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**LIFE AND ACCIDENT AND HEALTH COMPANIES—ASSOCIATION EDITION**

**ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2011  
OF THE CONDITION AND AFFAIRS OF THE**

**OHIO MOTORISTS LIFE INSURANCE COMPANY**

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	66005	Employer's ID Number		34-1666970
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio		
Country of Domicile			United States				
Incorporated/Organized	09/24/1990		Commenced Business		07/01/1991		
Statutory Home Office	5700 Brecksville Road (Street and Number)				Independence, OH 44131 (City or Town, State and Zip Code)		
Main Administrative Office	5700 Brecksville Road (Street and Number)				Independence, OH 44131 (City or Town, State and Zip Code) 216-606-6096 (Area Code) (Telephone Number)		
Mail Address	PO Box 6150 (Street and Number or P.O. Box)				Cleveland, OH 44101 (City or Town, State and Zip Code)		
Primary Location of Books and Records	5700 Brecksville Road (Street and Number)				Independence, OH 44131 (City or Town, State and Zip Code) 216-606-6465 (Area Code) (Telephone Number)		
Internet Web Site Address							
Statutory Statement Contact	Michael R Pratt (Name) mpratt@aaaec.com (E-Mail Address)				216-606-6465 (Area Code) (Telephone Number) (Extension) 216-606-6018 (FAX Number)		

**OFFICERS**

Name	Title	Name	Title
James McGrath	President	Michael R Pratt	Treasurer
Ray Komichak	Secretary		

**OTHER OFFICERS**

Kenneth Friedel	Vice President
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**DIRECTORS OR TRUSTEES**

Mary Lynn Laughlin	Michael R Pratt	Gary S. Cowling	Peter E Shimrak
James McGrath			

State of Ohio.....

County of Cuyahoga..... 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.

Michael R Pratt  
Treasurer

Kenneth Friedel  
Vice President

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

27th day of February, 2012

Melissa Kristanko, Notary Public  
April 13, 2016

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	9,129,866		9,129,866	8,824,518
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
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 (\$ ..... 124,439 , Schedule E - Part 1), cash equivalents (\$ ..... 0 , Schedule E - Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	124,439		124,439	177,382
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	9,254,305	0	9,254,305	9,001,900
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	108,250		108,250	120,203
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,454		1,454	2,163
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	10,575		10,575	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	9,374,584	0	9,374,584	9,124,266
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27).....	9,374,584	0	9,374,584	9,124,266
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above).....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above).....	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ ..... 111,640 (Exhibit 5, Line 9999999) less \$ ..... included in Line 6.3 (including \$ ..... Modco Reserve) .....	111,640	117,207
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Col. 1)(including \$ ..... Modco Reserve) .....	7,530	8,662
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ ..... Modco Reserve) .....	0	0
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11) .....	25,511	26,710
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11) .....	5,050	7,075
5. Policyholders' dividends \$ ..... and coupons \$ ..... due and unpaid (Exhibit 4, Line 10) .....	0	0
6. Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
6.1 Dividends apportioned for payment (including \$ ..... Modco) .....	0	0
6.2 Dividends not yet apportioned (including \$ ..... Modco) .....	0	0
6.3 Coupons and similar benefits (including \$ ..... Modco) .....	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6 .....	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ ..... discount; including \$ ..... 778 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14) .....	1,005	1,028
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts .....	0	0
9.2 Provision for experience rating refunds, including the liability of \$ ..... accident and health experience rating refunds of which \$ ..... is for medical loss ratio rebate per the Public Health Service Act .....	0	0
9.3 Other amounts payable on reinsurance, including \$ ..... assumed and \$ ..... ceded .....	0	0
9.4 Interest Maintenance Reserve (IMR, Line 6) .....	0	0
10. Commissions to agents due or accrued-life and annuity contracts \$ ..... accident and health \$ ..... and deposit-type contract funds \$ .....	0	0
11. Commissions and expense allowances payable on reinsurance assumed .....	0	0
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6) .....	1,200	1,200
13. Transfers to Separate Accounts due or accrued (net) (including \$ ..... accrued for expense allowances recognized in reserves, net of reinsured allowances) .....	0	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5) .....	0	0
15.1 Current federal and foreign income taxes, including \$ ..... on realized capital gains (losses) .....	0	0
15.2 Net deferred tax liability .....	0	0
16. Unearned investment income .....	0	0
17. Amounts withheld or retained by company as agent or trustee .....	0	0
18. Amounts held for agents' account, including \$ ..... agents' credit balances .....	0	0
19. Remittances and items not allocated .....	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0
21. Liability for benefits for employees and agents if not included above .....	0	0
22. Borrowed money \$ ..... and interest thereon \$ .....	0	0
23. Dividends to stockholders declared and unpaid .....	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7) .....	.4,035	8,344
24.02 Reinsurance in unauthorized companies .....	0	0
24.03 Funds held under reinsurance treaties with unauthorized reinsurers .....	0	0
24.04 Payable to parent, subsidiaries and affiliates .....	0	0
24.05 Drafts outstanding .....	0	0
24.06 Liability for amounts held under uninsured plans .....	0	0
24.07 Funds held under coinsurance .....	0	0
24.08 Derivatives .....	0	0
24.09 Payable for securities .....	0	0
24.10 Payable for securities lending .....	0	0
24.11 Capital notes \$ ..... and interest thereon \$ .....	0	0
25. Aggregate write-ins for liabilities .....	0	58
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....	155,971	170,284
27. From Separate Accounts statement .....	0	0
28. Total liabilities (Lines 26 and 27) .....	155,971	170,284
29. Common capital stock .....	1,000,000	1,000,000
30. Preferred capital stock .....	0	0
31. Aggregate write-ins for other than special surplus funds .....	0	0
32. Surplus notes .....	0	0
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) .....	2,000,000	2,000,000
34. Aggregate write-ins for special surplus funds .....	0	0
35. Unassigned funds (surplus) .....	6,218,613	5,953,982
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 29 \$ ..... ) .....	0	0
36.2 ..... shares preferred (value included in Line 30 \$ ..... ) .....	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) ( including \$ ..... in Separate Accounts Statement) .....	8,218,613	7,953,982
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55) .....	9,218,613	8,953,982
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) .....	9,374,584	9,124,266
<b>DETAILS OF WRITE-INS</b>		
2501. Net Reinsurance Settlement .....	58	
2502. .....	0	
2503. .....	0	
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	58
3101. .....	0	
3102. .....	0	
3103. .....	0	
3198. Summary of remaining write-ins for Line 31 from overflow page .....	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above) .....	0	0
3401. .....	0	
3402. .....	0	
3403. .....	0	
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11) .....	58,852	64,934
2. Considerations for supplementary contracts with life contingencies .....	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17) .....	351,868	371,395
4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....	0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....	19,917	22,744
7. Reserve adjustments on reinsurance ceded .....	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0	0
8.2 Charges and fees for deposit-type contracts .....	0	0
8.3 Aggregate write-ins for miscellaneous income .....	2,307	2,159
9. Totals (Lines 1 to 8.3) .....	432,944	461,232
10. Death benefits .....	19,550	42,640
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8) .....	0	0
13. Disability benefits and benefits under accident and health contracts .....	2,020	7,249
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0	0
15. Surrender benefits and withdrawals for life contracts .....	0	0
16. Group conversions .....	0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	0	0
18. Payments on supplementary contracts with life contingencies .....	0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	(6,699)	(24,245)
20. Totals (Lines 10 to 19) .....	14,871	25,644
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....	23,431	26,758
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....	8,287	9,660
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4) .....	24,502	24,363
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3) .....	43,531	2,783
25. Increase in loading on deferred and uncollected premiums .....	0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0	0
27. Aggregate write-ins for deductions .....	0	0
28. Totals (Lines 20 to 27) .....	114,622	89,208
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) .....	318,322	372,024
30. Dividends to policyholders .....	0	0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) .....	318,322	372,024
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	58,000	60,000
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	260,322	312,024
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ ..... (excluding taxes of \$ ..... transferred to the IMR) .....	0	0
35. Net income (Line 33 plus Line 34) .....	260,322	312,024
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....	8,953,982	8,637,498
37. Net income (Line 35) .....	260,322	312,024
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
39. Change in net unrealized foreign exchange capital gain (loss) .....	0	0
40. Change in net deferred income tax .....	0	0
41. Change in nonadmitted assets .....	0	0
42. Change in liability for reinsurance in unauthorized companies .....	0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4) .....	0	0
44. Change in asset valuation reserve .....	4,309	4,461
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1) .....	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....	0	0
47. Other changes in surplus in Separate Accounts statement .....	0	0
48. Change in surplus notes .....	0	0
49. Cumulative effect of changes in accounting principles .....	0	0
50. Capital changes:		
50.1 Paid in .....	0	0
50.2 Transferred from surplus (Stock Dividend) .....	0	0
50.3 Transferred to surplus .....	0	0
51. Surplus adjustment:		
51.1 Paid in .....	0	0
51.2 Transferred to capital (Stock Dividend) .....	0	0
51.3 Transferred from capital .....	0	0
51.4 Change in surplus as a result of reinsurance .....	0	0
52. Dividends to stockholders .....	0	0
53. Aggregate write-ins for gains and losses in surplus .....	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53) .....	264,631	316,485
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) .....	9,218,613	8,953,983
<b>DETAILS OF WRITE-INS</b>		
08.301 Miscellaneous Income .....	2,307	2,159
08.302 .....	0	0
08.303 .....	0	0
08.398 Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....	2,307	2,159
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 through 2703 plus 2798) (Line 27 above) .....	0	0
5301. .....	0	0
5302. .....	0	0
5303. .....	0	0
5398. Summary of remaining write-ins for Line 53 from overflow page .....	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above) .....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	59,538	65,035
2. Net investment income.....	391,560	394,051
3. Miscellaneous income .....	22,224	24,903
4. Total (Lines 1 through 3).....	473,322	483,989
5. Benefit and loss related payments .....	35,369	50,676
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	99,751	63,564
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	58,000	60,000
10. Total (Lines 5 through 9).....	193,120	174,240
11. Net cash from operations (Line 4 minus Line 10).....	280,202	309,749
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,080,000	2,000,000
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) .....	2,080,000	2,000,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	2,413,087	2,361,927
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) .....	2,413,087	2,361,927
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	(333,087)	(361,927)
<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).....	(58)	(2,206)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(58)	(2,206)
<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).....	(52,943)	(54,384)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	177,382	231,766
19.2 End of year (Line 18 plus Line 19.1).....	124,439	177,382

