

Statement of Condition of
PACIFIC MUTUAL LIFE INSURANCE

[illegible]

Unadjusted and in	862,426.00
ase	369,000.00
and accounts unpaid.	80,994.00
liabilities of the com-	20,197,683.27
ies; life department	162,146,368.27
ies; accident depart-	17,902,073.20
ent	5,083,000.00
—Life	219.60; accident de-
ment	\$3,243.00
	8,783,462.75
	\$192,913,904.22
at amount in any one	
Companies—Maximum	250,000.00
	250,000.00

of Indiana.....	\$5,000.00
of Commissioner of Insurance.....	
of Indiana, hereby certify that	
the above is a true and correct	
copy of the Condition of the above	
company, as shown by the original	
copy of the same, as filed with	
me, and is now on file in this	
office, and that the above is the	
name and address of my official seal,	
this day of June 1933.	
HARRY McCLEAN,	
Commissioner.	
Statement of Condition of	
LIANCE CASUALTY COMPANY	
Philadelphia, Pennsylvania	
the 31st day of December, 1932	
by J. S. EGGERS, President,	
FRANK A. EGGER, Secretary.	
NET ASSETS OF COMPANY	
on Interest and	
on Securities owned	\$479,201.96
on Securities owned	3,811,798.76
on Securities interest and	55,394.16
on Securities, Funds in	
Insurance Bureau.....	7,737.00
on Securities, etc.....	11.50
in process of collection.....	734.138.00
Net assets.....	\$5,058,138.26
LIABILITIES	
to net assets necessary	

Insurance outstanding risks	\$1,428,800.00
and bonds unpaid	1,560,805.00
and liabilities of the com-	22,000.00
panies	\$45,910.00
of \$287,393.75 adjust-	
ment of Market Value of	
Stocks and Bonds from Con-	
tinuous Valuation to Market	
Value as of December 31st.	
Liabilities	\$3,555,424.12
Assets	1,000,000.00
Surplus	502,734.18
Total	\$5,058,158.28
Least amount any one risk	\$ 200,000.00

OF INDIANA:

I, _____, Secretary of the Board of Insurance,
do hereby certify that the foregoing is a true and
correct statement of the assets and liabilities of the
underwritten Commissioner of Insurance.

of Indiana, hereby certify that	
the following is a copy of the	
of the Condition of the above men-	
Company on the 31st day of	
1932, and that the same is true	
of the same, and that the said original	
has been compared with the	
testimony Whereof, I hereto sub-	
scribed and sworn to, on the 4th	
day of June, 1932.	
HARRY E. MCCLAIN	
Commissioner,	
Statement of Condition of the	
of the State of INDIANA LIFE IN-	
SURANCE COMPANY	
Chicago, Illinois.	
221 North Dearborn Street,	
on the 31st day of December, 1932.	
ASSETS	
A. NELSON JR., Secretary.	
Capital paid up, \$200,000.	
Surplus, 100,000.	
Net assets on Interest and	62,543.32
Net assets on Real Estate	47,838.43
Net assets on Life Insurance	212,959.55
Net assets on Real Estate	
Net assets on Life Insurance	
Net assets on Real Estate	211,721.67
Net assets on Life Insurance	13,096.86
Net assets on Real Estate	
Net assets on Life Insurance	915.88
Net assets on Real Estate	17,180.33
Net assets on Life Insurance	1,788.03
Net assets on Real Estate	
Net assets on Life Insurance	\$200.00
Net assets on Real Estate	\$35.00
Net assets on Life Insurance	
Net assets on Real Estate	30,976.00
Net assets on Life Insurance	\$599.05

Amount necessary to cover outstanding risks	\$181,097.54
Due and unpaid	5,641.00
And accounts payable	665.00
Liabilities of the company	111,661.28
Liabilities	\$299,065.29
	200,000.00
	100,000.00
	\$599,065.29
Least amount in any one	\$ 50,000.00
Least amount allowed by	
of the company to be in-	
in any one city, town	
illage	Fixed rule
Least amount allowed to be	
ed in any one block	No fixed rule

[illegible]

Liability.....	\$1,429,344.92
.....	400,000.00
.....	989,319.00
.....	\$2,818,663.92
Net amount in any one.....	\$55,250.00

OF INDIANA:

I, _____, Secretary of Insurance, of the State of Indiana, undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the State of Indiana of the Condition of the above member of the Company on the _____ day of _____, 1932, as shown by the _____ of the _____, and that the said original information is now on file in this office.

_____ hereunto subscribes my name and affix my official seal this _____ day of June, 1932.

statement of Condition of the	
FOR LIFE H AND A. INS. CO.	
Philadelphia, Pa.	
734 Pine St.	
the 31st Day of December, 1932.	
GEORGE W. CULYSTAR, JR., President.	
T. S. YOUNG, Secretary.	
Amount of capital paid up	\$100,000.00
NET ASSETS OF COMPANY	
Banks (on interest and	
on interest on bonds and	\$ 3,988.47
and stocks owned.	216,906.00
Securities—Accrued in-	
on bonds	2,101.19
and amounts due and	
process of collection.	9,951.21
net assets	\$232,049.83

Amount necessary to outstanding risks.....	\$ 55,064.29
due and unpaid	2,196.59
Amounts unpaid	<u>1,326.10</u>
Liabilities of the com- pany	1,871.10
Liabilities	\$ 60,458.07
Assets	\$100,000.00
Surplus	<u>71,581.76</u>
	\$232,049.83

OF INDIANA,
Commissioner of Insurance,
undersigned, Commissioner of In-
surance of Indiana, hereby certify that
the above is a correct copy of the State-
ment of the above named insurance man-
agement company on the 31st day of
December, 1932, as shown by the original

testimony Whereof, I hereunto sub-
my name and affix my official seal,
h day of June, 1933.
HARRY E. McCLAIN,
Commissioner.