



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2006
OF THE CONDITION AND AFFAIRS OF THE

AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

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

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

Country of Domicile United States of America

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

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

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

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

Primary Location of Books and Records 1 Kemper Drive Long Grove, IL 60049-0001 847-320-3127
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.kemperinsurance.com

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

Policyowner Relations Contact 1 Kemper Dr., 12NW0301 Long Grove, IL 60049-0001 800-833-0355
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
<u>Douglas Sean Andrews</u>	<u>President and CEO</u>	<u>John Keating Conway</u>	<u>Secretary</u>
<u>Fredrick Thomas Griffith</u>	<u>Chief Accounting Officer</u>	<u>Geoffrey Andrew Cooke</u>	<u>Treasurer</u>

OTHER OFFICERS

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

<u>Douglas Sean Andrews #</u>	<u>John Thomas Chain Jr.</u>	<u>Peter Bannerman Hamilton #</u>	<u>George Ralph Lewis #</u>
<u>Arthur James Massolo</u>	<u>David Barrett Mathis</u>		

State of Illinois

County of Lake **ss**

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Douglas Sean Andrews
President and CEO

John Keating Conway
Secretary

Fredrick Thomas Griffith
Chief Accounting Officer

Subscribed and sworn to before me this
6th day of November, 2006

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

b. If no,
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	7,711,095		7,711,095	6,809,557
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	2,486
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 (\$991,509) and short-term investments (\$1,715,404)	2,706,913		2,706,913	4,005,007
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)	10,418,008	0	10,418,008	10,817,050
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	56,165		56,165	79,662
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	0
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset	100,570,652	100,570,652	0	0
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software			0	0
19. Furniture and equipment, including health care delivery assets (\$)			0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates			0	0
22. Health care (\$) and other amounts receivable			0	0
23. Aggregate write-ins for other than invested assets	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	111,044,825	100,570,652	10,474,173	10,896,712
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	111,044,825	100,570,652	10,474,173	10,896,712
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2006 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	1,000
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 \$593,414 and including warranty reserves of \$0)		0
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)		0
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others		0
15. Remittances and items not allocated		0
16. Provision for reinsurance		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	10,303	622,843
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)	11,203	623,843
25. Protected cell liabilities		0
26. Total liabilities (Lines 24 and 25)	11,203	623,843
27. Aggregate write-ins for special surplus funds	0	0
28. Common capital stock		0
29. Preferred capital stock		0
30. Aggregate write-ins for other than special surplus funds	1,500,000	1,500,000
31. Surplus notes		0
32. Gross paid in and contributed surplus		0
33. Unassigned funds (surplus)	8,962,970	8,772,869
34. Less treasury stock, at cost:		
34.1 shares common (value included in Line 28 \$)		0
34.2 shares preferred (value included in Line 29 \$)		0
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	10,462,970	10,272,869
36. TOTALS	10,474,173	10,896,712
DETAILS OF WRITE-INS		
2301.		
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
3001. Guaranty fund	1,500,000	1,500,000
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	1,500,000	1,500,000

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 804,495)	1,485,022	5,292,588	5,691,461
1.2 Assumed (written \$)		0	
1.3 Ceded (written \$ 804,495)	1,485,022	5,292,588	5,691,461
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	(21,003,734)	13,397,081	17,601,941
2.2 Assumed		0	
2.3 Ceded	(21,003,734)	13,397,081	17,601,941
2.4 Net	0	0	0
3. Loss expenses incurred		0	0
4. Other underwriting expenses incurred	83,500	0	315,667
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	83,500	0	315,667
7. Net income of protected cells		0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(83,500)	0	(315,667)
INVESTMENT INCOME			
9. Net investment income earned	273,007	360,104	446,156
10. Net realized capital gains (losses) less capital gains tax of \$	(3,960)	0	0
11. Net investment gain (loss) (Lines 9 + 10)	269,047	360,104	446,156
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)		0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	185,547	360,104	130,489
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)	185,547	360,104	130,489
19. Federal and foreign income taxes incurred		0	0
20. Net income (Line 18 minus Line 19)(to Line 22)	185,547	360,104	130,489
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	10,272,869	10,409,017	10,409,017
22. Net income (from Line 20)	185,547	360,104	130,489
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	4,554	(2,860)	(4,554)
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(66,328)	0	213,727
27. Change in nonadmitted assets	66,328	0	(213,727)
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	(262,083)
38. Change in surplus as regards policyholders (Lines 22 through 37)	190,101	357,244	(136,148)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	10,462,970	10,766,261	10,272,869
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
3701. Correction of errors		0	(262,083)
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	0	(262,083)

