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## PROPERTY AND CASUALTY COMPANIES —ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF JUNE 30, 2008  
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)		Long Grove, IL 60049-0001 (Area Code) (Telephone Number)		
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 Website Address			www.kemperinsurance.com					
Statutory Statement Contact			Fredrick Thomas Griffith (Name)	847-320-3127 (Area Code) (Telephone Number) (Extension)		847-320-3818 (Fax Number)		
			Fred.Griffith@kemperinsurance.com (E-Mail Address)					

## OFFICERS

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

## OTHER OFFICERS

Frederick Otto Kist	Senior Vice President	Benjamin David Schwartz	Senior Vice President
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## DIRECTORS OR TRUSTEES

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

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 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 August, 2008

STATEMENT AS OF JUNE 30, 2008 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 .....	10,394,595		10,394,595	9,238,091
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 (\$ .....(2,200) ), cash equivalents (\$ .....0 )				
and short-term investments (\$ .....602,994 ) .....	600,794		600,794	1,561,330
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) .....	10,995,389	.0	10,995,389	10,799,421
11. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
12. Investment income due and accrued .....	140,474		140,474	142,759
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 .....	88,483,039	88,483,039	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 .....	46,667	46,667	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	99,665,569	88,529,706	11,135,863	10,942,180
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25) .....	99,665,569	88,529,706	11,135,863	10,942,180
<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 .....	46,667	46,667	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) .....	46,667	46,667	0	0

STATEMENT AS OF JUNE 30, 2008 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	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	900	900
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ ..... and interest thereon \$ .....	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 407,932 and including warranty reserves of \$ ..... )	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	58,592	60,019
20. Payable for securities	0	0
21. Liability for amounts held under uninsured plans	0	0
22. Capital notes \$ ..... and interest thereon \$ .....	0	0
23. Aggregate write-ins for liabilities	0	0
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	59,492	60,919
25. Protected cell liabilities	0	0
26. Total liabilities (Lines 24 and 25)	59,492	60,919
27. Aggregate write-ins for special surplus funds	0	0
28. Common capital stock	0	0
29. Preferred capital stock	0	0
30. Aggregate write-ins for other than special surplus funds	1,500,000	1,500,000
31. Surplus notes	0	0
32. Gross paid in and contributed surplus	0	0
33. Unassigned funds (surplus)	9,576,371	9,381,261
34. Less treasury stock, at cost:		
34.1 ..... shares common (value included in Line 28 \$ ..... )	0	0
34.2 ..... shares preferred (value included in Line 29 \$ ..... )	0	0
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	11,076,371	10,881,261
36. TOTALS	11,135,863	10,942,180
<b>DETAILS OF WRITE-INS</b>		
2301.	0	0
2302.	0	0
2303.	0	0
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.	0	0
2702.	0	0
2703.	0	0
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.	0	0
3003.	0	0
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 JUNE 30, 2008 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 \$ 393,188 )	400,001	727,075	1,120,062
1.2 Assumed (written \$ 393,188 )		0	
1.3 Ceded (written \$ 393,188 )	400,001	727,075	1,120,062
1.4 Net (written \$ 0 )	0	0	0
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	1,895,885	3,992,848	16,155,769
2.2 Assumed		0	
2.3 Ceded	1,895,885	3,992,848	16,155,769
2.4 Net	0	0	0
3. Loss adjustment expenses incurred		0	0
4. Other underwriting expenses incurred	.56,000	.67,666	123,667
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	.56,000	.67,666	123,667
7. Net income of protected cells		0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(56,000)	(67,666)	(123,667)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	251,110	246,342	510,185
10. Net realized capital gains (losses) less capital gains tax of \$		0	0
11. Net investment gain (loss) (Lines 9 + 10)	251,110	246,342	510,185
<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)	195,110	178,676	386,518
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)	195,110	178,676	386,518
19. Federal and foreign income taxes incurred		0	0
20. Net income (Line 18 minus Line 19)(to Line 22)	195,110	178,676	386,518
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	10,881,261	10,483,076	10,483,076
22. Net income (from Line 20)	195,110	178,676	386,518
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	(68,289)	(66,620)	(207,459)
27. Change in nonadmitted assets	.68,289	.78,287	219,126
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)	195,110	190,343	398,185
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	11,076,371	10,673,419	10,881,261
<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 JUNE 30, 2008 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.....	287,388	556,992
3. Miscellaneous income .....	0	0
4. Total (Lines 1 to 3).....	287,388	556,992
5. Benefits 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 .....	56,000	123,667
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).....	56,000	123,667
11. Net cash from operations (Line 4 minus Line 10).....	231,388	433,325
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,574,806	5,840,999
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) .....	1,574,806	5,840,999
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	2,765,303	6,222,001
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) .....	2,765,303	6,222,001
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) .....	(1,190,497)	(381,002)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	(1,427)	(2,643)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(1,427)	(2,643)
<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) .....	(960,536)	49,680
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,561,330	1,511,650
19.2 End of period (Line 18 plus Line 19.1).....	600,794	1,561,330