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts .....	.58,852	0	0	0	0	0	32,173	0	26,679	0	0	
2. Considerations for supplementary contracts with life contingencies .....	0						192,366			159,502		
3. Net investment income .....	351,868											
4. Amortization of Interest Maintenance Reserve (IMR) .....	0											
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0											
6. Commissions and expense allowances on reinsurance ceded .....	19,917	0	0	0	0	0	0	0	19,917	0	0	
7. Reserve adjustments on reinsurance ceded .....	0											
8. Miscellaneous income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts .....	0											
8.2 Charges and fees for deposit-type contracts .....	0											
8.3 Aggregate write-ins for miscellaneous income .....	2,307	0	0	0	0	0	1,261	0	1,046	0	0	0
9. Totals (Lines 1 to 8.3) .....	432,944	0	0	0	0	0	225,800	0	207,144	0	0	0
10. Death benefits .....	19,550						19,550					
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0		0				0					
12. Annuity benefits .....	0		0				0					
13. Disability benefits and benefits under accident and health contracts .....	2,020								2,020	0	0	
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0											
15. Surrender benefits and withdrawals for life contracts .....	0											
16. Group conversions .....	0											
17. Interest and adjustments on contract or deposit-type contract funds .....	0											
18. Payments on supplementary contracts with life contingencies .....	0						(5,567)		(1,132)			
19. Increase in aggregate reserves for life and accident and health contracts .....	(6,699)											
20. Totals (Lines 10 to 19) .....	14,871	0	0	0	0	0	13,983	0	.888	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....	23,431	0	0	0	0	0	0	0	23,431	0	0	0
22. Commissions and expense allowances on reinsurance assumed .....	8,287	0	0	0	0	0	5,407	0	.2,880	0	0	0
23. General insurance expenses .....	24,502						11,908		12,594	0	0	0
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	43,531						23,617		19,914	0	0	0
25. Increase in loading on deferred and uncollected premiums .....	0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions .....	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27) .....	114,622	0	0	0	0	0	54,915	0	59,707	0	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) .....	318,322	0	0	0	0	0	170,885	0	147,437	0	0	0
30. Dividends to policyholders .....	0						0		0	0	0	
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) .....	318,322	0	0	0	0	0	170,885	0	147,437	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains) .....	58,000						31,709		26,291			
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	260,322	0	0	0	0	0	139,176	0	121,146	0	0	0
<b>DETAILS OF WRITE-INS</b>												
08.301. Miscellaneous Income.....	2,307						1,261		1,046			
08.302. ....												
08.303. ....												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....	2,307	0	0	0	0	0	1,261	0	1,046	0	0	0
2701. ....												
2702. ....												
2703. ....												
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1 ..... , Line 10 ..... , Line 16 ..... , Line 23 ..... , Line 24 .....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group				
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities			
<b>Involving Life or Disability Contingencies (Reserves)</b>											
(Net of Reinsurance Ceded)											
1. Reserve December 31, prior year	117,207	0	0	0	0	0	117,207	0			
2. Tabular net premiums or considerations	7,811						7,811				
3. Present value of disability claims incurred	0				XXX						
4. Tabular interest	4,681						4,681				
5. Tabular less actual reserve released	0										
6. Increase in reserve on account of change in valuation basis	0										
7. Other increases (net)	0										
8. Totals (Lines 1 to 7)	129,699	0	0	0	0	0	129,699	0			
9. Tabular cost	10,442				XXX		10,442				
10. Reserves released by death	3,312			XXX	XXX		3,312	XXX			
11. Reserves released by other terminations (net)	4,305						4,305				
12. Annuity, supplementary contract, and disability payments involving life contingencies	0										
13. Net transfers to or (from) Separate Accounts	0										
14. Total deductions (Lines 9 to 13)	18,059	0	0	0	0	0	18,059	0			
15. Reserve December 31, current year	111,640	0	0	0	0	0	111,640	0			

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 254,257	271,394
1.1 Bonds exempt from U.S. tax .....	(a)	0
1.2 Other bonds (unaffiliated) .....	(a) 129,271	100,181
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	0	0
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c)	0
4. Real estate .....	(d)	0
5. Contract loans .....	0	0
6. Cash, cash equivalents and short-term investments .....	(e) 35	35
7. Derivative instruments .....	(f)	0
8. Other invested assets .....	0	0
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	383,563	371,610
11. Investment expenses .....	(g) 19,742	0
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) 0	0
13. Interest expense .....	(h)	0
14. Depreciation on real estate and other invested assets .....	(i) 0	0
15. Aggregate write-ins for deductions from investment income .....	0	0
16. Total deductions (Lines 11 through 15) .....	19,742	0
17. Net investment income (Line 10 minus Line 16) .....	351,868	0
<b>DETAILS OF WRITE-INS</b>		
0901. ....	0	0
0902. ....	0	0
0903. ....	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above) .....	0	0
1501. ....	0	0
1502. ....	0	0
1503. ....	0	0
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above) .....	0	0

- (a) Includes \$ 1,289 accrual of discount less \$ 29,028 amortization of premium and less \$ 7,730 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.  
 (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... 0 investment expenses and \$ ..... 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5. Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	0	0	0	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>			0	0	0
0901. ....	0	0	0	0	0
0902. ....	0	0	0	0	0
0903. ....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above) .....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health		11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	
<b>FIRST YEAR (other than single)</b>										
1. Uncollected .....	0									
2. Deferred and accrued .....	0									
3. Deferred, accrued and uncollected:										
3.1 Direct .....	0									
3.2 Reinsurance assumed .....	0									
3.3 Reinsurance ceded .....	0									
3.4 Net (Line 1 + Line 2) .....	0									
4. Advance .....	0									
5. Line 3.4 - Line 4 .....	0									
6. Collected during year:										
6.1 Direct .....	0									
6.2 Reinsurance assumed .....	0									
6.3 Reinsurance ceded .....	0									
6.4 Net .....	0									
7. Line 5 + Line 6.4 .....	0									
8. Prior year (uncollected + deferred and accrued - advance) .....	0									
9. First year premiums and considerations:										
9.1 Direct .....	0									
9.2 Reinsurance assumed .....	0									
9.3 Reinsurance ceded .....	0									
9.4 Net (Line 7 - Line 8) .....	0									
<b>SINGLE</b>										
10. Single premiums and considerations:										
10.1 Direct .....	0									
10.2 Reinsurance assumed .....	0									
10.3 Reinsurance ceded .....	0									
10.4 Net .....	0									
<b>RENEWAL</b>										
11. Uncollected .....	1,454					1,144			310	
12. Deferred and accrued .....	0									
13. Deferred, accrued and uncollected:										
13.1 Direct .....	1,655					422			1,233	
13.2 Reinsurance assumed .....	1,200					1,075			.125	
13.3 Reinsurance ceded .....	1,402					354			.1,048	
13.4 Net (Line 11 + Line 12) .....	1,454					1,144			.310	
14. Advance .....	1,005					227			.778	
15. Line 13.4 - Line 14 .....	449					917			(468)	
16. Collected during year:										
16.1 Direct .....	246,493					.112,599			.133,894	
16.2 Reinsurance assumed .....	18,240					.11,620			.6,620	
16.3 Reinsurance ceded .....	205,194					.91,384			.113,810	
16.4 Net .....	59,539					.32,835			.26,704	
17. Line 15 + Line 16.4 .....	59,988					.33,752			.26,236	
18. Prior year (uncollected + deferred and accrued - advance) .....	1,135					1,578			(443)	
19. Renewal premiums and considerations:										
19.1 Direct .....	245,748					.111,999			.133,749	
19.2 Reinsurance assumed .....	17,710					.11,094			.6,616	
19.3 Reinsurance ceded .....	204,606					.90,920			.113,686	
19.4 Net (Line 17 - Line 18) .....	58,852					.32,173			.26,679	
<b>TOTAL</b>										
20. Total premiums and annuity considerations:										
20.1 Direct .....	245,748					.111,999			.133,749	
20.2 Reinsurance assumed .....	17,710					.11,094			.6,616	
20.3 Reinsurance ceded .....	204,606					.90,920			.113,686	
20.4 Net (Lines 9.4 + 10.4 + 19.4) .....	58,852					.32,173			.26,679	