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	0	0
2. Net investment income	276,948	408,287
3. Miscellaneous income	0	0
4. Total (Lines 1 to 3)	276,948	408,287
5. Benefits and loss related payments	0	0
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	83,500	315,667
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)	83,500	315,667
11. Net cash from operations (Line 4 minus Line 10)	193,448	92,620
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,213,876	1,031,748
12.2 Stocks	3,080	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)	1,216,956	1,031,748
13. Cost of investments acquired (long-term only):		
13.1 Bonds	2,095,958	1,688,822
13.2 Stocks	0	7,040
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)	2,095,958	1,695,862
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)	(879,002)	(664,114)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	(612,540)	(15,216,665)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(612,540)	(15,216,665)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17)	(1,298,094)	(15,788,159)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	4,005,007	19,793,166
19.2 End of period (Line 18 plus Line 19.1)	2,706,913	4,005,007

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

No change.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No change.

3. BUSINESS COMBINATIONS AND GOODWILL

Not applicable.

4. DISCONTINUED OPERATIONS

Not applicable.

5. INVESTMENTS

No change.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable.

7. INVESTMENT INCOME

No change.

8. DERIVATIVE INSTRUMENTS

Not applicable.

9. INCOME TAXES

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

		September 30, 2006		December 31, 2005
Total of gross deferred tax assets	\$	100,584,804		100,651,132
Total of deferred tax liabilities		(14,152)		(14,152)
Net deferred tax asset		100,570,652		100,636,980
Deferred tax asset nonadmitted		(100,570,652)		(100,636,980)
Net admitted deferred tax asset		0		0
Decrease in nonadmitted asset	\$	66,328		

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

		September 30, 2006		December 31, 2005		Change
Total deferred tax assets	\$	100,584,804		100,651,132	\$	(66,328)
Total deferred tax liabilities		(14,152)		(14,152)		0
Net deferred tax asset	\$	100,570,652		100,636,980		(66,328)
Tax effect of unrealized gains (losses)						0
Changes in net deferred income tax					\$	(66,328)

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:

		September 30, 2006
Provision computed at statutory rate	\$	64,942
Capital gain adjustment		1,386
Total	\$	66,328
Federal and foreign income taxes incurred	\$	0
Change in net deferred income taxes		66,328
Total statutory income taxes	\$	66,328

F. No change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

No change.

11. DEBT

Not applicable.

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

No change.

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

No change.

14. CONTINGENCIES

D. Having entered into voluntary run-off in the first half of 2003, the Company has been operating under guidance provided within certain agreed to Corrective Orders with the Illinois Department of Financial and Professional Regulation – Division of Insurance (the “Division of Insurance”), pursuant to which the Company has ceased to write virtually all insurance business and is settling liabilities under the administrative supervision of the Division of Insurance. The Company has also entered into consent agreements with certain states under which the Company agreed to cease writing business in those jurisdictions. In addition, the Company has voluntarily agreed for its license to be suspended in Florida and Tennessee, with the Company permitted to maintain its license but not permitted to write any new business. The Company has appealed the license suspension in North Carolina.

15. LEASES

Not applicable.

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

Not applicable.