## NOTES TO FINANCIAL STATEMENTS

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

No change.

### 2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No change.

### 3. BUSINESS COMBINATIONS AND GOODWILL

No change.

### 4. DISCONTINUED OPERATIONS

No change.

### 5. INVESTMENTS

No change.

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

No change.

### 7. INVESTMENT INCOME

No change.

### 8. DERIVATIVE INSTRUMENTS

No change.

### 9. INCOME TAXES

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

		June 30, 2008		December 31, 2007
(in thousands)				
Total of gross deferred tax assets	\$	88,484		88,552
Total of deferred tax liabilities		(1)		(1)
Net deferred tax asset		88,483		88,551
Deferred tax asset nonadmitted		(88,483)		(88,551)
Net admitted deferred tax asset		0		0
Decrease in nonadmitted asset	\$	68		

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

		June 30, 2008		December 31, 2007		Change
(in thousands)						
Total deferred tax assets	\$	88,484		88,552	\$	(68)
Total deferred tax liabilities		(1)		(1)		0
Net deferred tax asset	\$	88,483		88,551		(68)
Tax effect of unrealized gains (losses)						0
Changes in net deferred income tax					\$	(68)

## NOTES TO FINANCIAL STATEMENTS

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

		June 30, 2008
		(in thousands)
Provision computed at statutory rate	\$	68
Receivables	\$	0
<b>Total</b>	<b>\$</b>	<b>68</b>
Federal and foreign income taxes incurred	\$	0
Change in net deferred income taxes	\$	68
<b>Total statutory income taxes</b>	<b>\$</b>	<b>68</b>

**F.** No change.

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

No change.

**11. DEBT**

No change.

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

No change.

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

No change.

**14. CONTINGENCIES**

No change

**15. LEASES**

No change.

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

No change.

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

No change.

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

No change.

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

No change.

**20. OTHER ITEMS**

No change.

**21. EVENTS SUBSEQUENT**

No change.

**22. REINSURANCE**

No change.

**23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**

No change.

## NOTES TO FINANCIAL STATEMENTS

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

No change.

**25. INTERCOMPANY POOLING ARRANGEMENTS**

No change.

**26. STRUCTURED SETTLEMENTS**

No change.

**27. HEALTH CARE RECEIVABLES**

No change.

**28. PARTICIPATING POLICIES**

No change.

**29. PREMIUM DEFICIENCY RESERVES**

No change.

**30. HIGH DEDUCTIBLES**

No change.

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

No change.

**32. ASBESTOS/ENVIRONMENTAL RESERVES**

No change.

**33. SUBSCRIBER SAVINGS ACCOUNT**

No change.

**34. MULTIPLE PERIL CROP INSURANCE**

No change.

**STATEMENT AS OF JUNE 30, 2008 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 JUNE 30, 2008 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 JUNE 30, 2008 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY****GENERAL INTERROGATORIES**

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

Yes  No 

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

1 Name of Custodian(s)	2 Custodian Address
BNY Midwest Trust Company.....	209 W. Jackson Blvd., Suite 800, Chicago, IL 60606.....

