

AMENDED EXPLANATION COVER

Answers to General Interrogatories Part 1, page 15.1 inadvertently omitted on Original Filing and are now answered.

Also correction to line Line 20.3 on Page 11, Underwriting and Investment Exhibit, should have been Line 20.4.



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

American Mutual Share Insurance Corporation

NAIC Group Code 0359 (Current Period) NAIC Company Code 12700 (Prior Period) Employer's ID Number 23-7376679

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

Country of Domicile US

Incorporated/Organized May 7, 1974 Commenced Business June 7, 1974

Statutory Home Office 5656 Frantz Rd., Dublin, Ohio 43017
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 5656 Frantz Rd., Dublin, Ohio 43017
(Street and Number, City or Town, State and Zip Code) 614-764-1900
(Area Code) (Telephone Number)

Mail Address 5656 Frantz Rd., Dublin, Ohio 43017
(Street and Number or P. O. Box, City or Town, State and Zip Code)

Primary Location of Books and Records 5656 Frantz Rd., Dublin, Ohio 43017
(Street and Number, City or Town, State and Zip Code) 614-764-1900
(Area Code) (Telephone Number)

Internet Website Address www.americanshare.com

Statutory Statement Contact Curtis Lee Robson
(Name) 614-764-1900
(Area Code) (Telephone Number) (Extension)
crobson@americanshare.com
(E-Mail Address) 614-764-1493
(Fax Number)

OFFICERS

Dennis Roy Adams (President)
Curtis Lee Robson (Secretary)
Curtis Lee Robson (Treasurer)

OTHER OFFICERS

Curtis Lee Robson (Vice President)
Kurt Gordon Kluth (Vice President)
Kurt Ryan Loose (Vice President)
Lori Lynn Solberg (Vice President)

DIRECTORS OR TRUSTEES

Dennis Roy Adams
Eric Deane Estes
Joseph Stewart Fuller
William Arthur Herring
Bruce Allen Ingraham
Janice Lynn Thomas
Craig Milton Bradley#

State of Ohio
County of Franklin } 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.

Dennis Roy Adams
President

Curtis Lee Robson
Secretary

Curtis Lee Robson
Treasurer

Subscribed and sworn to before me this
10th day of April, 2012

a. Is this an original filing? Yes () No (X)
 b. If no: 1. State the amendment number 1
 2. Date filed April 11, 2012
 3. Number of pages attached 3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct				
1.2 Reinsurance assumed				
1.3 Reinsurance ceded				
1.4 Net claim adjustment services (Line 1.1 plus Line 1.2 minus Line 1.3)				
2. Commission and brokerage:				
2.1 Direct excluding contingent				
2.2 Reinsurance assumed excluding contingent				
2.3 Reinsurance ceded excluding contingent				
2.4 Contingent - direct				
2.5 Contingent - reinsurance assumed				
2.6 Contingent - reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (Line 2.1 plus Line 2.2 minus Line 2.3 plus Line 2.4 plus Line 2.5 minus Line 2.6 plus Line 2.7)				
3. Allowances to manager and agents				
4. Advertising		104,605		104,605
5. Boards, bureaus and associations		24,982		24,982
6. Surveys and underwriting reports				
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries	257,032	2,968,429	108,543	3,334,004
8.2 Payroll taxes	15,938	184,067	6,731	206,736
9. Employee relations and welfare	56,357	650,855	23,799	731,011
10. Insurance		124,715		124,715
11. Directors' fees		89,500		89,500
12. Travel and travel items		590,415		590,415
13. Rent and rent items		120,000		120,000
14. Equipment		132,776		132,776
15. Cost or depreciation of EDP equipment and software		31,743		31,743
16. Printing and stationery		25,927		25,927
17. Postage, telephone and telegraph, exchange and express		78,571		78,571
18. Legal and auditing	228,888	483,062		711,950
19. Totals (Line 3 through Line 18)	558,215	5,609,647	139,073	6,306,935
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$		885		885
20.2 Insurance department licenses and fees		16,846		16,846
20.3 Gross guaranty association assessments		43,123		43,123
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (Line 20.1 plus Line 20.2 plus Line 20.3 plus Line 20.4)		60,854		60,854
21. Real estate expenses		108,717		108,717
22. Real estate taxes		29,201		29,201
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses		852,515		852,515
25. Total expenses incurred	558,215	6,660,934	139,073	(a) 7,358,222
26. Less unpaid expenses - current year		2,803,708		2,803,708
27. Add unpaid expenses - prior year	40,000	2,261,894		2,301,894
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Line 25 minus Line 26 plus Line 27 minus Line 28 plus Line 29)	598,215	6,119,120	139,073	6,856,408
DETAILS OF WRITE-INS				
2401. Miscellaneous, Office Supplies & Other		345,426		345,426
2402. Consulting & Other Professional Expenses		458,666		458,666
2403. Depreciation		48,423		48,423
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Line 2401 through Line 2403 plus Line 2498) (Line 24 above)		852,515		852,515

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)

5.2 If yes, provide the name of entity, the NAIC company code, and state of domicile for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the 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)

6.2 If yes, give full information:

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7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes () No (X)

7.2 If yes,

7.21 State the percentage of foreign control; %

7.22 State the nationality(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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.

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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 the names and locations (city and state of the main office) of any any affiliates regulated by a federal financial 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