NOTES TO FINANCIAL STATEMENTS

17. **SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**
Not applicable.
18. **GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**
Not applicable.
19. **DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**
Not applicable.
20. **SEPTEMBER 11 EVENTS**
No change.
21. **OTHER ITEMS**
Not applicable.
22. **EVENTS SUBSEQUENT**
Not applicable.
23. **REINSURANCE**
No change.
24. **RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**
Not applicable.
25. **CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**
Not applicable.
26. **INTERCOMPANY POOLING ARRANGEMENTS**
No change.
27. **STRUCTURED SETTLEMENTS**
Not applicable.
28. **HEALTH CARE RECEIVABLES**
Not applicable.
29. **PARTICIPATING POLICIES**
Not applicable.
30. **PREMIUM DEFICIENCY RESERVES**
Not applicable.
31. **HIGH DEDUCTIBLES**
Not applicable.
32. **DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSE**
No change.
33. **ASBESTOS/ENVIRONMENTAL RESERVES**
No change.
34. **SUBSCRIBER SAVINGS ACCOUNT**
Not applicable.
35. **MULTIPLE PERIL CROP INSURANCE**
Not applicable.

STATEMENT AS OF SEPTEMBER 30, 2006 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 [X] No []
- 2.2 If yes, date of change: 05/01/2006
If not previously filed, furnish herewith a certified copy of the instrument as amended.
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. 12/31/2000
- 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). 11/18/2003
- 6.4 By what department or departments?
Delaware, Illinois, Mississippi, and Nevada
- 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 [X] No []
- 7.2 If yes, give full information:
Information is provided in Financial Note 14D.
- 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 SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

FINANCIAL

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

INVESTMENT

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

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement 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.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

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

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

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

- 16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

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

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

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
109875.....	Asset Allocation Management Company, L.L.C.....	30 North LaSalle, Suite 3500, 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 SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

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

PART 2

PROPERTY & CASUALTY INTERROGATORIES

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

If yes, attach an explanation.

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

If yes, attach an explanation.

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

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

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

4.2 If yes, complete the following schedule:

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

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	0	0
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions	0	0
2.2. Additional investment made after acquisitions	0	0
3. Accrual of discount and mortgage interest points and commitment fees	0	0
4. Increase (decrease) by adjustment	0	0
5. Total profit (loss) on sale	0	0
6. Amounts paid on account or in full during the period	0	0
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts	0	0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA – VERIFICATION

Other Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions	0	0
2.2. Additional investment made after acquisitions	0	0
3. Accrual of discount	0	0
4. Increase (decrease) by adjustment	0	0
5. Total profit (loss) on sale	0	0
6. Amounts paid on account or in full during the period	0	0
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts	0	0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,812,043	6,122,574
2. Cost of bonds and stocks acquired	2,095,958	1,695,862
3. Accrual of discount	24,987	30,903
4. Increase (decrease) by adjustment	4,554	(4,554)
5. Increase (decrease) by foreign exchange adjustment	0	0
6. Total profit (loss) on disposal	(3,960)	0
7. Consideration for bonds and stocks disposed of	1,216,956	1,031,748
8. Amortization of premium	5,531	994
9. Book/adjusted carrying value, current period	7,711,095	6,812,043
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	7,711,095	6,812,043
12. Total nonadmitted amounts	0	0
13. Statement value	7,711,095	6,812,043

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	10,347,862	1,730,942	1,675,440	14,644	10,314,504	10,347,862	10,418,008	10,814,564
2. Class 2 .....	.0	.0	.0	.0	.0	.0	.0	.0
3. Class 3 .....	.0	.0	.0	.0	.0	.0	.0	.0
4. Class 4 .....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 .....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6	0	0	0	0	0	0	0	0
7. Total Bonds	10,347,862	1,730,942	1,675,440	14,644	10,314,504	10,347,862	10,418,008	10,814,564
PREFERRED STOCK								
8. Class 1 .....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2 .....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3 .....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4 .....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5 .....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	10,347,862	1,730,942	1,675,440	14,644	10,314,504	10,347,862	10,418,008	10,814,564