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

**EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)**

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
<b>DIVIDENDS AND COUPONS APPLIED (included in Part 1)</b>											
21. To pay renewal premiums .....	0										
22. All other .....	0										
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>											
23. First year (other than single):											
23.1 Reinsurance ceded .....	0										
23.2 Reinsurance assumed .....	0										
23.3 Net ceded less assumed .....	0	0	.0	.0	0	0	.0	0	0	.0	.0
24. Single:											
24.1 Reinsurance ceded .....	0										
24.2 Reinsurance assumed .....	0										
24.3 Net ceded less assumed .....	0	0	.0	.0	0	0	.0	0	0	.0	.0
25. Renewal:											
25.1 Reinsurance ceded .....	19,917								19,917		
25.2 Reinsurance assumed .....	.8,287						5,407		2,880		
25.3 Net ceded less assumed .....	11,630	0	0	0	0	(5,407)	0	17,037	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6) .....	19,917	0	.0	.0	0	0	.0	19,917	0	.0	.0
26.2 Reinsurance assumed (Page 6, Line 22) .....	8,287	0	0	0	0	5,407	0	2,880	0	0	0
26.3 Net ceded less assumed .....	11,630	0	0	0	0	(5,407)	0	17,037	0	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>											
27. First year (other than single)	0										
28. Single	0										
29. Renewal	23,431								23,431		
30. Deposit-type contract funds .....	0										
31. Totals (to agree with Page 6, Line 21)	23,431	0	0	0	0	0	0	23,431	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance				5	6		
	1 Life	Accident and Health		4 All Other Lines of Business				
		2 Cost Containment	3 All Other					
1. Rent .....						.0		
2. Salaries and wages .....						.0		
3.11 Contributions for benefit plans for employees .....						.0		
3.12 Contributions for benefit plans for agents .....						.0		
3.21 Payments to employees under non-funded benefit plans .....						.0		
3.22 Payments to agents under non-funded benefit plans .....						.0		
3.31 Other employee welfare .....						.0		
3.32 Other agent welfare .....						.0		
4.1 Legal fees and expenses .....						.0		
4.2 Medical examination fees .....						.0		
4.3 Inspection report fees .....						.0		
4.4 Fees of public accountants and consulting actuaries .....	2,788			2,312		.5,100		
4.5 Expense of investigation and settlement of policy claims .....						.0		
5.1 Traveling expenses .....						.0		
5.2 Advertising .....	2,122					.2,122		
5.3 Postage, express, telegraph and telephone .....	.26		.22			.48		
5.4 Printing and stationery .....	1,136			942		.2,078		
5.5 Cost or depreciation of furniture and equipment .....						.0		
5.6 Rental of equipment .....						.0		
5.7 Cost or depreciation of EDP equipment and software .....						.0		
6.1 Books and periodicals .....	.405			336		.741		
6.2 Bureau and association fees .....						.0		
6.3 Insurance, except on real estate .....	1,360			1,640		.3,000		
6.4 Miscellaneous losses .....						.0		
6.5 Collection and bank service charges .....						.0		
6.6 Sundry general expenses .....	2,798			2,321		.5,119		
6.7 Group service and administration fees .....	1,273			5,021		.6,294		
6.8 Reimbursements by uninsured plans .....						.0		
7.1 Agency expense allowance .....						.0		
7.2 Agents' balances charged off (less \$ recovered) .....						.0		
7.3 Agency conferences other than local meetings .....						.0		
9.1 Real estate expenses .....						.0		
9.2 Investment expenses not included elsewhere .....						.0		
9.3 Aggregate write-ins for expenses .....	0	0	0	0	0	19,742		
10. General expenses incurred .....	11,908				.19,742	(a) .44,244		
11. General expenses unpaid December 31, prior year .....	.0					.1,200		
12. General expenses unpaid December 31, current year .....						.1,200		
13. Amounts receivable relating to uninsured plans, prior year .....	0					.0		
14. Amounts receivable relating to uninsured plans, current year .....						.0		
15. General expenses paid during year (Lines 10+11-12-13+14) .....	11,908	0	12,594	0	19,742	.44,244		
<b>DETAILS OF WRITE-INS</b>								
09.301. ....								
09.302. ....								
09.303. ....								
09.398. Summary of remaining write-ins for Line 9.3 from overflow page .....	.0	.0	.0	.0	0	.0		
09.399. Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above) .....	0	0	0	0	0	0		

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

**EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)**

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes .....					.0
2. State insurance department licenses and fees .....	23,212		19,248		.42,460
3. State taxes on premiums .....	.405		.666		.1,071
4. Other state taxes, incl. \$ for employee benefits .....					.0
5. U.S. Social Security taxes .....					.0
6. All other taxes .....					.0
7. Taxes, licenses and fees incurred .....	23,617		19,914		.43,531
8. Taxes, licenses and fees unpaid December 31, prior year .....	.0		.0		.0
9. Taxes, licenses and fees unpaid December 31, current year .....					.0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) .....	23,617	19,914	0	0	.43,531

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

	1 Life	2 Accident and Health	3 All Other Lines of Business	4 Investment	5 Total
1. Applied to pay renewal premiums .....					.0
2. Applied to shorten the endowment or premium-paying period .....					.0
3. Applied to provide paid-up additions .....					.0
4. Applied to provide paid-up annuities .....					.0
5. Total Lines 1 through 4 .....					.0
6. Paid - in cash .....					.0
7. Left on deposit .....					.0
8. Aggregate write-ins for dividend or refund options .....					.0
9. Total Lines 5 through 8 .....					.0
10. Amount due and unpaid .....					.0
11. Provision for dividends or refunds payable in the following calendar year .....					.0
12. Terminal dividends .....					.0
13. Provision for deferred dividend contracts .....					.0
14. Amount provisionally held for deferred dividend contracts not included in Line 13 .....					.0
15. Total Lines 10 through 14 .....					.0
16. Total from prior year .....					.0
17. Total dividends or refunds (Lines 9 + 15 - 16) .....					.0
<b>DETAILS OF WRITE-INS</b>					
0801. ....					
0802. ....					
0803. ....					
0898. Summary of remaining write-ins for Line 8 from overflow page .....					.0
0899. Totals (Line 0801 through 0803 + 0898) (Line 8 above) .....					.0

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

## EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
<b>LIFE INSURANCE</b>					
0100001 80 CSO 4% CRVM ALB.....	82,159				82,159
0100002 80 CSO 4% NLP ALP.....	24,218				24,218
0100003 UNEARNED PREMIUM.....	3,453				3,453
0199997 Totals (Gross)	109,830	0	0	0	109,830
0199998 Reinsurance ceded	0				0
0199999 Totals (Net)	109,830	0	0	0	109,830
<b>ANNUITIES (excluding supplementary contracts with life contingencies):</b>					
0299997 Totals (Gross)	0	XXX	0	XXX	0
0299998 Reinsurance ceded	0	XXX		XXX	
0299999 Totals (Net)	0	XXX	0	XXX	0
<b>SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:</b>					
0399997 Totals (Gross)	0	0	0	0	0
0399998 Reinsurance ceded	0				
0399999 Totals (Net)	0	0	0	0	0
<b>ACCIDENTAL DEATH BENEFITS:</b>					
0400001 1959 ADB with 1958 CSO 3%	1,810				1,810
0499997 Totals (Gross)	1,810	0	0	0	1,810
0499998 Reinsurance ceded	0				
0499999 Totals (Net)	1,810	0	0	0	1,810
<b>DISABILITY-ACTIVE LIVES:</b>					
0599997 Totals (Gross)	0	0	0	0	0
0599998 Reinsurance ceded	0				
0599999 Totals (Net)	0	0	0	0	0
<b>DISABILITY-DISABLED LIVES:</b>					
0699997 Totals (Gross)	0	0	0	0	0
0699998 Reinsurance ceded	0				
0699999 Totals (Net)	0	0	0	0	0
<b>MISCELLANEOUS RESERVES</b>					
0700001 For excess of valuation net premiums over corresponding gross premiums on respective policies, computed according to the standard of valuation required by this state.....	0				
0799997 Totals (Gross)	0	0	0	0	0
0799998 Reinsurance ceded	0				
0799999 Totals (Net)	0	0	0	0	0
9999999 Totals (Net) - Page 3, Line 1	111,640	0	0	0	111,640



