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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)			216-606-6465 (Area Code) (Telephone Number) (Extension)		
		mpratt@aaaec.com (E-Mail Address)			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
TreasurerKenneth 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, 2012Melissa Kristanko, Notary Public
April 13, 2016



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

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2011

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 66005

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				112,599		112,599
2. Annuity considerations						0
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		0	0	112,599	0	112,599
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1.Paid in cash or left on deposit						0
6.2.Applied to pay renewal premiums						0
6.3.Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4.Other						0
6.5.Totals (Sum of Lines 6.1 to 6.4)		.0	.0	0	0	0
Annuities:						
7.1.Paid in cash or left on deposit						0
7.2.Applied to provide paid-up annuities						0
7.3.Other						0
7.4.Totals (Sum of Lines 7.1 to 7.3)		.0	.0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		.0	.0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of remaining write-ins for Line 13 from overflow page		.0	.0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Polis. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	.0	0	.0	.0	0	0	.0	.0	0	.0
17. Incurred during current year					.2	.75			2	.75
Settled during current year:					.2	.75			2	.75
18.1.By payment in full					.2	.75			2	.75
18.2.By payment on compromised claims					.0	.0			0	.0
18.3.Totals paid	.0	0	.0	.0	.2	.75	.0	.0	2	.75
18.4.Reduction by compromise									0	0
18.5.Amount rejected									0	0
18.6.Total settlements	.0	0	.0	.0	.2	.75	.0	.0	2	.75
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.0	0	.0	.0						
21. Issued during year					2	20,900	.0	.0	2	20,900
22. Other changes to in force (Net)						100			0	100
23. In force December 31 of current year	0	0	0	0	2	(1,925)			0	(1,925)
						19,075	0	0	2	19,075

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	133,894	133,749		16,150	4,872
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	.0	.0		0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	133,894	133,749		16,150	4,872

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2011

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 66005

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		.0	.0	112,599	0	112,599
2. Annuity considerations		.0	.0	0	0	0
3. Deposit-type contract funds		.0	XXX	0	XXX	0
4. Other considerations		.0	.0	0	0	0
5. Totals (Sum of Lines 1 to 4)		0	0	112,599	0	112,599
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1.Paid in cash or left on deposit		.0	.0	0	0	0
6.2.Applied to pay renewal premiums		.0	.0	0	0	0
6.3.Applied to provide paid-up additions or shorten the endowment or premium-paying period		.0	.0	0	0	0
6.4.Other		.0	.0	0	0	0
6.5.Totals (Sum of Lines 6.1 to 6.4)		.0	.0	0	0	0
Annuities:						
7.1.Paid in cash or left on deposit		.0	.0	0	0	0
7.2.Applied to provide paid-up annuities		.0	.0	0	0	0
7.3.Other		.0	.0	0	0	0
7.4.Totals (Sum of Lines 7.1 to 7.3)		.0	.0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		.0	.0	0	0	0
10. Matured endowments		.0	.0	0	0	0
11. Annuity benefits		.0	.0	0	0	0
12. Surrender values and withdrawals for life contracts		.0	.0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		.0	.0	0	0	0
14. All other benefits, except accident and health		.0	.0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of remaining write-ins for Line 13 from overflow page		.0	.0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	.0	0	.0	.0	0	0	.0	.0	.0	.0
17. Incurred during current year	.0	0	.0	.0	2	.75	.0	.0	2	.75
Settled during current year:										
18.1.By payment in full	.0	0	.0	.0	2	.75	.0	.0	2	.75
18.2.By payment on compromised claims	.0	0	.0	.0	0	0	.0	.0	0	.0
18.3.Totals paid	.0	0	.0	.0	2	.75	.0	.0	2	.75
18.4.Reduction by compromise	.0	0	.0	.0	0	0	.0	.0	0	.0
18.5.Amount rejected	.0	0	.0	.0	0	0	.0	.0	0	.0
18.6.Total settlements	.0	0	.0	.0	2	.75	.0	.0	2	.75
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.0	0	.0	.0	2	20,900	.0	.0	2	20,900
21. Issued during year	.0	0	.0	.0	0	100	.0	.0	0	100
22. Other changes to in force (Net)	.0	0	.0	.0	0	(1,925)	.0	.0	0	(1,925)
23. In force December 31 of current year	0	0	0	0	2	19,075	0	0	2	19,075