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

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	1,715,404	XXX	1,710,844	28,658	5,615

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

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	3,005,943	19,636,632
2. Cost of short-term investments acquired	6,585,524	25,711,472
3. Increase (decrease) by adjustment .....	.686	(921)
4. Increase (decrease) by foreign exchange adjustment .....	.0	.0
5. Total profit (loss) on disposal of short-term investments .....	.0	.0
6. Consideration received on disposal of short-term investments	7,876,749	42,341,240
7. Book/adjusted carrying value, current period	1,715,404	3,005,943
8. Total valuation allowance .....	.0	.0
9. Subtotal (Lines 7 plus 8)	1,715,404	3,005,943
10. Total nonadmitted amounts .....	.0	.0
11. Statement value (Lines 9 minus 10)	1,715,404	3,005,943
12. Income collected during period	99,832	93,418
13. Income earned during period	88,173	111,965

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

NONE

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

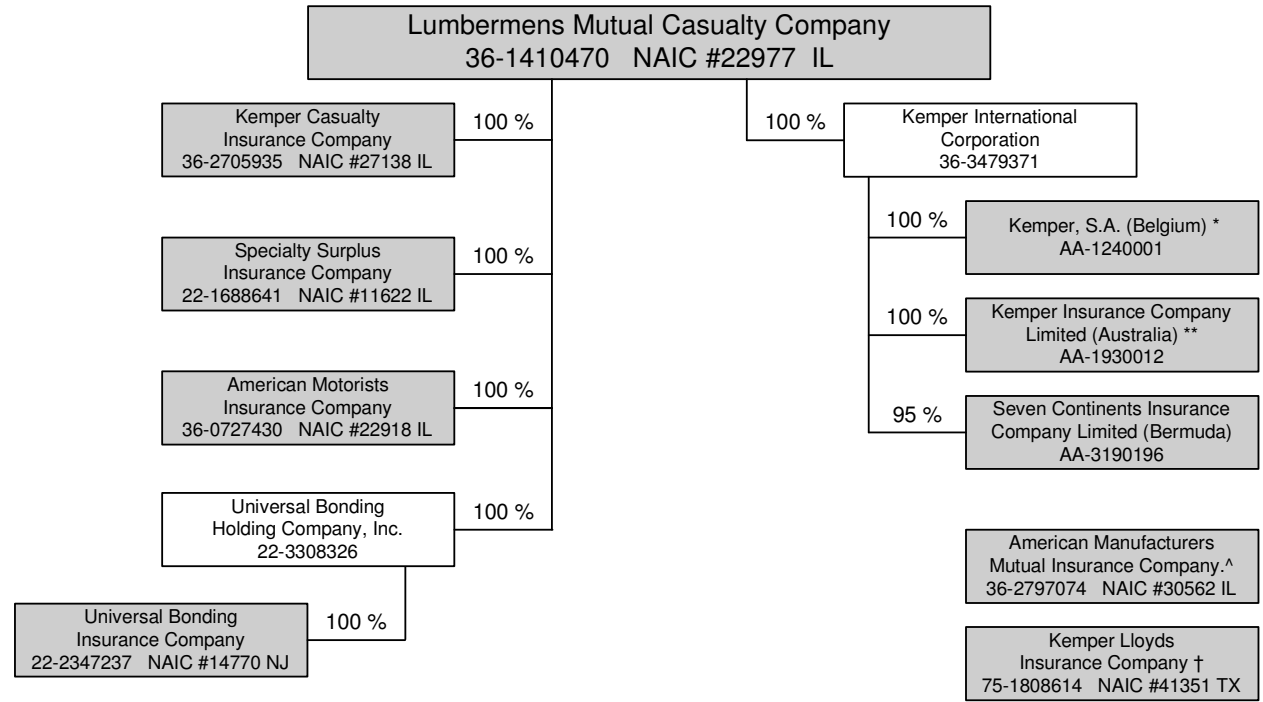
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	Yes	(85)	41,946	1,136,507	349,243	909,780	1,979,719
2. Alaska	AK	Yes	(8,397)	42,052	71,231	169,299	9,041	81,305
3. Arizona	AZ	Yes	12,215	(118,836)	979,768	697,736	4,913,497	8,019,068
4. Arkansas	AR	Yes	(3)	289	536,247	426,984	3,678,329	2,933,126
5. California	CA	Yes	(155,309)	730,463	17,788,148	30,284,475	49,196,151	74,501,579
6. Colorado	CO	Yes	4,459	17,503	874,070	1,003,595	3,734,137	4,399,074
7. Connecticut	CT	Yes	8,504	49,707	2,262,551	6,585,150	8,643,688	17,900,170
8. Delaware	DE	Yes	2,538	24,430	527,119	269,817	1,609,594	2,837,078
9. District of Columbia	DC	Yes	2,082	594	6,482	304,467	362,328	499,409