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

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

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

Yes  No 

- 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  No 

- 17.2 If no, list exceptions:

.....

**STATEMENT AS OF JUNE 30, 2008 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.

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

#### 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 JUNE 30, 2008 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

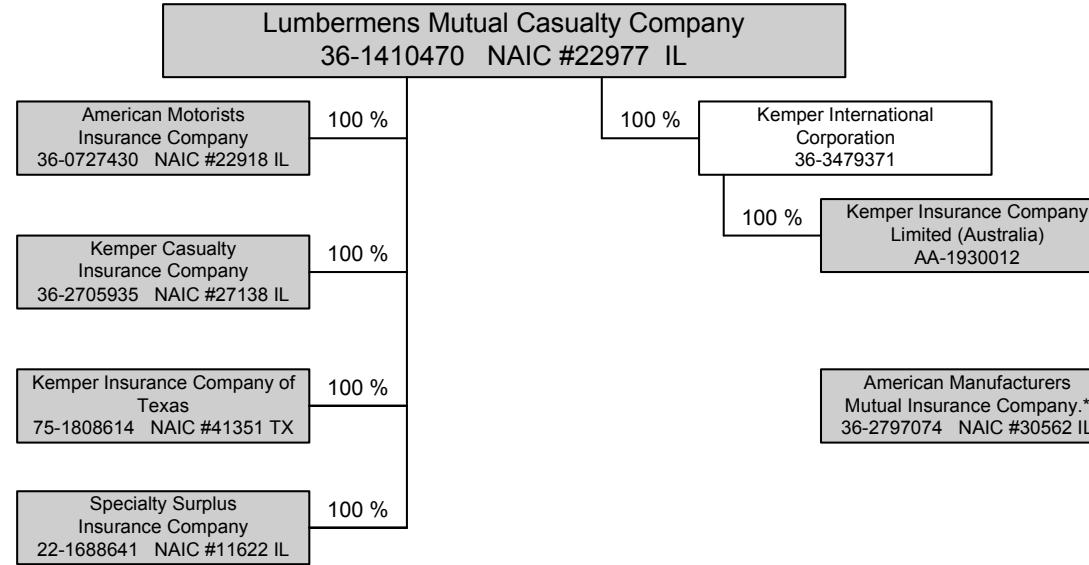
Current Year to Date - Allocated by States and Territories