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	133,894	133,749	0	16,150	4,872
24.1 Federal Employees Health Benefits Program premium (b)	.0	.0	0	0	0
24.2 Credit (Group and Individual)	.0	.0	0	0	0
24.3 Collectively renewable policies (b)	.0	.0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	.0	.0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	.0	.0	0	0	0
25.2 Guaranteed renewable (b)	.0	.0	0	0	0
25.3 Non-renewable for stated reasons only (b)	.0	.0	0	0	0
25.4 Other accident only	.0	.0	0	0	0
25.5 All other (b)	.0	.0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	.0	.0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	133,894	133,749	0	16,150	4,872

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	NONE	1 Amount
1. Reserve as of December 31, prior year	0	
2. Current year's realized pre-tax capital gains/(losses) of \$	0	
3. Adjustment for current year's liability gains/(losses) released from the reserve	0	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	0	
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	0	
6. Reserve as of December 31, current year (Line 4 minus Line 5)	0	

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2011	0	0	0	0
2. 2012	0	0	0	0
3. 2013	0	0	0	0
4. 2014	0	0	0	0
5. 2015	0	0	0	0
6. 2016	0	0	0	0
7. 2017	0	0	0	0
8. 2018	0	0	0	0
9. 2019	0	0	0	0
10. 2020	0	0	0	0
11. 2021	0	0	0	0
12. 2022	0	0	0	0
13. 2023	0	0	0	0
14. 2024	0	0	0	0
15. 2025	0	0	0	0
16. 2026	0	0	0	0
17. 2027	0	0	0	0
18. 2028	0	0	0	0
19. 2029	0	0	0	0
20. 2030	0	0	0	0
21. 2031	0	0	0	0
22. 2032	0	0	0	0
23. 2033	0	0	0	0
24. 2034	0	0	0	0
25. 2035	0	0	0	0
26. 2036	0	0	0	0
27. 2037	0	0	0	0
28. 2038	0	0	0	0
29. 2039	0	0	0	0
30. 2040	0	0	0	0
31. 2041 and Later	0	0	0	0
32. Total (Lines 1 to 31)	0	0	0	0

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

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3+6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1+2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4+5)	
1. Reserve as of December 31, prior year	8,344	0	8,344	0	0	0	8,344
2. Realized capital gains/(losses) net of taxes - General Account			0				0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0				0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0				0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0				0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0				0
7. Basic contribution	538	0	538	0	0	0	538
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	8,882	0	8,882	0	0	0	8,882
9. Maximum reserve	4,035	0	4,035	0	0	0	4,035
10. Reserve objective	3,093	0	3,093	0	0	0	3,093
11. 20% of (Line 10 - Line 8)	(1,158)	0	(1,158)	0	0	0	(1,158)
12. Balance before transfers (Lines 8 + 11)	7,724	0	7,724	0	0	0	7,724
13. Transfers			0				XXX
14. Voluntary contribution			0				0
15. Adjustment down to maximum/up to zero	(3,689)		(3,689)			0	(3,689)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	4,035	0	4,035	0	0	0	4,035

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

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
LONG-TERM BONDS												
1	1	Exempt Obligations	7,785,005	XXX	XXX	7,785,005	0.0000	.0	.00000	.0	0.0000	
2		Highest Quality	1,344,861	XXX	XXX	1,344,861	0.0004	.538	.0023	.3,093	0.0030	
3		High Quality		XXX	XXX	0	0.0019	.0	.0058	.0	0.0090	
4		Medium Quality		XXX	XXX	0	0.0093	.0	.0230	.0	0.0340	
5		Low Quality		XXX	XXX	0	0.0213	.0	.0530	.0	0.0750	
6		Lower Quality		XXX	XXX	0	0.0432	.0	.1100	.0	0.1700	
7		In or Near Default		XXX	XXX	0	0.0000	.0	.2000	.0	0.2000	
8		Total Unrated Multi-Class Securities Acquired by Conversion		XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	
9		Total Bonds (Sum of Lines 1 through 8)	9,129,866	XXX	XXX	9,129,866	XXX	538	XXX	3,093	XXX	
PREFERRED STOCK												
10	2	Highest Quality		XXX	XXX	0	0.0004	.0	.0023	.0	0.0030	
11		High Quality		XXX	XXX	0	0.0019	.0	.0058	.0	0.0090	
12		Medium Quality		XXX	XXX	0	0.0093	.0	.0230	.0	0.0340	
13		Low Quality		XXX	XXX	0	0.0213	.0	.0530	.0	0.0750	
14		Lower Quality		XXX	XXX	0	0.0432	.0	.1100	.0	0.1700	
15		In or Near Default		XXX	XXX	0	0.0000	.0	.2000	.0	0.2000	
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	.0	0.0000	.0	0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
SHORT-TERM BONDS												
18	1	Exempt Obligations		XXX	XXX	0	0.0000	.0	.00000	.0	0.0000	
19		Highest Quality		XXX	XXX	0	0.0004	.0	.0023	.0	0.0030	
20		High Quality		XXX	XXX	0	0.0019	.0	.0058	.0	0.0090	
21		Medium Quality		XXX	XXX	0	0.0093	.0	.0230	.0	0.0340	
22		Low Quality		XXX	XXX	0	0.0213	.0	.0530	.0	0.0750	
23		Lower Quality		XXX	XXX	0	0.0432	.0	.1100	.0	0.1700	
24		In or Near Default		XXX	XXX	0	0.0000	.0	.2000	.0	0.2000	
25		Total Short-term Bonds (Sum of lines 18 through 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	