**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT 5 - INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? ..... Yes [ ] No [ X ]  
 1.2 If not, state which kind is issued.
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? ..... Yes [ ] No [ X ]  
 2.2 If not, state which kind is issued.
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? ..... Yes [ ] No [ X ]  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
4. Has the reporting entity any assessment or stipulated premium contracts in force? ..... Yes [ ] No [ X ]  
 If so, state:  
 4.1 Amount of insurance? ..... \$ .....  
 4.2 Amount of reserve? ..... \$ .....  
 4.3 Basis of reserve
- 4.4 Basis of regular assessments
- 4.5 Basis of special assessments
- 4.6 Assessments collected during the year: ..... \$ .....
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? ..... Yes [ ] No [ X ]  
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: ..... \$ .....
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: ..... \$ .....
- Attach statement of methods employed in their valuation.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [ X ]  
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: ..... \$ .....
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
- 7.3 State the amount of reserves established for this business: ..... \$ .....
- 7.4 Identify where the reserves are reported in the blank

**EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR**

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
	<b>NONE</b>		
0399999 Subtotal	XXX	XXX	
9999999 TOTAL (Column 4 only)			

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>ACTIVE LIFE RESERVE</b>									
1. Unearned premium reserves	38,151	38,151							
2. Additional contract reserves (a)	0								
3. Additional actuarial reserves-Asset/Liability analysis	0								
4. Reserve for future contingent benefits	0								
5. Reserve for rate credits	0								
6. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0
7. Totals (Gross)	38,151	38,151	0	0	0	0	0	0	0
8. Reinsurance ceded	30,621	30,621							
9. Totals (Net)	7,530	7,530	0	0	0	0	0	0	0
<b>CLAIM RESERVE</b>									
10. Present value of amounts not yet due on claims	0								
11. Additional actuarial reserves-Asset/Liability analysis	0								
12. Reserve for future contingent benefits	0								
13. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0
14. Totals (Gross)	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded	0								
16. Totals (Net)	0	0	0	0	0	0	0	0	0
17. <b>TOTAL (Net)</b>	7,530	7,530	0	0	0	0	0	0	0
18. TABULAR FUND INTEREST	342	342							
<b>DETAILS OF WRITE-INS</b>									
0601.									
0602.									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	0	0	0
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

## EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	0					
3. Investment earnings credited to the account .....	0					
4. Other net change in reserves .....	0					
5. Fees and other charges assessed .....	0					
6. Surrender charges .....	0					
7. Net surrender or withdrawal payments .....	0					
8. Other net transfers to or (from) Separate Accounts .....	0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	0	.0	0	0	.0	.0
10. Reinsurance balance at the beginning of the year .....	0					
11. Net change in reinsurance assumed .....	0					
12. Net change in reinsurance ceded .....	0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	0	.0	0	0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

NONE

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

## EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

## PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct .....	0										
1.2 Reinsurance assumed .....	0										
1.3 Reinsurance ceded .....	0										
1.4 Net .....	0	0	.0	0	0	.0	0	0	0	0	.0
2. In course of settlement:											
2.1 Resisted .....	2.11 Direct .....	0									
2.12 Reinsurance assumed .....	0										
2.13 Reinsurance ceded .....	0										
2.14 Net .....	0	0	(b) .0	(b) 0	(b) 0	(b) .0	(b) 0	(b) 0	(b) 0	(b) 0	(b) .0
2.2 Other .....	2.21 Direct .....	0									
2.22 Reinsurance assumed .....	0										
2.23 Reinsurance ceded .....	0										
2.24 Net .....	0	0	(b) .0	(b) 0	(b) 0	(b) .0	(b) 0	(b) 0	(b) 0	(b) 0	(b) .0
3. Incurred but unreported:											
3.1 Direct .....	114,150						.90,000		24,150		
3.2 Reinsurance assumed .....	8,939						7,511		1,428		
3.3 Reinsurance ceded .....	92,528						.72,000		20,528		
3.4 Net .....	30,561	0	(b) .0	(b) 0	(b) 0	(b) .0	25,511	0	5,050	(b) 0	(b) .0
4. TOTALS .....	4.1 Direct .....	114,150	0	.0	0	.0	.90,000	0	24,150	0	.0
	4.2 Reinsurance assumed .....	8,939	0	.0	0	.0	7,511	0	1,428	0	.0
	4.3 Reinsurance ceded .....	92,528	0	0	0	0	.72,000	0	20,528	0	.0
	4.4 Net .....	30,561	(a) 0	(a) 0	(a) 0	0	0	(a) 25,511	0	5,050	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ ..... in Column 2, \$ ..... in Column 3 and \$ ..... in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$ ..... Individual Annuities \$ ..... Credit Life (Group and Individual) \$ ..... and Group Life \$ ..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$ ..... Credit (Group and Individual) Accident and Health \$ ..... and Other Accident and Health \$ ..... are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 2 - Incurred During the Year**

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct	.91,150						75,000		16,150		
1.2 Reinsurance assumed	7,371						5,748		1,623		
1.3 Reinsurance ceded	73,728						60,000		13,728		
1.4 Net	<sup>(d)</sup> 24,793	0	0	0	0		20,748	0	4,045	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct	114,150	0	0	0	0		90,000	0	24,150	0	0
2.2 Reinsurance assumed	8,939	0	0	0	0		7,511	0	1,428	0	0
2.3 Reinsurance ceded	92,528	0	0	0	0		72,000	0	20,528	0	0
2.4 Net	30,561	0	0	0	0		25,511	0	5,050	0	0
3. Amounts recoverable from reinsurers December 31, current year	0										
4. Liability December 31, prior year:											
4.1 Direct	153,428	0	0	0	0		118,000	0	35,428	0	0
4.2 Reinsurance assumed	4,871	0	0	0	0		3,110	0	1,761	0	0
4.3 Reinsurance ceded	124,514	0	0	0	0		94,400	0	30,114	0	0
4.4 Net	33,785	0	0	0	0		26,710	0	7,075	0	0
5. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0		0	0	0	0	0
6. Incurred benefits:											
6.1 Direct	51,872	0	0	0	0		47,000	0	4,872	0	0
6.2 Reinsurance assumed	11,439	0	0	0	0		10,149	0	1,290	0	0
6.3 Reinsurance ceded	41,742	0	0	0	0		37,600	0	4,142	0	0
6.4 Net	21,569	0	0	0	0		19,549	0	2,020	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
\$ ..... in Line 6.1 and \$ ..... in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
\$ ..... in Line 6.1 and \$ ..... in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
\$ ..... in Line 6.1 and \$ ..... in Line 6.4.

(d) Includes \$ ..... premiums waived under total and permanent disability benefits.

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	0	0	0
<b>DETAILS OF WRITE-INS</b>			
1101.....			
1102.....			
1103.....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above).....	0	0	0
2501.....			
2502.....			
2503.....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above).....	0	0	0

**NONE**

## NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financials of the Company have been completed in accordance with NAIC Accounting Practices and Procedures manual and the State of Ohio.

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are recognized as income over the premium paying period of the related policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs are charged to operations as incurred.

1. There are no short-term investments at 12/31/11.
2. Bonds are stated at amortized cost using the interest method.
3. There are no common stocks.
4. There are no preferred stocks.
5. There are no mortgage loans.
6. There are no loan-backed securities.
7. There are no subsidiaries, controlled or affiliated companies.
8. There are no joint ventures, partnerships or limited liability companies.
9. There are no derivatives.
10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. The triangular method is used for the claim reserve for the accident policies.
12. The Company has not modified its capitalization policy from the prior year.
13. There are no pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors

There are no accounting changes or corrections of errors.

3. Business Combinations and Goodwill

There are no business combinations or goodwill.