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	.359	.3,420	.68,134	.310,904	.762,517	.558,456
2. Alaska	AK	.1,156	.9,018	.429	.1	(13,626)	.152,184
3. Arizona	AZ	(138)	.5,854	.219,611	.74,018	.3,634,215	.4,714,029
4. Arkansas	AR	(26)	.0	.1,033,750	.3,729,637	.4,366,241	.4,771,514
5. California	CA	.98,850	.204,285	.7,357,607	.11,177,102	.34,500,673	.46,090,257
6. Colorado	CO	.2,130	.7,884	.138,471	.2,064,802	.412,898	.721,290
7. Connecticut	CT	.854	.8,101	.502,275	.1,222,400	.5,610,359	.6,136,171
8. Delaware	DE	.606	.1,230	.51,822	.150,007	.1,671,405	.1,171,307
9. District of Columbia	DC	(24)	(61)	.50,523	.50,364	.424,522	.290,973
10. Florida	FL	.10,707	.83,022	.636,058	.244,214	.3,589,544	.4,361,658
11. Georgia	GA	(2,104)	.20,008	.199,073	.177,571	.1,985,376	.2,602,040
12. Hawaii	HI	(16,211)	.5,323	.9,648	(7,402)	.24,415	.130,458
13. Idaho	ID	.250	.1,262	.0	.0	(9,548)	(1,348)
14. Illinois	IL	.39,023	.51,665	.234,169	.2,287,307	.3,600,648	.5,831,240
15. Indiana	IN	.1,290	.909	.523,958	.87,186	.275,544	.757,095
16. Iowa	IA	(105,937)	.8,024	.445,469	.112,587	.787,082	.1,173,190
17. Kansas	KS	(2,528)	.465	.42,720	.43,465	.15,026	.234,031
18. Kentucky	KY	.450	.350	.190,077	.166,422	.1,702,856	.2,074,575
19. Louisiana	LA	.1,846	.3,089	.216,690	.254,407	.398,373	.873,957
20. Maine	ME	.60	(229)	.64,874	.4,324	.511,906	.638,088
21. Maryland	MD	(12,697)	(3,301)	.913,527	.614,560	.761,068	.2,628,050
22. Massachusetts	MA	(62,322)	(85,444)	.91,062	.500,347	.6,613,170	.8,753,473
23. Michigan	MI	.4,018	.7,371	.141,900	.688,626	.4,722,630	.4,670,807
24. Minnesota	MN	.91,881	.20,043	.390,239	.822,312	.1,068,764	.1,810,950
25. Mississippi	MS	(473)	.1,297	.8,895	.568,759	.203,058	.965,233
26. Missouri	MO	(31,924)	.2,030	.186,742	.116,068	.1,118,181	.1,673,699
27. Montana	MT	.5,290	.1,919	.773,086	.318,850	.16,906	.795,447
28. Nebraska	NE	(554)	.4,308	.60,098	.119,299	.859,372	.751,342
29. Nevada	NV	.10,730	(201)	.19,866	.1,086,946	.308,432	.482,522
30. New Hampshire	NH	.1,154	.7,060	.26,118	.399,605	.1,087,444	.1,053,781
31. New Jersey	NJ	.3,600	.38,056	.386,856	.798,151	.4,693,917	.5,364,138
32. New Mexico	NM	(2,354)	.5,547	.28,558	.67,020	.480,194	.422,876
33. New York	NY	.282,015	.259,209	.6,855,582	.7,849,107	.39,315,903	.44,828,380
34. North Carolina	NC	.5,980	.5,813	.1,208,667	.547,327	.687,037	.1,851,820
35. North Dakota	ND	.19	.10	.0	.0	(2,914)	.2,358
36. Ohio	OH	.2,738	.2,048	.438,537	.16,663	.1,560,884	.1,843,668
37. Oklahoma	OK	.0	.0	.94,580	.48,762	.290,896	.571,248
38. Oregon	OR	.41,412	.10,699	.153,124	.29,012	.2,152,830	.2,642,259
39. Pennsylvania	PA	(312)	.7,880	.2,089,606	.1,652,277	.7,251,203	.7,141,431
40. Rhode Island	RI	.885	.625	.22,575	.49,818	.237,211	.45,504
41. South Carolina	SC	.9	.1,863	.325,839	(111,977)	.1,687,245	.1,446,509
42. South Dakota	SD	(148)	.104	.1,279	.31,160	.280,676	.319,486
43. Tennessee	TN	.6,864	.7,679	.17,955	.84,192	.1,527,903	.1,502,014
44. Texas	TX	.613	(2,247)	.352,435	.823,549	.3,392,248	.3,315,447
45. Utah	UT	(269)	.3,345	.4,213	(2,877)	(4,910)	.86,109
46. Vermont	VT	.32	(365)	.68,060	.85,439	.389,061	.715,254
47. Virginia	VA	.3,952	.24,918	.210,789	.67,994	.2,354,231	.3,086,402
48. Washington	WA	(2,441)	.205	.139,697	.59,442	.230,288	.859,531
49. West Virginia	WV	.172	.170	.0	.200,000	(12,877)	.24,006
50. Wisconsin	WI	.6,852	.8,762	.268,349	.536,689	.592,033	.1,085,816
51. Wyoming	WY	.3,161	.105	.0	.0	(1,686)	.3,059
52. American Samoa	AS	N	.0	.0	.0	.0	.0
53. Guam	GU	N	.0	.0	.0	.0	.0
54. Puerto Rico	PR	N	.0	.0	.0	.0	.0
55. U.S. Virgin Islands	VI	N	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP	N	.0	.0	.0	.0	.0
57. Canada	CN	N	.0	.0	.0	.0	.0
58. Aggregate Other Alien	OT	XXX	.4,692	.1,328	.0	(1,412)	(1,009)
59. Totals		(a) 50	393,188	744,455	27,263,592	40,216,436	148,109,412
<b>DETAILS OF WRITE-INS</b>							
5801. Africa		XXX	.4,692	.1,328	.0	.0	.0
5802. Europe		XXX	.0	.0	.0	(653)	(467)
5803. Asia		XXX	.0	.0	.0	(759)	(542)
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	4,692	1,328	0	0	(1,412)
							(1,009)