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

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
27	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
28	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
34		TOTAL (Lines 9 + 17 + 25 + 33)	9,129,866	XXX	XXX	9,129,866	XXX	538	XXX	3,093	XXX	
MORTGAGE LOANS												
35		In Good Standing:			XXX	0	0.0063 ^(a)	0	0.0120 ^(a)	0	0.0190 ^(a)	
36		Farm Mortgages			XXX	0	0.0003	0	0.0006	0	0.0010	
37		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0013	0	0.0030	0	0.0040	
38		Residential Mortgages - All Other			XXX	0	0.0003	0	0.0006	0	0.0010	
39		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0063 ^(a)	0	0.0120 ^(a)	0	0.0190 ^(a)	
40		Commercial Mortgages - All Other			XXX	0	0.2800 ^(b)	0	0.6200 ^(b)	0	1.0000 ^(b)	
		In Good Standing With Restructured Terms										
41		Overdue, Not in Process:			XXX	0	0.0420	0	0.0760	0	0.1200	
42		Farm Mortgages			XXX	0	0.0005	0	0.0012	0	0.0020	
43		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0025	0	0.0058	0	0.0090	
44		Residential Mortgages - All Other			XXX	0	0.0005	0	0.0012	0	0.0020	
45		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0420	0	0.0760	0	0.1200	
		In Process of Foreclosure:			XXX	0	0.0000	0	0.1700	0	0.1700	
46		Farm Mortgages			XXX	0	0.0000	0	0.0040	0	0.0040	
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0130	0	0.0130	
48		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0040	0	0.0040	
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.1700	0	0.1700	
50		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.0000	0	0.0000	
51		Total Schedule B Mortgages (Sum of Lines 35 through 50)	0	0	XXX	0	XXX	0	XXX	0	XXX	
52		Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	
53		Total Mortgage Loans on Real Estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	

(a) Times the Company's Experience Adjustment Factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

AVR - Equity Component
NONE

Asset Valuation Reserve RSA
NONE

Schedule F - Claims
NONE

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	26,705	XXX	26,705	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
2. Premiums earned	26,680	XXX	26,680	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
3. Incurred claims	2,020	7.6	2,020	7.6	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
4. Cost containment expenses	0	0.0	0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
5. Incurred claims and cost containment expenses (Lines 3 and 4)	2,020	7.6	2,020	7.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	6,394	24.0	6,394	24.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
8. Other general insurance expenses	12,594	47.2	12,594	47.2	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
9. Taxes, licenses and fees	19,914	74.6	19,914	74.6	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
10. Total other expenses incurred	38,902	145.8	38,902	145.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(14,242)	(53.4)	(14,242)	(53.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0	0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
14. Gain from underwriting after dividends or refunds	(14,242)	(53.4)	(14,242)	(53.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	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
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	7,530	7,530							
2. Advance premiums	.779	.779							
3. Reserve for rate credits	0								
4. Total premium reserves, current year	8,309	8,309	0	0	0	0	0	0	0
5. Total premium reserves, prior year	9,454	9,454	0	0	0	0	0	0	0
6. Increase in total premium reserves	(1,145)	(1,145)	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	5,050	5,050							
2. Total prior year	7,075	7,075	0	0	0	0	0	0	0
3. Increase	(2,025)	(2,025)	0	0	0	0	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	242	242							
1.2 On claims incurred during current year	3,803	3,803							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	.897	.897							
2.2 On claims incurred during current year	4,153	4,153							
3. Test:									
3.1 Lines 1.1 and 2.1	1,139	1,139	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31 prior year	7,075	7,075	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(5,936)	(5,936)	0	0	0	0	0	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	6,621	6,621							
2. Premiums earned	6,616	6,616							
3. Incurred claims	1,290	1,290							
4. Commissions	2,880	2,880							
B. Reinsurance Ceded:									
1. Premiums written	113,810	113,810							
2. Premiums earned	113,635	113,635							
3. Incurred claims	4,142	4,142							
4. Commissions	19,917	19,917							

