (Line 13 minus Line 14)		0	0

**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets		1 Year To Date	2 Prior Year Ended December 31
<b>NONE</b>			
1. Book/adjusted carrying value, December 31 of prior year		0	0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition		0	0
2.2 Additional investment made after acquisition		0	0
3. Capitalized deferred interest and other		0	0
4. Accrual of discount		0	0
5. Unrealized valuation increase (decrease)		0	0
6. Total gain (loss) on disposals		0	0
7. Deduct amounts received on disposals		0	0
8. Deduct amortization of premium and depreciation		0	0
9. Total foreign exchange change in book/adjusted carrying value		0	0
10. Deduct current year's other than temporary impairment recognized		0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0	0
12. Deduct total nonadmitted amounts		0	0
13. Statement value at end of current period (Line 11 minus Line 12)		0	0

**SCHEDULE D – VERIFICATION**

Bonds and Stocks		1 Year To Date	2 Prior Year Ended December 31
<b>NONE</b>			
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		9,726,103	9,238,091
2. Cost of bonds and stocks acquired		654,142	3,957,840
3. Accrual of discount		2,888	16,485
4. Unrealized valuation increase (decrease)		0	0
5. Total gain (loss) on disposals		0	0
6. Deduct consideration for bonds and stocks disposed of		1,833,343	3,395,652
7. Deduct amortization of premium		24,218	90,660
8. Total foreign exchange change in book/adjusted carrying value		0	0
9. Deduct current year's other than temporary impairment recognized		0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)		8,525,572	9,726,103
11. Deduct total nonadmitted amounts		0	0
12. Statement value at end of current period (Line 10 minus Line 11)		8,525,572	9,726,103

## STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

## SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	11,365,211	2,850,372	2,489,506	(21,329)	11,704,747	0	0	11,365,211
2. Class 2 (a).....	0	0	0	0	0	0	0	0
3. Class 3 (a).....	0	0	0	0	0	0	0	0
4. Class 4 (a).....	0	0	0	0	0	0	0	0
5. Class 5 (a).....	0	0	0	0	0	0	0	0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	11,365,211	2,850,372	2,489,506	(21,329)	11,704,747	0	0	11,365,211
<b>PREFERRED STOCK</b>								
8. Class 1.....	0	0	0	0	0	0	0	0
9. Class 2.....	0	0	0	0	0	0	0	0
10. Class 3.....	0	0	0	0	0	0	0	0
11. Class 4.....	0	0	0	0	0	0	0	0
12. Class 5.....	0	0	0	0	0	0	0	0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	11,365,211	2,850,372	2,489,506	(21,329)	11,704,747	0	0	11,365,211

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ;  
NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**SCHEDULE DA - PART 1**

<b>Short-Term Investments</b>					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	3,179,175	XXX	3,179,175	4,250	0

**SCHEDULE DA - VERIFICATION**

<b>Short-Term Investments</b>		1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		1,639,108	561,667
2. Cost of short-term investments acquired .....		2,196,230	6,781,588
3. Accrual of discount.....		0	0
4. Unrealized valuation increase (decrease).....		0	0
5. Total gain (loss) on disposals.....		0	0
6. Deduct consideration received on disposals.....		656,163	5,704,147
7. Deduct amortization of premium.....		0	0
8. Total foreign exchange change in book/adjusted carrying value.....		0	0
9. Deduct current year's other than temporary impairment recognized.....		0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		3,179,175	1,639,108
11. Deduct total nonadmitted amounts.....		0	0
12. Statement value at end of current period (Line 10 minus Line 11)		3,179,175	1,639,108

Schedule DB - Part F - Section 1  
**NONE**

Schedule DB - Part F - Section 2  
**NONE**

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**SCHEDULE E-VERIFICATION**

(Cash Equivalents)

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

Schedule A - Part 2  
**NONE**

Schedule A - Part 3  
**NONE**

Schedule B - Part 2  
**NONE**

Schedule B - Part 3  
**NONE**

Schedule BA - Part 2  
**NONE**

Schedule BA - Part 3  
**NONE**

## STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator <sup>(a)</sup>
22540V-P2-2.....	CSFB 2002-CKN2 A3.....		.02/18/2009.....	SOUTHWEST SECURITIES.....	484,375	500,000	1,874	.1FE.....	
717081-CZ-4.....	PFIZER INC.....		.03/17/2009.....	CITIGROUP.....	169,767	170,000	0	.1FE.....	
3899999 - Total - Bonds - Industrial, Misc.					654,142	670,000	1,874	XXX	
8399997 - Total - Bonds - Part 3					654,142	670,000	1,874	XXX	
8399999 - Total - Bonds					654,142	670,000	1,874	XXX	
8999999 - Total - Preferred Stocks					0	XXX	0	XXX	
9799999 - Total - Common Stocks					0	XXX	0	XXX	
9899999 - Total - Preferred and Common Stocks					0	XXX	0	XXX	
9999999 - Totals					654,142	XXX	1,874	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0 .

STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

## SCHEDULE D - PART 4

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

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues ..... 0

GOE

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**

**STATEMENT AS OF MARCH 31, 2009 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

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

### **Month End Depository Balances**

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