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

STATEMENT AS OF JUNE 30, 2008 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 JUNE 30, 2008 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	2,366	1,164	49.2	49.2
2. Allied Lines	.650	320	49.2	49.1
3. Farmowners multiple peril		0.0	0.0	0.0
4. Homeowners multiple peril	(257)	7,348	(2,859.1)	(345.3)
5. Commercial multiple peril		298,200	0.0	(20,382.1)
6. Mortgage guaranty		0.0	0.0	0.0
8. Ocean marine		0.0	0.0	35.3
9. Inland marine	(15)	(7)	46.7	44.6
10. Financial guaranty		0.0	0.0	0.0
11.1 Medical malpractice - occurrence		0.0	0.0	0.0
11.2 Medical malpractice - claims-made		0.0	0.0	0.0
12. Earthquake	1,372	26	1.9	1.9
13. Group accident and health		0.0	0.0	0.0
14. Credit accident and health		0.0	0.0	0.0
15. Other accident and health		0.0	0.0	0.0
16. Workers' compensation	136,022	1,115,924	820.4	631.1
17.1 Other liability - occurrence	(63,041)	57,500	(91.2)	1,440.7
17.2 Other liability - claims-made		2,220	0.0	0.0
18.1 Products liability - occurrence	5,211	56,580	1,085.8	1,535.4
18.2 Products liability - claims-made		0.0	0.0	0.0
19.1,19.2 Private passenger auto liability	(206)	13,848	(6,722.3)	8,492.5
19.3,19.4 Commercial auto liability	8,421	8,298	98.5	288.0
21. Auto physical damage	22	944	4,290.9	10,140.0
22. Aircraft (all perils)		0.0	0.0	0.0
23. Fidelity		0.0	0.0	0.0
24. Surety	309,456	333,520	107.8	153.9
26. Burglary and theft		0.0	0.0	0.0
27. Boiler and machinery		0.0	0.0	0.0
28. Credit		0.0	0.0	0.0
29. International		0.0	0.0	0.0
30. Warranty		0.0	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	400,001	1,895,885	474.0	549.2
<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**

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	308	3,202	(4,147)
2. Allied Lines	30	879	(1,206)
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	(19)	(257)	(1,920)
5. Commercial multiple peril	0	0	(2,182)
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	258
9. Inland marine	45	45	50
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	0	2,005	(2,169)
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	144,111	136,027	454,418
17.1 Other liability - occurrence	155	(63,020)	7,602
17.2 Other liability - claims-made	0	0	0
18.1 Products liability - occurrence	0	5,211	6,904
18.2 Products liability - claims-made	0	0	0
19.1,19.2 Private passenger auto liability	(206)	(206)	428
19.3,19.4 Commercial auto liability	20,381	8,421	9,559
21. Auto physical damage	22	22	2
22. Aircraft (all perils)	0	0	0
23. Fidelity	0	0	0
24. Surety	57,085	300,859	276,858
26. Burglary and theft	0	0	0
27. Boiler and machinery	0	0	0
28. Credit	0	0	0
29. International	0	0	0
30. Warranty	0	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	221,912	393,188	744,455
<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 JUNE 30, 2008 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

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

**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

# STATEMENT AS OF JUNE 30, 2008 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.....
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 8 4 9 0 0 0 0 0 2
2.  3 0 5 6 2 2 0 0 8 4 5 5 0 0 0 0 0 2
3.  3 0 5 6 2 2 0 0 8 3 6 5 0 0 0 0 0 2