(a) Includes \$ premium deficiency reserve

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....			4,872	4,872
2. Beginning Claim Reserves and Liabilities.....	.0	0	35,428	35,428
3. Ending Claim Reserves and Liabilities.....			24,150	24,150
4. Claims Paid .....	.0	0	16,150	16,150
B. Assumed Reinsurance:				
5. Incurred Claims.....			1,290	1,290
6. Beginning Claim Reserves and Liabilities.....	.0	0	1,761	1,761
7. Ending Claim Reserves and Liabilities.....			1,428	1,428
8. Claims Paid .....	.0	0	1,623	1,623
C. Ceded Reinsurance:				
9. Incurred Claims.....			4,142	4,142
10. Beginning Claim Reserves and Liabilities.....	.0	0	30,114	30,114
11. Ending Claim Reserves and Liabilities.....			20,528	20,528
12. Claims Paid .....	.0	0	13,728	13,728
D. Net:				
13. Incurred Claims.....	.0	0	2,020	2,020
14. Beginning Claim Reserves and Liabilities.....	.0	0	7,075	7,075
15. Ending Claim Reserves and Liabilities.....	.0	0	5,050	5,050
16. Claims Paid.....	.0	0	4,045	4,045
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....			2,020	2,020
18. Beginning Reserves and Liabilities.....	.0	0	7,075	7,075
19. Ending Reserves and Liabilities.....			5,050	5,050
20. Paid Claims and Cost Containment Expenses	0	0	4,045	4,045

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

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount in Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
62596.....	31-0252460.....	07/01/1992.....	UNION FIDELITY INSURANCE COMPANY.....	US.....	OTH/G.....	326,000.....	11,094.....	7,511.....			
0499999 - General Account - U.S. Non-Affiliates						326,000.....		11,094.....	7,511.....		
0699999 - Total Non-Affiliates						326,000.....		11,094.....	7,511.....		
0799999 - Total General Account						326,000.....		11,094.....	7,511.....		
1599999 - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)						326,000.....	0.....	11,094.....	7,511.....	0.....	0.....
1699999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)						0.....	0.....	0.....	0.....	0.....	0.....
1799999 Totals						326,000.....	0.....	11,094.....	7,511.....	0.....	0.....

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
62146.....	36-2136262...	07/01/1991...	COMBINED INSURANCE COMPANY OF AMERICA.....	US.....	OTH/G.....	11,094	2,127		1,428		
0499999 - U.S. Non-Affiliates						11,094	2,127		1,428		
0699999 - Total Non-Affiliates						11,094	2,127		1,428		
0799999 - Total U.S. (Sum of 0199999 and 0499999)						11,094	2,127	0	1,428	0	0
0899999 - Total Non-U.S. (Sum of 0299999 and 0599999)						0	0	0	0	0	0
0999999 Totals						11,094	2,127	0	1,428	0	0

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0499999 - Life and Annuity - U.S. Non-Affiliates					0	
80659	.38-0397420	01/01/1998	CANADA LIFE	CN		72,000
0599999 - Life and Annuity - Non-U.S. Non-Affiliates						72,000
0699999 - Total Non-Affiliates						72,000
0799999 - Total Life and Annuity						72,000
62146	.36-2136262	12/07/1992	COMBINED INSURANCE COMPANY OF AMERICA	US		20,528
1199999 - Accident and Health - U.S. Non-Affiliates						20,528
1399999 - Total Non-Affiliates						20,528
1499999 - Total Accident and Health						20,528
1599999 - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					0	20,528
1699999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)					0	72,000
1799999 Totals - Life, Annuity and Accident and Health					0	92,528

