



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	0000	NAIC Company Code	66005	Employer's ID Number	34-1666970
	(Current Period)	(Prior Period)				
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			Independence, OH 44131		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	5700 Brecksville Road		Independence, OH 44131	216-606-6096		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	PO Box 6150			Cleveland, OH 44101		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	5700 Brecksville Road		Independence, OH 44131	216-606-6465		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address						
Statutory Statement Contact	Michael R Pratt			216-606-6465		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	mpratt@aaaec.com			216-606-6018		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
James McGrath	President	Michael R Pratt	Treasuer
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 ofOhio.....

County ofCuyahoga..... 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 Treasuer	Kenneth Friedel Vice President
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Subscribed and sworn to before me this
27th day of February, 2012

Melissa Kristanko, Notary Public
April 13, 2016

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



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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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:										
18.1By payment in full					2	75			2	75
18.2By payment on compromised claims									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	(a) 0	2	20,900	0	0	2	20,900
21. Issued during year						100			0	100
22. Other changes to in force (Net)						(1,925)			0	(1,925)
23. In force December 31 of current year	0	0	0	(a) 0	2	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	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 _____ 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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:										
18.1By payment in full.....	0	0	0	0	2	75	0	0	2	75
18.2By 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	(a) 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	(a) 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		1 Amount
1. Reserve as of December 31, prior year		0
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the Reserve Net of Taxes 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	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			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			0	XXX
14. Voluntary contribution			0			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

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

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations	7,785,005	XXX	XXX	7,785,005	0.0000	0	0.0000	0	0.0000	0
2	1	Highest Quality	1,344,861	XXX	XXX	1,344,861	0.0004	538	0.0023	3,093	0.0030	4,035
3	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total Unrated Multi-Class Securities Acquired by Conversion		XXX	XXX	0	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	4,035
PREFERRED STOCK												
10	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total Short-term Bonds (Sum of lines 18 through 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve		
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)	
DERIVATIVE INSTRUMENTS													
26	1 2 3 4 5 6	Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0	
27		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0	
28		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0	
29		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0	
30		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0	
31		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0	
32		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0	
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0	
34		TOTAL (Lines 9 + 17 + 25 + 33)	9,129,866	XXX	XXX	9,129,866	XXX	538	XXX	3,093	XXX	4,035	
MORTGAGE LOANS													
In Good Standing:													
35		Farm Mortgages			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0	
36		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0	
37		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0	
38		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0	
39		Commercial Mortgages - All Other			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0	
40		In Good Standing With Restructured Terms			XXX	0	0.2800 (b)	0	0.6200 (b)	0	1.0000 (b)	0	
Overdue, Not in Process:													
41		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0	
42		Residential Mortgages - Insured of Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0	
43		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0	
44		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0	
45		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0	
In Process of Foreclosure:													
46		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0	
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0	
48		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0	
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0	
50		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0	
51			Total Schedule B Mortgages (Sum of Lines 35 through 50)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	0	
53		Total Mortgage Loans on Real Estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0	

(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		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		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
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
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	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	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	2	3	4
	Medical	Dental	Other	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

SCHEDULE S - PART 1 - SECTION 1

[illegible]

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

[illegible]

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

[illegible]

SCHEDULE S - PART 3 - SECTION 1

[illegible]

SCHEDULE S - PART 3 - SECTION 2

[illegible]

45

Reinsurance Ceded To Unauthorized Companies

NONE

(a)		American Bankers Association (ABA) Routing Number	
	Code		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	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	0	112,599

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
NONE												
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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.....

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.....
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EXPLANATIONS:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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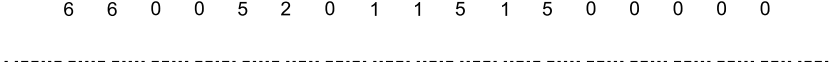
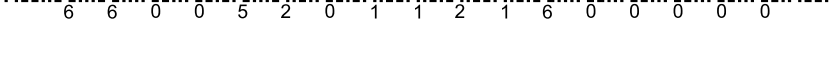
46.

47.

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14.	 6 6 0 0 5 2 0 1 1 4 9 0 0 0 0 0 0
17.	 6 6 0 0 5 2 0 1 1 4 4 2 0 0 0 0 0
18.	 6 6 0 0 5 2 0 1 1 4 4 3 0 0 0 0 0
19.	 6 6 0 0 5 2 0 1 1 4 4 4 0 0 0 0 0
20.	 6 6 0 0 5 2 0 1 1 4 4 5 0 0 0 0 0
21.	 6 6 0 0 5 2 0 1 1 4 4 6 0 0 0 0 0
22.	 6 6 0 0 5 2 0 1 1 4 4 7 0 0 0 0 0
23.	 6 6 0 0 5 2 0 1 1 4 4 8 0 0 0 0 0
24.	 6 6 0 0 5 2 0 1 1 4 4 9 0 0 0 0 0
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26.	 6 6 0 0 5 2 0 1 1 4 5 1 0 0 0 0 0
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28.	 6 6 0 0 5 2 0 1 1 4 5 3 0 0 0 0 0
29.	 6 6 0 0 5 2 0 1 1 4 3 6 0 0 0 0 0

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30.	 6 6 0 0 5 2 0 1 1 4 3 7 0 0 0 0 0
31.	 6 6 0 0 5 2 0 1 1 4 3 8 0 0 0 0 0
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36.	 6 6 0 0 5 2 0 1 1 3 6 5 0 0 0 0 0
37.	 6 6 0 0 5 2 0 1 1 2 2 4 0 0 0 0 0
38.	 6 6 0 0 5 2 0 1 1 2 2 5 0 0 0 0 0
39.	 6 6 0 0 5 2 0 1 1 2 2 6 0 0 0 0 0
40.	 6 6 0 0 5 2 0 1 1 3 0 6 0 0 0 0 0
41.	 6 6 0 0 5 2 0 1 1 2 8 0 0 0 0 0 0
42.	 6 6 0 0 5 2 0 1 1 2 3 0 0 0 0 0 0
44.	 6 6 0 0 5 2 0 1 1 5 1 0 0 0 0 0 0
45.	 6 6 0 0 5 2 0 1 1 5 1 5 0 0 0 0 0
46.	 6 6 0 0 5 2 0 1 1 2 1 6 0 0 0 0 0
47.	 6 6 0 0 5 2 0 1 1 2 1 7 0 0 0 0 0

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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

NAIC Group Code0000 For The Year Ended December 31, 2011 NAIC Company Code66005
(To Be Filed by March 1)

	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.....	0	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.....					XXX
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	
2. 2007	.6	.5	.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	
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	

(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	
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 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	

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	
4. 2010	XXX	XXX	XXX	.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	XXX
3. 2009	XXX	XXX	.0		
4. 2010	XXX	XXX	XXX	.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	
4. 2010	XXX	XXX	XXX	.0	
5. 2011	XXX	XXX	XXX	XXX	

Section E-

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

Section B – Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D-

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

Section E-

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

Section F-

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

Section G-

1. 2007.....	.0	.0	.0	.0	
2. 2008.....	XXX	.0	.0	.0	
3. 2009.....	XXX	XXX	.0	.0	
4. 2010.....	XXX	XXX	XXX	.0	
5. 2011.....	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	Other	26
7. Group annuities		
8. Group accident and health	Development	5
9. Credit accident and health		
10. Other accident and health		
11. Total		31

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