4. Discontinued Operations

There were no Discontinued Operations in 2011.

5. Investments

- A. Mortgage Loans -- None
- B. Debt Restructuring -- None
- C. Reverse Mortgages -- None
- D. Loan-Backed Securities -- None
- E. Repurchase Agreements -- None
- F. Real Estate -- None
- G. Low Income Housing Tax Credits -- None

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company does not have any joint ventures, partnerships or limited liability companies.

7. Investment Income

No due and accrued income was excluded from investment income.

8. Derivative Instruments

The Company has no derivative investments.

9. Income Taxes

A. The Company does not have any deferred tax asset or liability at December 31, 2011.

B. There are no unrecognized deferred tax liabilities.

C. The only component of incurred income tax expense is current income taxes of \$58,000.

D. The Company's income tax expense does not differ from the amount obtained by applying the federal statutory rate of 34% (17% with small life deduction and alt min tax) to Net Gain from Operations. The expected federal income tax expense and total incurred tax expense (Page 4 Line 32) is \$58,000.

E. 1. The Company does not have any operating loss carry forwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

- |         |          |
|---------|----------|
| a. 2011 | \$58,000 |
| b. 2010 | \$60,000 |
| c. 2009 | \$62,000 |

F. The Company's federal income tax return is not consolidated with any other entity.

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

10. Information Concerning Parent, Subsidiaries and Affiliates  
A. All outstanding shares of Ohio Motorists Life Insurance Company are owned by the Ohio Motorist Holding Company, domiciled in the State of Ohio.  
B, C, D, E, F, G, H. There were no inter company transactions, guarantees, management/service contracts involving the company, or investments.  
I, J. There is no investment in an SCA entity.  
K. There is no investment in a foreign subsidiary.  
L. The company does not hold an investment in a downstream non-insurance holding company.
11. Debt  
The Company does not have debt of any kind.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans -- None as there are no employees.
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations  
1. The Company has 10,000 shares authorized, issued and outstanding with a par value of \$100.  
2. The Company has no preferred stock.  
3. There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders  
4. The Company has not and does not plan in the current year to declare or pay any dividends.  
5. There are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.  
6. There are no restrictions placed on unassigned surplus, including for whom the surplus is being held.  
7. The total amount of advances to surplus not repaid is \$0.  
8. The total amount of stock held by the company, including stock of affiliated companies, for special purposes is NONE.  
9. Changes in balances to special surplus funds from the prior year are NONE.  
10. The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses: None  
11.. Surplus Notes -- None  
12. There was no restatement due to quasi-reorganization.  
13. There was no quasi-reorganization in the prior 10 years.
14. Contingencies  
A. The Company has no contingent commitments.  
B. The Company is not aware of any assessments.  
C. There are no gain contingencies.  
D. There are no claims related extra contractual obligation and bad faith losses stemming from lawsuits  
E. As of December 31, 2011 there were no other contingencies.
15. Leases  
The Company does not have any lease obligations at this time.
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk.  
The Company does not have any off-balance sheet financial instruments.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities -- NONE
18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans -- NONE
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.  

Name and Address of Third Administrators	FEI Contract	Exclusive Business Written	Type of Authority	Written Premium Granted	Party
Combined Insurance of America Chicago, IL	36-2136262	NO	LAH	U,C,CA,R,B,P	\$133,894
Direct Response Insurance Admin Service Bloomington, MN	41-1430210	NO	LAH	U,C,CA,R,B,P	\$112,599
20. Fair Value Measurements  
No assets or liabilities are measured on a recurring or nonrecurring basis in periods subsequent to initial recognition. All investments are bonds actively traded in the market and are Level 1's.

## NOTES TO FINANCIAL STATEMENTS

21. Other Items
- A. Extraordinary Items -- NONE
  - B. Troubled Debt Restructuring: Debtors -- NONE
  - C. Other Disclosures NONE
  - D. There is no portion that is reasonably possible to be uncollectible for assets covered by SSAP No 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No 47, Uninsured Plans, or SSAP No 66, Retrospectively Rated Contracts.
  - E. Business Interruption Insurance Recoveries – There have been no losses or recoveries.
  - F. State Transferable Tax Credits – None
  - G. There is no Subprime-Mortgage-Related Risk Exposure.
  - H. Retained Assets -- None
22. Events Subsequent
- The Company is not aware of any event occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition.
23. Reinsurance
- A. Ceded Reinsurance Report
- Section1 - General Interrogatories
- 1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? NO
  - 2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding US Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? NO
- Section 2 - Ceded Reinsurance Report - Part A
- 1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? NO
  - 2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for the offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO
- Section 3 - Ceded Reinsurance Report - Part B
- 1. What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? NONE
  - 2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? NO
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance - None
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – NONE
25. Change in Incurred Losses and Loss Adjustment Expenses -- NONE
26. Intercompany Pooling Arrangements
- The Company does not have any intercompany pooling arrangements.
27. Structured Settlements -- NONE
28. Health Care Receivable
- The Company does not have any Health Care policies.
29. Participating Policies – NONE
30. Premium Deficiency Reserves – NONE

## NOTES TO FINANCIAL STATEMENTS

31. Reserves for Life Contracts and Deposit-Type Contracts  
The Company has group life contracts and no annuities  
1. Not applicable because all policies are single premium.  
2. There are no substandard policies  
3. The amount of insurance for which the gross premiums are less than the net premiums according to valuation standards - NONE  
4. All tabular interest numbers are calculated by formula as described in the instructions.  
5. The method of determination of tabular interest on funds not involving life contingencies – Non applicable  
6. There are no other reserve changes.
32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics  
The Company does not have any annuities or deposit liabilities.
33. Premium and Annuity Considerations Deferred and Uncollected  
Deferred and uncollected life insurance premium assumed (no annuities) as of December 31, 2011 was as follows:
- | Type       | Gross | Net of Loading |
|------------|-------|----------------|
| Group Life | \$0   | \$0            |
| Total      | \$0   | \$0            |
34. Separate Accounts - NONE
35. Loss/Claim Adjustment Expense -- NONE

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] NA [ ]  
Ohio Department of Insurance.....
- 1.3 State Regulating?.....
- 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: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2009
- 3.2 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. .... 12/31/2009
- 3.3 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). .... 04/30/2011
- 3.4 By what department or departments? Ohio Department of Insurance.....
- 3.5 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 [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] NA [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? ..... Yes [ ] No [ X ]
- 4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? ..... Yes [ ] No [ X ]
- 4.22 renewals? ..... Yes [ ] No [ X ]
- 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 the 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. ..... Yes [ ] No [ X ]

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 ..... Yes [ ] No [ X ]
- 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 ..... Yes [ ] No [ X ]
- 7.22 State the nationality(s) of the foreign person(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). ..... Yes [ ] No [ X ]

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

- 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 the names and locations (city and state of the main office) of 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
Ernst & Young; 725 South Figueroa St Suite 500; Los Angeles, CA 90017
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] NA [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Lake Consulting, Inc; outside consultant; 7200 Bradley Blvd, Suite 100, Bethesda, MD 20817
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved.....
- 12.13 Total book/adjusted carrying value..... \$ .....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] NA [ ]
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

## GENERAL INTERROGATORIES

### BOARD OF DIRECTORS

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below?..... Yes [ ] No [ X ]  
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?..... Yes [ X ] No [ ]  
 17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?..... Yes [ X ] No [ ]  
 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?..... Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?..... Yes [ ] No [ X ]  
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.11 To directors or other officers .. \$.....0  
 20.12 To stockholders not officers ... \$.....0  
 20.13 Trustees, supreme or grand (Fraternal only) ..... \$.....0  
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.21 To directors or other officers .. \$.....0  
 20.22 To stockholders not officers .... \$.....0  
 20.23 Trustees, supreme or grand (Fraternal only) ..... \$.....0  
 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?..... Yes [ ] No [ X ]  
 21.2 If yes, state the amount thereof at December 31 of the current year:  
 21.21 Rented from others .. \$.....  
 21.22 Borrowed from others .. \$.....  
 21.23 Leased from others .. \$.....  
 21.24 Other .. \$.....  
 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?..... Yes [ ] No [ X ]  
 22.2 If answer is yes:  
 22.21 Amount paid as losses or risk adjustment .. \$.....  
 22.22 Amount paid as expenses .. \$.....  
 22.23 Other amounts paid .. \$.....  
 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [ ] No [ X ]  
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$.....