**OVERFLOW PAGE FOR WRITE-INS**

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**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 acquisitions	0	0
2.2 Additional investment made after acquisitions	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 amount	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 acquisitions	0	0
2.2 Additional investment made after acquisitions	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. Deduct total nonadmitted accounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	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 acquisitions	0	0
2.2 Additional investment made after acquisitions	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
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,238,091	8,897,195
2. Cost of bonds and stocks acquired	2,765,303	6,222,000
3. Accrual of discount	9,639	22,972
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	1,574,806	5,840,999
7. Deduct amortization of premium	43,632	63,078
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)	10,394,595	9,238,091
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	10,394,595	9,238,091

## STATEMENT AS OF JUNE 30, 2008 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).....	11,265,446	1,321,543	1,571,598	(17,802)	11,265,446	10,997,589	0	10,799,420
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.....	11,265,446	1,321,543	1,571,598	(17,802)	11,265,446	10,997,589	0	10,799,420
<b>PREFERRED STOCK</b>								
8. Class 1.....	0	0	0	0	0	0	0	0
9. Class 2.....	0	0	0	0	0	0	0	0
10. Class 3.....	0	0	0	0	0	0	0	0
11. Class 4.....	0	0	0	0	0	0	0	0
12. Class 5.....	0	0	0	0	0	0	0	0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	11,265,446	1,321,543	1,571,598	(17,802)	11,265,446	10,997,589	0	10,799,420

(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 JUNE 30, 2008 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

**SCHEDULE DA - PART 1**

Short-Term Investments Owned End of Current Quarter					
	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
82999999 Totals	602,994	XXX	602,994	774	0

**SCHEDULE DA - VERIFICATION**

Short-Term Investments		1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		561,667	1,511,650
2. Cost of short-term investments acquired .....		3,181,045	11,120,430
3. Accrual of discount.....		0	2,606
4. Unrealized valuation increase (decrease).....		0	0
5. Total gain (loss) on disposals.....		0	0
6. Deduct consideration received on disposals.....		3,139,718	12,073,019
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).....		602,994	561,667
11. Deduct total nonadmitted amounts.....		0	0
12. Statement value at end of current period (Line 10 minus Line 11)		602,994	561,667

Schedule DB - Part F - Section 1

**NONE**

Schedule DB - Part F - Section 2

**NONE**

**STATEMENT AS OF JUNE 30, 2008 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	999,663	0
2. Cost of cash equivalents	0	2,990,799
3. Accrual of discount	338	8,863
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	1,000,000	2,000,000
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	999,663
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	999,663

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

## STATEMENT AS OF JUNE 30, 2008 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>
31395P-DP-4.....	FHR 2943 JB.....		06/25/2008.....	FIRST TENNESSEE.....		495,922	493,762	1,830	1FE.....
3199999 - Total - Bonds - Special Revenue						495,922	493,762	1,830	XXX
6099997 - Total - Bonds - Part 3						495,922	493,762	1,830	XXX
6099999 - Total - Bonds						495,922	493,762	1,830	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						495,922	XXX	1,830	XXX

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

STATEMENT AS OF JUNE 30, 2008 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 4