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

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Re- insurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Previous Year		11 Current Year	12 Prior Year		
80659.....	38-0397420.....	01/01/1998.....	CANADA LIFE.....	CN.....	OTH/G.....	16,350,000.....			90,920.....				
0299999 - General Account Authorized Non-U.S. Affiliates						16,350,000.....			90,920.....				
0399999 - Total Authorized Affiliates						16,350,000.....			90,920.....				
0799999 - Total General Account Authorized						16,350,000.....			90,920.....				
1599999 - Total General Account Authorized and Unauthorized						16,350,000.....			90,920.....				
2999999 - Total Separate Accounts Unauthorized						0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3099999 - Total Separate Accounts Authorized and Unauthorized						0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3299999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						16,350,000.....	0.....	0.....	90,920.....	0.....	0.....	0.....	0.....
3399999 Totals						16,350,000.....	0.....	0.....	90,920.....	0.....	0.....	0.....	0.....

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
62146.....	.36-2136262	12/07/1992	COMBINED INSURANCE COMPANY OF AMERICA	US.....	OTH/G.	113,686	30,621					
0499999 - General Account - Authorized U.S. Non-Affiliates						113,686	30,621					
0699999 - Total Authorized Non-Affiliates						113,686	30,621					
0799999 - Total General Account Authorized						113,686	30,621					
1599999 - Total General Account Authorized and Unauthorized						113,686	30,621					
2999999 - Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
3099999 - Total Separate Accounts Authorized and Unauthorized						0	0	0	0	0	0	0
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						113,686	30,621	0	0	0	0	0
3299999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						0	0	0	0	0	0	0
3399999 Totals						113,686	30,621	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

NONE

45

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

SCHEDULE S - PART 5

Five - Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	205	224	245	272	298
2. Commissions and reinsurance expense allowances	20	23	26	30	34
3. Contract claims	42	106	75	121	161
4. Surrender benefits and withdrawals for life contracts		0	0	0	0
5. Dividends to policyholders		0	0	0	0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts		0	0	0	0
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	.1	2	2	2	2
9. Aggregate reserves for life and accident and health contracts	31	35	42	48	55
10. Liability for deposit-type contracts		0	0	0	0
11. Contract claims unpaid	93	125	126	214	131
12. Amounts recoverable on reinsurance	11	0	0	0	0
13. Experience rating refunds due or unpaid		0	0	0	0
14. Policyholders' dividends (not included in Line 10)		0	0	0	0
15. Commissions and reinsurance expense allowances unpaid		0	0	0	0
16. Unauthorized reinsurance offset	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)	0	0	0	0	0
18. Letters of credit (L)	0	0	0	0	0
19. Trust agreements (T)	0	0	0	0	0
20. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	9,254,305		9,254,305
2. Reinsurance (Line 16)	10,575	(10,575)	0
3. Premiums and considerations (Line 15)	1,454	1,402	2,856
4. Net credit for ceded reinsurance	XXX	132,322	132,322
5. All other admitted assets (balance)	108,250		108,250
6. Total assets excluding Separate Accounts (Line 26)	9,374,584	123,149	9,497,733
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	9,374,584	123,149	9,497,733
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	119,170	30,621	149,791
10. Liability for deposit-type contracts (Line 3)	0		0
11. Claim reserves (Line 4)	30,561	92,528	123,089
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	1,005		1,005
14. Other contract liabilities (Line 9)	0		0
15. Reinsurance in unauthorized companies (Line 24.2)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)	0	0	0
17. All other liabilities (balance)	5,235		5,235
18. Total liabilities excluding Separate Accounts (Line 26)	155,971	123,149	279,120
19. Separate Account liabilities (Line 27)	0		0
20. Total liabilities (Line 28)	155,971	123,149	279,120
21. Capital & surplus (Line 38)	9,218,613	XXX	9,218,613
22. Total liabilities, capital & surplus (Line 39)	9,374,584	123,149	9,497,733
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	30,621		
24. Claim reserves	92,528		
25. Policyholder dividends/reserves	0		
26. Premium & annuity considerations received in advance	0		
27. Liability for deposit-type contracts	0		
28. Other contract liabilities	0		
29. Reinsurance ceded assets	10,575		
30. Other ceded reinsurance recoverables	0		
31. Total ceded reinsurance recoverables	133,724		
32. Premiums and considerations	1,402		
33. Reinsurance in unauthorized companies	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers	0		
35. Other ceded reinsurance payables/offsets	0		
36. Total ceded reinsurance payable/offsets	1,402		
37. Total net credit for ceded reinsurance	132,322		