10. Florida	FL	Yes	92,962	209,128	1,148,714	2,573,370	6,053,861	8,889,304
11. Georgia	GA	Yes	564	115,333	2,617,424	2,501,707	3,052,545	5,784,605
12. Hawaii	HI	Yes	6,074	24,777	56,841	145,532	123,880	194,219
13. Idaho	ID	Yes	(2,875)	(8,463)	164,026	100,323	(6,568)	178,993
14. Illinois	IL	Yes	6,213	281,659	2,472,717	5,003,470	7,962,833	11,914,630
15. Indiana	IN	Yes	2,620	(2,617)	226,408	1,412,803	992,918	1,237,935
16. Iowa	IA	Yes	356,028	639,640	302,692	1,687,920	923,234	1,483,604
17. Kansas	KS	Yes	(8,898)	38,337	249,446	256,914	395,249	2,156,726
18. Kentucky	KY	Yes	274	(6,297)	432,322	828,801	2,463,354	2,740,052
19. Louisiana	LA	Yes	1,452	(112,935)	699,400	831,797	1,749,868	3,009,197
20. Maine	ME	Yes	1,584	(859)	223,791	483,063	626,147	1,457,092
21. Maryland	MD	Yes	51,517	(10,048)	923,306	1,211,202	3,135,792	4,885,088
22. Massachusetts	MA	Yes	33,439	(19,994)	1,026,839	3,301,453	11,686,377	14,929,774
23. Michigan	MI	Yes	6,437	12,133	927,415	4,353,977	2,039,554	3,715,989
24. Minnesota	MN	Yes	19,212	(126,244)	326,445	744,895	1,651,194	2,709,068
25. Mississippi	MS	Yes	16,948	67,199	92,482	439,320	1,503,366	3,252,871
26. Missouri	MO	Yes	(3,225)	24,151	1,015,103	2,135,297	1,452,627	2,791,333
27. Montana	MT	Yes	(11,211)	33,481	175,000	309,025	1,044,725	1,249,986
28. Nebraska	NE	Yes	1,516	11,530	(53,716)	430,758	1,075,957	1,148,291
29. Nevada	NV	Yes	4,636	24,575	92,065	189,539	713,730	699,585
30. New Hampshire	NH	Yes	5,700	19,023	463,061	161,595	1,399,870	1,172,444
31. New Jersey	NJ	Yes	27,169	114,479	2,393,454	3,760,587	7,304,620	11,785,539
32. New Mexico	NM	Yes	2,302	23,021	507,239	397,284	203,417	898,330
33. New York	NY	Yes	301,927	509,291	14,710,069	30,366,100	56,939,327	85,777,895
34. North Carolina	NC	Yes	4,832	169,052	2,323,730	4,396,041	2,329,433	4,706,756