### INVESTMENT

- 24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.3)..... Yes [ X ] No [ ]  
 24.2 If no, give full and complete information, relating thereto  
 24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
 24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?..... Yes [ ] No [ ] NA [ X ]  
 24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. .... \$.....  
 24.6 If answer to 24.4 is no, report amount of collateral for other programs. .... \$.....  
 24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?..... Yes [ ] No [ ] NA [ X ]  
 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?..... Yes [ ] No [ ] NA [ X ]  
 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?..... Yes [ ] No [ ] NA [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) ..... Yes [ ] No [ X ]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- |       |  |          |
|-------|--|----------|
| 25.21 | Subject to repurchase agreements .....                 | \$ ..... |
| 25.22 | Subject to reverse repurchase agreements .....         | \$ ..... |
| 25.23 | Subject to dollar repurchase agreements .....          | \$ ..... |
| 25.24 | Subject to reverse dollar repurchase agreements .....  | \$ ..... |
| 25.25 | Pledged as collateral .....                            | \$ ..... |
| 25.26 | Placed under option agreements .....                   | \$ ..... |
| 25.27 | Letter stock or securities restricted as to sale ..... | \$ ..... |
| 25.28 | On deposit with state or other regulatory body .....   | \$ ..... |
| 25.29 | Other .....  | \$ ..... |

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [ ]  
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
.....	.....
.....	.....
.....	.....

28.02 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)
.....	.....	.....
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? ..... Yes [ ] No [ X ]

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

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

28.05 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 Number(s)	2 Name	3 Address
.....	.....	.....
.....	.....	.....
.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?..... Yes [ ] No [ X ]  
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
29.2999 TOTAL		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
30.1 Bonds.....	9,129,866	10,021,272	891,406
30.2 Preferred Stocks.....	0	0	0
30.3 Totals.....	9,129,866	10,021,272	891,406

- 30.4 Describe the sources or methods utilized in determining the fair values:

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?..... Yes [ X ] No [ ]  
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?..... Yes [ X ] No [ ]  
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]  
 32.2 If no, list exceptions:

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

**OTHER**

- 33.1 Amount of payments to Trade associations, service organizations and statistical or rating bureaus, if any?.....\$ .....0  
33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....
.....	.....

- 34.1 Amount of payments for legal expenses, if any?.....\$ .....0  
34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....
.....	.....

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?.....\$ .....0  
35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

**PART 2 - LIFE INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]  
 1.2 If yes, indicate premium earned on U. S. business only ..... \$ ..... 0  
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....  
 1.31 Reason for excluding .....  
 \_\_\_\_\_

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ..... \$ .....  
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. ..... \$ ..... 0

1.6 Individual policies:

Most current three years:	
1.61 Total premium earned	..... \$ ..... 0
1.62 Total incurred claims	..... \$ ..... 0
1.63 Number of covered lives	..... 0
All years prior to most current three years:	
1.64 Total premium earned	..... \$ ..... 0
1.65 Total incurred claims	..... \$ ..... 0
1.66 Number of covered lives	..... 0

1.7 Group policies:

Most current three years:	
1.71 Total premium earned	..... \$ ..... 0
1.72 Total incurred claims	..... \$ ..... 0
1.73 Number of covered lives	..... 0
All years prior to most current three years:	
1.74 Total premium earned	..... \$ ..... 0
1.75 Total incurred claims	..... \$ ..... 0
1.76 Number of covered lives	..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ ..... 0	\$ ..... 0
2.2 Premium Denominator	\$ ..... 58,852	\$ ..... 64,934
2.3 Premium Ratio (2.1/2.2)	..... 0.000	..... 0.000
2.4 Reserve Numerator	\$ ..... 43,201	\$ ..... 51,113
2.5 Reserve Denominator	\$ ..... 149,731	\$ ..... 159,654
2.6 Reserve Ratio (2.4/2.5)	..... 0.289	..... 0.320

3.1 Does this reporting entity have Separate Accounts? ..... Yes [ ] No [ X ]  
 3.2 If yes, has a Separate Accounts statement been filed with this Department? ..... Yes [ ] No [ ] NA [ X ]  
 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? ..... \$ ..... 0  
 3.4 State the authority under which Separate Accounts are maintained:.....

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? ..... Yes [ ] No [ X ]  
 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? ..... Yes [ ] No [ X ]  
 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)? ..... \$ ..... 0

4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? ..... Yes [ ] No [ X ]

4.2 Net reimbursement of such expenses between reporting entities:

4.21 Paid:	..... \$ ..... 0
4.22 Received:	..... \$ ..... 0

5.1 Does the reporting entity write any guaranteed interest contracts? ..... Yes [ ] No [ X ]  
 5.2 If yes, what amount pertaining to these items is included in:

5.21 Page 3, Line 1	..... \$ ..... 0
---------------------	------------------

5.22 Page 4, Line 1	..... \$ ..... 0
---------------------	------------------

6. For stock reporting entities only:

6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: ..... \$ ..... 2,000,000

7. Total dividends paid stockholders since organization of the reporting entity:

7.11 Cash	..... \$ ..... 0
-----------	------------------

7.12 Stock	..... \$ ..... 0
------------	------------------

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

8.1 Does the company reinsurance any Workers' Compensation Carve-Out business defined as: ..... Yes [ ] No [ X ]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers Compensation Carve-Out Supplement to the Annual Statement? ..... Yes [ ] No [ ]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium.....			
8.32 Paid claims.....			
8.33 Claim liability and reserve (beginning of year).....			
8.34 Claim liability and reserve (end of year).....			
8.35 Incurred claims.....			

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column 1 are:

	Attachment Point	1 Earned Premium	2 Claim Liability And Reserve
8.41 <\$25,000			
8.42 \$25,000 – 99,999			
8.43 \$100,000 – 249,999			
8.44 \$250,000 – 999,999			
8.45 \$1,000,000 or more			

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools? ..... \$ ..... 0

9.1 Does the company have variable annuities with guaranteed benefits? ..... Yes [ ] No [ X ]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefits	2 Guaranteed Living Benefits	Waiting Period Remaining	Account Value Related to Col.3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit

For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as 10 the result of the purchase of an annuity from the reporting entity only.

10.1 Amount of loss reserves established by these annuities during the current year: ..... \$ ..... 0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e. Present Value)
.....	.....
.....	.....

11.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date: ..... \$ .....

11.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

11.4 If yes, please provide the balance of the funds administered as of the reporting date: ..... \$ .....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (OMIT \$000)