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

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	0	.0		.0	.0
2. Alaska	AK	0	.0		.0	.0
3. Arizona	AZ	0	.0		.0	.0
4. Arkansas	AR	0	.0		.0	.0
5. California	CA	0	.0		.0	.0
6. Colorado	CO	0	.0		.0	.0
7. Connecticut	CT	0	.0		.0	.0
8. Delaware	DE	0	.0		.0	.0
9. District of Columbia	DC	0	.0		.0	.0
10. Florida	FL	0	.0		.0	.0
11. Georgia	GA	0	.0		.0	.0
12. Hawaii	HI	0	.0		.0	.0
13. Idaho	ID	0	.0		.0	.0
14. Illinois	IL	0	.0		.0	.0
15. Indiana	IN	0	.0		.0	.0
16. Iowa	IA	0	.0		.0	.0
17. Kansas	KS	0	.0		.0	.0
18. Kentucky	KY	0	.0		.0	.0
19. Louisiana	LA	0	.0		.0	.0
20. Maine	ME	0	.0		.0	.0
21. Maryland	MD	0	.0		.0	.0
22. Massachusetts	MA	0	.0		.0	.0
23. Michigan	MI	0	.0		.0	.0
24. Minnesota	MN	0	.0		.0	.0
25. Mississippi	MS	0	.0		.0	.0
26. Missouri	MO	0	.0		.0	.0
27. Montana	MT	0	.0		.0	.0
28. Nebraska	NE	0	.0		.0	.0
29. Nevada	NV	0	.0		.0	.0
30. New Hampshire	NH	0	.0		.0	.0
31. New Jersey	NJ	0	.0		.0	.0
32. New Mexico	NM	0	.0		.0	.0
33. New York	NY	0	.0		.0	.0
34. North Carolina	NC	0	.0		.0	.0
35. North Dakota	ND	0	.0		.0	.0
36. Ohio	OH	112,599	.0		.0	112,599
37. Oklahoma	OK	0	.0		.0	.0
38. Oregon	OR	0	.0		.0	.0
39. Pennsylvania	PA	0	.0		.0	.0
40. Rhode Island	RI	0	.0		.0	.0
41. South Carolina	SC	0	.0		.0	.0
42. South Dakota	SD	0	.0		.0	.0
43. Tennessee	TN	0	.0		.0	.0
44. Texas	TX	0	.0		.0	.0
45. Utah	UT	0	.0		.0	.0
46. Vermont	VT	0	.0		.0	.0
47. Virginia	VA	0	.0		.0	.0
48. Washington	WA	0	.0		.0	.0
49. West Virginia	WV	0	.0		.0	.0
50. Wisconsin	WI	0	.0		.0	.0
51. Wyoming	WY	0	.0		.0	.0
52. American Samoa	AS	0	.0		.0	.0
53. Guam	GU	0	.0		.0	.0
54. Puerto Rico	PR	0	.0		.0	.0
55. US Virgin Islands	VI	0	.0		.0	.0
56. Northern Mariana Islands	MP	0	.0		.0	.0
57. Canada	CN	0	.0		.0	.0
58. Aggregate Other Alien	OT	0	.0		.0	.0
59. Totals		112,599	0	0	0	112,599

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

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Automobile Club of Southern California is the ultimate controlling entity.

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

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NONE

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....YES.....
4. Will an actuarial opinion be filed by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....

JUNE FILING

9. Will an audited financial report be filed by June 1?	.....YES.....
10 Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?YES.....
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The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....YES.....
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	.....YES.....
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	.....YES.....
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	.....NO.....
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....YES.....

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....

37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?NO.....

38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?NO.....

39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?NO.....

APRIL FILING

40. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....

41. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?NO.....

42. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?NO.....

43. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?NO.....

45. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?NO.....

46. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?NO.....

47. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?NO.....