35. North Dakota	ND	Yes	35	119	0	0	(1,995)	1,014
36. Ohio	OH	Yes	(14,861)	29,439	852,546	1,114,646	2,909,913	4,648,291
37. Oklahoma	OK	Yes	0	20,630	78,960	93,309	613,430	819,933
38. Oregon	OR	Yes	(20,515)	(7,654)	445,205	612,092	2,310,173	2,894,347
39. Pennsylvania	PA	Yes	10,097	(35,086)	4,635,509	7,061,490	9,772,698	15,240,341
40. Rhode Island	RI	Yes	(19)	3,026	87,140	81,134	40,662	188,859
41. South Carolina	SC	Yes	6,582	(60,035)	407,154	180,611	1,435,882	1,989,668
42. South Dakota	SD	Yes	4,458	(82,873)	22,901	144,415	893,070	1,023,216
43. Tennessee	TN	Yes	5,642	325,048	292,275	538,500	1,535,804	1,936,356
44. Texas	TX	Yes	9,956	(82,557)	776,986	3,318,403	4,901,279	8,682,390
45. Utah	UT	Yes	587	9,100	(1,383)	132,228	86,915	113,785
46. Vermont	VT	Yes	(1,005)	21,625	16,315	269,265	906,529	896,270
47. Virginia	VA	Yes	11,872	73,972	674,339	890,968	3,518,425	4,229,682
48. Washington	WA	Yes	8,180	21,880	515,233	1,493,611	4,249,780	5,457,017
49. West Virginia	WV	Yes	116	(1,464)	99,000	13,463	(6,600)	(7,838)
50. Wisconsin	WI	Yes	(123)	(49,349)	701,890	2,765,967	1,347,078	2,382,526
51. Wyoming	WY	Yes	292	990	0	0	(1,115)	595
52. American Samoa	AS	No	0	0	0	0	0	0
53. Guam	GU	No	0	0	0	0	0	0
54. Puerto Rico	PR	No	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	Yes	0	0	0	0	0	0
56. Northern Mariana Islands	MP	No	0	0	0	0	0	0
57. Canada	CN	No	0	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	8,269	0	0	(984)	373
59. Totals	(a) 52		804,495	3,012,580	67,302,466	126,823,641	224,384,799	342,416,659
DETAILS OF WRITE-INS								
5801. Central & South America	XXX		0	0	0	0	0	0
5802. Europe	XXX		0	0	0	0	(455)	173
5803. Asia	XXX		0	0	0	0	(529)	200
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	8,269	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		0	8,269	0	0	(984)	373