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

1 CUSIP Identifi- cation	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market Indicator (a)				
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Temporary Impairment Recognized	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 + 13)	15 Total Foreign Exchange Change in B./A.C.V.											
31394H-FV-8..	FHR 2660 ML		06/01/2008.	MBS PAYDOWN..		.80,435	.80,435	.79,354	.79,784	.0	.651	.0	.651	.0	.80,435	.0	.0	.0	.0	.0	.0	.0	.1,181	07/01/2008.	1FE
31394L-U7-5..	FHR 2707 ON		06/01/2008.	MBS PAYDOWN..		.76,519	.76,519	.75,551	.76,086	.0	.433	.0	.433	.0	.76,519	.0	.0	.0	.0	.0	.0	.0	.1,298	01/01/2009.	1FE
31394X-EB-8..	FHR 2781 TX		06/01/2008.	MBS PAYDOWN..		.59,381	.59,381	.57,864	.58,910	.0	.471	.0	.471	.0	.59,381	.0	.0	.0	.0	.0	.0	.0	.692	04/01/2009.	1FE
31395F-TG-7..	FHR 2857 TE		06/01/2008.	MBS PAYDOWN..		.58,930	.58,930	.58,451	.58,796	.0	.134	.0	.134	.0	.58,930	.0	.0	.0	.0	.0	.0	.0	.978	11/01/2009.	1FE
31395M-G7-8..	FHR 2937 JC		06/01/2008.	MBS PAYDOWN..		.41,926	.41,926	.41,637	.41,844	.0	.82	.0	.82	.0	.41,926	.0	.0	.0	.0	.0	.0	.0	.867	10/01/2009.	1FE
3199999 - Bonds - Special Revenues						317,191	317,191	312,858	315,420	0	1,771	0	1,771	0	317,191	0	0	0	0	0	0	0	5,017	XXX	XXX
12613X-CR-0..	CNH 2005 - A 44B..		06/15/2008.	MBS PAYDOWN..		.109,314	.109,314	.109,143	.109,223	.0	.0	.0	.0	.0	.109,314	.0	.0	.0	.0	.0	.0	.0	.1,513	01/15/2009.	1FE
161505-DK-5..	CMSC 1999-2 A2..		06/01/2008.	MBS PAYDOWN..		.2,781	.2,781	.2,870	.0	.0	.0	.0	.0	.2,781	.0	.0	.0	.0	.0	.0	.0	.50	11/01/2009.	1FE	
201728-DF-4..	CMAC 1998-C2 C..		06/01/2008.	MBS PAYDOWN..		.16,565	.16,565	.16,547	.0	.0	.0	.0	.0	.16,565	.0	.0	.0	.0	.0	.0	.0	.354	08/01/2008.	1FE	
361849-DY-5..	GMACC 1998-C2 A2..		06/01/2008.	MBS PAYDOWN..		.97,965	.97,965	.98,409	.98,145	.0	.179	.0	.179	.0	.97,965	.0	.0	.0	.0	.0	.0	.0	2,847	07/01/2008.	1FE
57117P-AD-6..	MLR 2006-1A A3..		06/15/2008.	VARIOUS..		.70,396	.70,396	.70,748	.0	.0	.0	.0	.0	.70,396	.0	.0	.0	.0	.0	.0	.0	.1,038	05/15/2009.	1FE	
655356-JF-1..	NASC 1998-D6 A1B..		06/11/2008.	MBS PAYDOWN..		.30,543	.30,543	.30,828	.30,900	.0	.357	.0	.357	.0	.30,543	.0	.0	.0	.0	.0	.0	.0	.768	04/11/2009.	1FE
92927F-AA-1..	WINM 2006-A A..		06/15/2008.	MBS PAYDOWN..		.41,380	.41,380	.41,523	.17,217	.0	.6	.0	.6	.0	.41,380	.0	.0	.0	.0	.0	.0	.0	.770	05/15/2010.	1FE
4599999 - Bonds - Industrial and Miscellaneous						368,945	368,945	370,068	146,261	0	(408)	0	(408)	0	368,945	0	0	0	0	0	0	0	7,340	XXX	XXX
6099997 - Bonds - Part 4						686,136	686,136	682,925	461,681	0	1,363	0	1,363	0	686,136	0	0	0	0	0	0	0	12,357	XXX	XXX
6099999 - Total - Bonds						686,136	686,136	682,925	461,681	0	1,363	0	1,363	0	686,136	0	0	0	0	0	0	0	12,357	XXX	XXX
6599999 - Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
7299999 - Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
7399999 - Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
7499999 Totals						686,136	XXX	682,925	461,681	0	1,363	0	1,363	0	686,136	0	0	0	0	0	0	0	12,357	XXX	XXX

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

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 JUNE 30, 2008 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY**

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

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