	1 2011	2 2010	3 2009	4 2008	5 2007
<b><u>Life Insurance in Force</u></b>					
(Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4)	0	0	.0	0	0
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)	0	0	.0	0	0
3. Credit life (Line 21, Col. 6)	0	0	.0	0	0
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	19,400	21,242	23,375	25,017	27,896
5. Industrial (Line 21, Col. 2)	0	0	.0	0	0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0	0	0	0
7. Total (Line 21, Col. 10)	19,400	21,242	23,375	25,017	27,896
<b><u>New Business Issued</u></b>					
(Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2)	0	0	.0	0	0
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)	0	0	.0	0	0
10. Credit life (Line 2, Col. 6)	0	0	.0	0	0
11. Group (Line 2, Col. 9)	100	250	.50	175	.425
12. Industrial (Line 2, Col. 2)	0	0	0	0	0
13. Total (Line 2, Col. 10)	100	250	.50	175	.425
<b><u>Premium Income - Lines of Business</u></b>					
(Exhibit 1 – Part 1)					
14. Industrial life (Line 20.4, Col. 2)	0	0	.0	0	0
15.1 Ordinary life insurance (Line 20.4, Col. 3)	0	0	.0	0	0
15.2 Ordinary individual annuities (Line 20.4, Col. 4)	0	0	.0	0	0
16. Credit life, (group and individual) (Line 20.4, Col. 5)	0	0	.0	0	0
17.1 Group life insurance (Line 20.4, Col. 6)	32,173	34,661	.37,427	39,976	.43,620
17.2 Group annuities (Line 20.4, Col. 7)	0	0	.0	0	0
18.1 A & H-group (Line 20.4, Col. 8)	26,679	30,273	34,752	39,394	.44,317
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)	0	0	.0	0	0
18.3 A & H-other (Line 20.4, Col. 10)	0	0	.0	0	0
19. Aggregate of all other lines of business (Line 20.4, Col. 11)	0	0	0	0	0
20. Total	58,852	64,934	.72,179	79,370	.87,937
<b><u>Balance Sheet</u></b>					
(Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	9,374,584	.9,124,266	8,839,961	.8,563,131	8,230,837
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	155,971	170,284	202,464	236,208	224,238
23. Aggregate life reserves (Page 3, Line 1)	111,640	117,207	140,044	152,633	159,450
24. Aggregate A & H reserves (Page 3, Line 2)	7,530	8,662	10,072	11,465	13,009
25. Deposit-type contract funds (Page 3, Line 3)	0	0	.0	0	0
26. Asset valuation reserve (Page 3, Line 24.01)	.4,035	.8,344	.12,805	.13,136	.13,124
27. Capital (Page 3, Lines 29 & 30)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
28. Surplus (Page 3, Line 37)	8,218,613	7,953,982	7,637,498	7,326,923	7,006,599
<b><u>Cash Flow (Page 5)</u></b>					
29. Net cash from operations (Line 11)	280,202	309,749	316,926	345,952	309,174
<b><u>Risk-Based Capital Analysis</u></b>					
30. Total adjusted capital	9,222,648	8,962,326	8,650,303	8,340,059	8,019,723
31. Authorized control level risk - based capital	7,802	13,196	.14,089	16,046	16,357
<b><u>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</u></b>					
(Page 2, Col. 3) (Line No. / Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	98.7	98.0	.97.3	97.8	97.9
33. Stocks (Lines 2.1 and 2.2)	0.0	0.0	0.0	0.0	0.0
34. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0	0.0	0.0	0.0	0.0
36. Cash, cash equivalents and short - term investments (Line 5)	1.3	2.0	2.7	2.2	2.1
37. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
38. Derivatives (Page 2, Line 7)	0	0	XXX	XXX	XXX
39. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
40. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
41. Securities lending reinvested collateral assets (Line 10)	0	0	XXX	XXX	XXX
42. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
48. Affiliated mortgage loans on real estate .....	0	0	0	0	0
49. All other affiliated .....	0	0	0	0	0
50. Total of above Lines 44 to 49 .....	0	0	0	0	0
<b>Total Nonadmitted and Admitted Assets</b>					
51. Total nonadmitted assets (Page 2, Line 28, Col. 2) .....	0	0	0	0	0
52. Total admitted assets (Page 2, Line 28, Col. 3) .....	9,374,584	9,124,266	8,839,961	8,563,131	8,230,837
<b>Investment Data</b>					
53. Net investment income (Exhibit of Net Investment Income) .....	351,868	371,395	364,651	396,497	408,852
54. Realized capital gains (losses) (Page 4, Line 34, Column 1) .....	0	0	0	0	0
55. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....	0	0	0	0	0
56. Total of above Lines 53, 54 and 55 .....	351,868	371,395	364,651	396,497	408,852
<b>Benefits and Reserve Increase (Page 6)</b>					
57. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14, and 15, Cols. 9, 10 and 11) .....	19,550	42,640	31,895	44,796	24,145
58. Total contract benefits - A & H (Lines 13 & 14, Cols. 9, 10 & 11) .....	2,020	7,249	4,430	9,377	10,215
59. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3) .....	0	0	0	0	0
60. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11) .....	(1,132)	(1,410)	(1,394)	(1,544)	140
61. Dividends to policyholders (Line 30, Col. 1) .....	0	0	0	0	0
<b>Operating Percentages</b>					
62. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6) / (Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00 .....	61.7	58.6	57.4	53.9	57.3
63. Lapse percent (ordinary only). [(Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00 .....	0.0	0.0	0.0	0.0	0.0
64. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2) .....	7.6	23.9	12.3	23.0	23.1
65. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2) .....	0.0	0.0	0.0	0.0	0.0
66. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2) .....	145.8	71.3	65.1	62.3	70.9
<b>A &amp; H Claim Reserve Adequacy</b>					
67. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2) .....	1,139	5,187	5,053	6,980	11,081
68. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2) .....	7,075	7,229	8,506	7,996	13,596
69. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2) .....	0	0	0	0	0
70. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 2) .....	0	0	0	0	0
<b>Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
71. Industrial life (Col. 2) .....	0	0	0	0	0
72. Ordinary - life (Col. 3) .....	0	0	0	0	0
73. Ordinary - individual annuities (Col. 4) .....	0	0	0	0	0
74. Ordinary-supplementary contracts (Col. 5) .....	0	0	0	0	0
75. Credit life (Col. 6) .....	0	0	0	0	0
76. Group life (Col. 7) .....	139,176	164,007	156,298	150,168	180,696
77. Group annuities (Col. 8) .....	0	0	0	0	0
78. A & H-group (Col. 9) .....	121,146	148,017	153,946	170,167	175,954
79. A & H-credit (Col. 10) .....	0	0	0	0	0
80. A & H-other (Col. 11) .....	0	0	0	0	0
81. Aggregate of all other lines of business (Col. 12) .....	0	0	0	0	0
82. Total (Col. 1) .....	260,322	312,024	310,244	320,335	356,650

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [ ] No [ ]

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT OF LIFE INSURANCE**

	Industrial		Ordinary		Credit Life (Group and Individual)		Group		10 Total Amount of Insurance (a)
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	7 Number of Policies	8 Certificates	
1. In force end of prior year .....	0	0	0	0	0	0	5	423	21,242
2. Issued during year .....	0	0	0	0	0	0	2	100	100
3. Reinsurance assumed .....									0
4. Revived during year .....									0
5. Increased during year (net) .....							2		0
6. Subtotals, Lines 2 to 5 .....	0	0	0	0	0	0	4	100	100
7. Additions by dividends during year .....	XXX	0	XXX	0	XXX	0	XXX	0	0
8. Aggregate write-ins for increases .....	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8) .....	0	0	0	0	0	0	5	427	21,342
Deductions during year:									
10. Death .....							XXX	10	83
11. Maturity .....							XXX		0
12. Disability .....							XXX		0
13. Expiry .....									0
14. Surrender .....									0
15. Lapse .....								41	1,859
16. Conversion .....							XXX	XXX	XXX
17. Decreased (net) .....									0
18. Reinsurance .....									0
19. Aggregate write-ins for decreases .....	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19) .....	0	0	0	0	0	0	0	51	1,942
21. In force end of year (Line 9 minus Line 20) .....	0	0	0	0	0	0	5	376	19,400
22. Reinsurance ceded end of year .....	XXX		XXX		XXX		XXX	XXX	16,350
23. Line 21 minus Line 22 .....	XXX	0	XXX	0	XXX	(b)	0	XXX	3,050
<b>DETAILS OF WRITE-INS</b>									
0801. ....									
0802. ....									
0803. ....									
0898. Summary of remaining write-ins for Line 8 from overflow page .....	0	0	0	0	0	0	0	0	0
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above) .....	0	0	0	0	0	0	0	0	0
1901. ....									
1902. ....									
1903. ....									
1998. Summary of remaining write-ins for Line 19 from overflow page .....	0	0	0	0	0	0	0	0	0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above) .....	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) Group \$ .....; Individual \$ .....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT OF LIFE INSURANCE (Continued)**

**ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR**

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends .....			XXX .....	
25. Other paid-up insurance .....				
26. Debit ordinary insurance .....	XXX	XXX		

**ADDITIONAL INFORMATION ON ORDINARY INSURANCE**

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies - decreasing .....				
28. Term policies - other .....				
29. Other term insurance - decreasing .....		XXX .....		XXX .....
30. Other term insurance .....		XXX .....		XXX .....
31. Totals, (Lines 27 to 30) Reconciliation to Lines 2 and 21:	0	.0	0	0
32. Term additions .....	XXX .....		XXX .....	
33. Totals, extended term insurance .....	XXX .....	XXX .....		
34. Totals, whole life and endowment .....				
35. Totals (Lines 31 to 34)	0	0	0	0

**CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS**

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial .....				
37. Ordinary .....				
38. Credit Life (Group and Individual) .....				
39. Group .....	100			19,400
40. Totals (Lines 36 to 39)	100	0	0	19,400

**ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE**

	Credit Life		Group	
	1 Number of Individual Policies	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies .....		XXX .....		XXX .....
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis .....			XXX .....	XXX .....
43. Federal Employees' Group Life Insurance included in Line 21 .....				
44. Servicemen's Group Life Insurance included in Line 21 .....				
45. Group Permanent Insurance included in Line 21 .....				

**ADDITIONAL ACCIDENTAL DEATH BENEFITS**

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a)	
---	--

**BASIS OF CALCULATION OF ORDINARY TERM INSURANCE**

47. State basis of calculation of (47.1) decreasing term insurance combined with family income, medical protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above	
47.1 .....	
47.2 .....	