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

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



^ American Manufacturers Mutual Insurance Company is a mutual company associated with Lumbermens Mutual Casualty Company.
 † Kemper Lloyds Insurance Company is a Texas Lloyds association of underwriters under the sponsorship of Lumbermens Mutual Casualty Company.
 * Percentage includes one minority shareholder.
 ** Percentage includes director qualifying shares.
 Insurers are identified by shaded boxes. Percentages show common stock ownership as of 9/30/2006.

STATEMENT AS OF SEPTEMBER 30, 2006 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	196,837	(394,824)	(200.6)	18.2
2. Allied Lines	57,766	(26,988)	(46.7)	7.7
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	27,666	(653,346)	(2,361.5)	79.2
5. Commercial multiple peril	27,070	(3,618,467)	(13,367.1)	(5,487.6)
6. Mortgage guaranty			0.0	0.0
8. Ocean marine	(33)	(1,373)	4,160.6	35.7
9. Inland marine	109,997	10,878	9.9	44.7
10. Financial guaranty			0.0	0.0
11.1 Medical malpractice - occurrence			0.0	0.0
11.2 Medical malpractice - claims-made			0.0	0.0
12. Earthquake	3,554	430	12.1	3.3
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	(24,328)	(13,257,342)	54,494.2	486.5
17.1 Other liability - occurrence	162,203	(1,579,396)	(973.7)	138.0
17.2 Other liability - claims-made		43,353	0.0	56.0
18.1 Products liability - occurrence	(37,362)	25,826	(69.1)	400.5
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 Private passenger auto liability	40,915	(573,945)	(1,402.8)	129.8
19.3,19.4 Commercial auto liability	3,216	305	9.5	(1.4)
21. Auto physical damage	34,054	145,918	428.5	60.5
22. Aircraft (all perils)			0.0	0.0
23. Fidelity	256	(14,586)	(5,697.7)	51.4
24. Surety	883,211	(1,088,576)	(123.3)	92.9
26. Burglary and theft		(287)	0.0	0.0
27. Boiler and machinery		(21,314)	0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0.0	0.0
34. Totals	1,485,022	(21,003,734)	(1,414.4)	253.1
DETAILS OF WRITE-INS				
3301.				
3302.				
3303.				
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0.0	0.0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	(1,997)	(1,318)	291,666
2. Allied Lines	(656)	(507)	84,588
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	(3)	(2,674)	40,061
5. Commercial multiple peril	(601)	5,680	(20,538)
6. Mortgage guaranty	0		0
8. Ocean marine	0	(33)	(602)
9. Inland marine	(16,004)	(15,154)	(1,667)
10. Financial guaranty	0		0
11.1 Medical malpractice - occurrence	0		0
11.2 Medical malpractice - claims-made	0		0
12. Earthquake	4,833	4,833	11,840
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	(331,526)	(24,347)	1,101,508
17.1 Other liability - occurrence	1,477	161,534	494,292
17.2 Other liability - claims-made	0		(185,000)
18.1 Products liability - occurrence	(52)	(37,362)	(368,324)
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	(1,683)	18,073	126,134
19.3,19.4 Commercial auto liability	5,230	3,216	(24,098)
21. Auto physical damage	(1,737)	15,319	199,145
22. Aircraft (all perils)	0		0
23. Fidelity	0		(290)
24. Surety	129,900	677,235	1,263,865
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		0
29. International	0		0
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0
34. Totals	(212,819)	804,495	3,012,580
DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2006 Loss and LAE Payments on Claims Reported as of Prior Year-End	2006 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2006 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2003 + Prior .....			.0			.0				.0	.0	.0	.0
2. 2004 .....			.0			.0				.0	.0	.0	.0
3. Subtotals 2004 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005.....			.0			.0				.0	.0	.0	.0
5. Subtotals 2005 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2006	XXX	XXX	XXX	XXX		.0	XXX			.0	XXX	XXX	XXX
7. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End's Surplus As Regards Policyholders	10,273										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

Explanation:

- 1.
- 2.

Bar Code:

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

**STATEMENT AS OF SEPTEMBER 30, 2006 OF THE AMERICAN MANUFACTURERS MUTUAL INSURANCE
COMPANY**

OVERFLOW PAGE FOR WRITE-INS

PQ015 Additional Aggregate Lines for Page 15 Line 58.

*SCT

	1 Is Insurer Licensed? (Yes or No)	2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
5804. Africa.....	XXX		8,269		0		0
5897. Summary of remaining write- ins for Line 58 from Page 15	XXX	0	8,269	0	0	0	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2006 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	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A. C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B/A. C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
92927F-AA-1	WINM 2006-A A		09/15/2006	MBS PAYDOWN		71,889	71,889	71,884	71,779	0	111	0	111	0	71,889	0	0	0	1,953	07/15/2009	TFE
4599999	- Bonds - Industrial and Miscellaneous					71,889	71,889	71,884	71,779	0	111	0	111	0	71,889	0	0	0	1,953		XXX
6099997	- Bonds - Part 4					71,889	71,889	71,884	71,779	0	111	0	111	0	71,889	0	0	0	1,953		XXX
6099999	- Total - Bonds					71,889	71,889	71,884	71,779	0	111	0	111	0	71,889	0	0	0	1,953		XXX
6599999	- Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
7299999	- Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
7399999	- Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
7499999	Totals					71,889	XXX	71,884	71,779	0	111	0	111	0	71,889	0	0	0	1,953		XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