AUGUST FILING

48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

EXPLANATIONS:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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

**MEDICARE PART D COVERAGE SUPPLEMENT
NET OF REINSURANCE**

For The Year Ended December 31, 2011

(To Be Filed by March 1)

NAIC Company Code 66005

NAIC Group Code 0000

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	0
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	0
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....		XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	0
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....		XXX	0	XXX	XXX
11. Total Claims.....	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....		XXX		XXX	0
12.2 Reimbursements Received but Not Applied-change.....		XXX		XXX	0
12.3 Reimbursements Receivable-change.....		XXX		XXX	XXX
12.4 Health Care Receivables-change.....		XXX		XXX	XXX
13. Aggregate Policy Reserves-change.....					
14. Expenses Paid.....		XXX		XXX	0
15. Expenses Incurred.....		XXX		XXX	XXX
16. Underwriting Gain/Loss.....	0	XXX	0	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	0

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

FOR THE YEAR ENDED DECEMBER 31, 2011

(To Be Filed By March 1)

Of The OHIO MOTORISTS LIFE INSURANCE COMPANY

Address (City, State and Zip Code) Independence, OH 44131.....

NAIC Group Code 0000..... NAIC Company Code 66005..... Employer's ID Number 34-1666970.....

SUPPLEMENTAL SCHEDULE O – PART 1**Development of Incurred Losses****(\$000 OMITTED)****Section A - Group Accident and Health**

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011(a)
1. Prior	10	0	.0	.0	.0
2. 2007.....	.6	5	.0	.0	.0
3. 2008.....	XXX	3	.4	.1	
4. 2009.....	XXX	XXX	.2	.3	
5. 2010.....	XXX	XXX	XXX	.3	0
6. 2011.....	XXX	XXX	XXX	XXX	4

Section B - Other Accident and Health

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.0	.0
6. 2011.....	XXX	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.0	.0
6. 2011.....	XXX	XXX	XXX	XXX	XXX

Section D -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.0	.0
6. 2011.....	XXX	XXX	XXX	XXX	XXX

Section E -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.0	.0
6. 2011.....	XXX	XXX	XXX	XXX	XXX

Section F -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.0	.0
6. 2011.....	XXX	XXX	XXX	XXX	XXX

Section G -

1. Prior .....	.0	0	.0	.0	.0
2. 2007.....	.0	0	.0	.0	.0
3. 2008.....	XXX	0	.0	.0	.0
4. 2009.....	XXX	XXX	.0	.0	.0
5. 2010.....	XXX	XXX	XXX	.0	.0
6. 2011.....	XXX	XXX	XXX	XXX	XXX

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior	0	0	.0	0	0
2. 2007	0	0	.0	0	0
3. 2008	XXX	0	.0	0	0
4. 2009	XXX	XXX	.0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. Prior	0	0	.0	0
2. 2007	0	0	.0	0
3. 2008	XXX	0	.0	0
4. 2009	XXX	XXX	.0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior	0	0	.0	0
2. 2007	0	0	.0	0
3. 2008	XXX	0	.0	0
4. 2009	XXX	XXX	.0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section D-

1. Prior	0	0	.0	0
2. 2007	0	0	.0	0
3. 2008	XXX	0	.0	0
4. 2009	XXX	XXX	.0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section E-

1. Prior	0	0	.0	0
2. 2007	0	0	.0	0
3. 2008	XXX	0	.0	0
4. 2009	XXX	XXX	.0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section F-

1. Prior	0	0	.0	0
2. 2007	0	0	.0	0
3. 2008	XXX	0	.0	0
4. 2009	XXX	XXX	.0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

Section G-

1. Prior	0	0	.0	0
2. 2007	0	0	.0	0
3. 2008	XXX	0	.0	0
4. 2009	XXX	XXX	.0	0
5. 2010	XXX	XXX	XXX	0
6. 2011	XXX	XXX	XXX	XXX

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007 .....	.13	15	11	XXX	XXX
2. 2008	XXX	.10	11	8	XXX
3. 2009	XXX	XXX	.5	6	5
4. 2010	XXX	XXX	XXX	9	5
5. 2011	XXX	XXX	XXX	XXX	8

Section B - Other Accident and Health

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	0
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section D-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section E-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	0
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section F-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

Section G-

1. 2007	0	0	.0	XXX	XXX
2. 2008	XXX	0	.0	0	XXX
3. 2009	XXX	XXX	.0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

Section B – Other Accident and Health

1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

Section D-

1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

Section E-

1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

Section F-

1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

Section G-

1. 2007.....	0	0	0	0	0
2. 2008.....	XXX	0	0	0	0
3. 2009.....	XXX	XXX	0	0	0
4. 2010.....	XXX	XXX	XXX	0	0
5. 2011.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life		
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health		
9. Credit accident and health		
10. Other accident and health		
11. Total		31
Other		26
Development		5

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