**POLICIES WITH DISABILITY PROVISIONS**

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium .....								
49. Disability Income .....								
50. Extended Benefits .....		XXX .....	XXX .....					
51. Other .....								
52. Total .....	0 (b)	0	0 (b)	0	0 (b)	0	0 (b)	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES,  
INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR  
SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH  
AND OTHER POLICIES**

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year .....	0	.0	0	0
2. Issued during year .....				
3. Reinsurance assumed .....				
4. Increased during year (net) .....				
5. Total (Lines 1 to 4) .....	0	0	0	0
Deductions during year:				
6. Decreased (net) .....				
7. Reinsurance ceded .....				
8. Totals (Lines 6 and 7) .....	0	0	0	0
9. In force end of year .....	0	.0	0	0
10. Amount on deposit .....				
11. Income now payable .....				
12. Amount of income payable .....	(a)	(a)	(a)	(a)

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year .....	0	.0	0	0
2. Issued during year .....				
3. Reinsurance assumed .....				
4. Increased during year (net) .....				
5. Totals (Lines 1 to 4) .....	0	0	0	0
Deductions during year:				
6. Decreased (net) .....				
7. Reinsurance ceded .....				
8. Totals (Lines 6 and 7) .....	0	0	0	0
9. In force end of year .....	0	.0	0	0
Income now payable:				
10. Amount of income payable .....				
Deferred fully paid:				
11. Account balance .....				
Deferred not fully paid:				
12. Account balance .....	XXX	(a)	XXX	(a)

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year .....	2	160,352	0	.0	0	0
2. Issued during year .....						
3. Reinsurance assumed .....		6,621				
4. Increased during year (net) .....		XXX		XXX		XXX
5. Totals (Lines 1 to 4) .....	2	XXX	0	XXX	0	XXX
Deductions during year:						
6. Conversions .....		XXX	XXX	XXX	XXX	XXX
7. Decreased (net) .....		XXX		XXX		XXX
8. Reinsurance ceded .....		XXX		XXX		XXX
9. Totals (Lines 6 to 8) .....	0	XXX	0	XXX	0	XXX
10. In force end of year .....	2	(a) 140,515	0	(a)	0	(a)

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

			1 Deposit Funds		2 Dividend Accumulations	
			Contracts	Contracts	Contracts	Contracts
1. In force end of prior year .....				.0		.0
2. Issued during year .....						
3. Reinsurance assumed .....						
4. Increased during year (net) .....						
5. Totals (Lines 1 to 4) .....				0		0
Deductions during year:						
6. Decreased (net) .....						
7. Reinsurance ceded .....						
8. Totals (Lines 6 and 7) .....				0		0
9. In force end of year .....				0		0
10. Amount of account balance .....				(a)		(a)

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

**SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	Active Status	Direct Business Only				
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5
		2 Life Insurance Premiums	3 Annuity Considerations			
1. Alabama	AL	N	.0	.0	.0	.0
2. Alaska	AK	N	.0	.0	.0	.0
3. Arizona	AZ	N	.0	.0	.0	.0
4. Arkansas	AR	N	.0	.0	.0	.0
5. California	CA	N	.0	.0	.0	.0
6. Colorado	CO	N	.0	.0	.0	.0
7. Connecticut	CT	N	.0	.0	.0	.0
8. Delaware	DE	N	.0	.0	.0	.0
9. District of Columbia	DC	N	.0	.0	.0	.0
10. Florida	FL	N	.0	.0	.0	.0
11. Georgia	GA	N	.0	.0	.0	.0
12. Hawaii	HI	N	.0	.0	.0	.0
13. Idaho	ID	N	.0	.0	.0	.0
14. Illinois	IL	N	.0	.0	.0	.0
15. Indiana	IN	N	.0	.0	.0	.0
16. Iowa	IA	N	.0	.0	.0	.0
17. Kansas	KS	N	.0	.0	.0	.0
18. Kentucky	KY	N	.0	.0	.0	.0
19. Louisiana	LA	N	.0	.0	.0	.0
20. Maine	ME	N	.0	.0	.0	.0
21. Maryland	MD	N	.0	.0	.0	.0
22. Massachusetts	MA	N	.0	.0	.0	.0
23. Michigan	MI	N	.0	.0	.0	.0
24. Minnesota	MN	N	.0	.0	.0	.0
25. Mississippi	MS	N	.0	.0	.0	.0
26. Missouri	MO	N	.0	.0	.0	.0
27. Montana	MT	N	.0	.0	.0	.0
28. Nebraska	NE	N	.0	.0	.0	.0
29. Nevada	NV	N	.0	.0	.0	.0
30. New Hampshire	NH	N	.0	.0	.0	.0
31. New Jersey	NJ	N	.0	.0	.0	.0
32. New Mexico	NM	N	.0	.0	.0	.0
33. New York	NY	N	.0	.0	.0	.0
34. North Carolina	NC	N	.0	.0	.0	.0
35. North Dakota	ND	N	.0	.0	.0	.0
36. Ohio	OH	L	112,599	.0	133,894	.0
37. Oklahoma	OK	N	.0	.0	.0	.0
38. Oregon	OR	N	.0	.0	.0	.0
39. Pennsylvania	PA	N	.0	.0	.0	.0
40. Rhode Island	RI	N	.0	.0	.0	.0
41. South Carolina	SC	N	.0	.0	.0	.0
42. South Dakota	SD	N	.0	.0	.0	.0
43. Tennessee	TN	N	.0	.0	.0	.0
44. Texas	TX	N	.0	.0	.0	.0
45. Utah	UT	N	.0	.0	.0	.0
46. Vermont	VT	N	.0	.0	.0	.0
47. Virginia	VA	N	.0	.0	.0	.0
48. Washington	WA	N	.0	.0	.0	.0
49. West Virginia	WV	N	.0	.0	.0	.0
50. Wisconsin	WI	N	.0	.0	.0	.0
51. Wyoming	WY	N	.0	.0	.0	.0
52. American Samoa	AS	N	.0	.0	.0	.0
53. Guam	GU	N	.0	.0	.0	.0
54. Puerto Rico	PR	N	.0	.0	.0	.0
55. US Virgin Islands	VI	N	.0	.0	.0	.0
56. Northern Mariana Islands	MP	N	.0	.0	.0	.0
57. Canada	CN	N	.0	.0	.0	.0
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0
59. Subtotal	(a)	1	112,599	.0	133,894	.0
90. Reporting entity contributions for employee benefit plans		XXX				0
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX				0
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX				0
93. Premium or annuity considerations waived under disability or other contract provisions		XXX				0
94. Aggregate other amounts not allocable by State		XXX	.0	.0	.0	.0
95. Totals (Direct Business)		XXX	112,599	.0	133,894	.0
96. Plus reinsurance assumed		XXX	11,620		.6,621	18,241
97. Totals (All Business)		XXX	124,219	.0	140,515	.0
98. Less reinsurance ceded		XXX	.91,384		.113,810	.205,194
99. Totals (All Business) less Reinsurance Ceded		XXX	32,835	0	26,705	59,540
<b>DETAILS OF WRITE-INS</b>						
5801.		XXX				
5802.		XXX				
5803.		XXX				
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	.0	.0	.0	0
5899. Total (Lines 5801 through 5803 + 5898)(Line 58 above)		XXX	0	0	0	0
9401.		XXX				
9402.		XXX				
9403.		XXX				
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX	.0	.0	.0	0
9499. Total (Lines 9401 through 9403 + 9498)(Line 94 above)		XXX	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

**Explanation of basis of allocation by states, etc., of premiums and annuity considerations**

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1, indicate which: Schedule H, Part 1, Line 1.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

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

Automobile Club of Southern California (95-0514585)

Auto Club Enterprises (71-0919095)

AAA East Central (25-1114373)

Ohio Motorists Holding Company (34-1659669) (100% owned by AAA East Central)

Ohio Motorists Life Insurance Company (34-1666970) (100% owned by Ohio Motorists Holding Company)  
NAIC Company Code 66005 OH

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 – General Expenses	11
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 – Dividends or Refunds	11
Exhibit 5 – Aggregate Reserve for Life Contracts	12
Exhibit 5 – Interrogatories	13
Exhibit 5A – Changes in Bases of Valuation During The Year	13
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 – Deposit-Type Contracts	15
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes to Financial Statements	19
Overflow Page for Write-ins	54
Schedule A – Part 1	E01
Schedule A – Part 2	E02

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D	E22
Schedule DB – Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Schedule E – Verification Between Years	SI15
Schedule F	36
Schedule H – Accident and Health Exhibit – Part 1	37
Schedule H – Part 2, Part 3, and Part 4	38
Schedule H – Part 5 – Health Claims	39
Schedule S – Part 1 – Section 1	40
Schedule S – Part 1 – Section 2	41
Schedule S – Part 2	42
Schedule S – Part 3 – Section 1	43
Schedule S – Part 3 – Section 2	44
Schedule S – Part 4	45
Schedule S – Part 5	46
Schedule S – Part 6	47
Schedule T – Part 2 Interstate Compact	49
Schedule T – Premiums and Annuity Considerations	48
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule Y – Part 1A - Detail of Insurance Holding Company System	51
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	52
Summary Investment Schedule	SI01
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	53

