



QUARTERLY STATEMENT

AS OF MARCH 31, 2012  
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.....  
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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	a. Is this an original filing? Yes [ X ] No [ ]
Subscribed and sworn to before me this 9th day of May, 2012		b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached
Melissa Kristanko, Notary Public April 13<2016		

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	9,125,175		9,125,175	9,129,866
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....225,010 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	225,010		225,010	124,439
6. Contract loans (including \$ .....premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets.....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	9,350,185	0	9,350,185	9,254,305
13. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	97,689		97,689	108,250
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,818		3,818	1,454
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	9,752		9,752	10,575
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,461,444	0	9,461,444	9,374,584
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	9,461,444	0	9,461,444	9,374,584
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$ ..... 104,999 less \$ ..... included in Line 6.3 (including \$ ..... Modco Reserve) .....	104,999	111,640
2. Aggregate reserve for accident and health contracts (including \$ ..... Modco Reserve) .....	11,589	7,530
3. Liability for deposit-type contracts (including \$ ..... Modco Reserve) .....		0
4. Contract claims:		
4.1 Life .....	29,150	25,511
4.2 Accident and health .....	5,027	5,050
5. Policyholders' dividends \$ ..... and coupons \$ ..... due and unpaid .....		0
6. Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
6.1 Dividends apportioned for payment (including \$ ..... Modco) .....		0
6.2 Dividends not yet apportioned (including \$ ..... Modco) .....		0
6.3 Coupons and similar benefits (including \$ ..... Modco) .....		0
7. Amount provisionally held for deferred dividend policies not included in Line 6 .....		0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ ..... 1,175 discount; including \$ ..... accident and health premiums .....	1,175	1,005
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts .....		0
9.2 Provision for experience rating refunds, including the liability of \$ ..... accident and health experience rating refunds of which \$ ..... is for medical loss ratio rebate per the Public Health Service Act .....		0
9.3 Other amounts payable on reinsurance, including \$ ..... assumed and \$ ..... ceded .....	0	0
9.4 Interest Maintenance Reserve .....	0	0
10. Commissions to agents due or accrued—life and annuity contracts \$ ..... accident and health \$ ..... and deposit-type contract funds \$ ..... .....		0
11. Commissions and expense allowances payable on reinsurance assumed .....		0
12. General expenses due or accrued .....	1,200	1,200
13. Transfers to Separate Accounts due or accrued (net) (including \$ ..... accrued for expense allowances recognized in reserves, net of reinsured allowances) .....		0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes .....		0
15.1 Current federal and foreign income taxes, including \$ ..... on realized capital gains (losses) .....	15,000	0
15.2 Net deferred tax liability .....		0
16. Unearned investment income .....		0
17. Amounts withheld or retained by company as agent or trustee .....		0
18. Amounts held for agents' account, including \$ ..... agents' credit balances .....		0
19. Remittances and items not allocated .....		0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....		0
21. Liability for benefits for employees and agents if not included above .....		0
22. Borrowed money \$ ..... and interest thereon \$ ..... .....		0
23. Dividends to stockholders declared and unpaid .....		0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve .....	4,035	4,035
24.02 Reinsurance in unauthorized companies .....		0
24.03 Funds held under reinsurance treaties with unauthorized reinsurers .....		0
24.04 Payable to parent, subsidiaries and affiliates .....		0
24.05 Drafts outstanding .....		0
24.06 Liability for amounts held under uninsured plans .....		0
24.07 Funds held under coinsurance .....		0
24.08 Derivatives .....		0
24.09 Payable for securities .....		0
24.10 Payable for securities lending .....		0
24.11 Capital notes \$ ..... and interest thereon \$ ..... .....		0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....	172,175	155,971
27. From Separate Accounts statement .....		0
28. Total liabilities (Lines 26 and 27) .....	172,175	155,971
29. Common capital stock .....	1,000,000	1,000,000
30. Preferred capital stock .....		0
31. Aggregate write-ins for other than special surplus funds .....	0	0
32. Surplus notes .....		0
33. Gross paid in and contributed surplus .....	2,000,000	2,000,000
34. Aggregate write-ins for special surplus funds .....	0	0
35. Unassigned funds (surplus) .....	6,289,269	6,218,613
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 29 \$ ..... ) .....		0
36.2 ..... shares preferred (value included in Line 30 \$ ..... ) .....		0
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$ ..... in Separate Accounts Statement) ....	8,289,269	8,218,613
38. Totals of Lines 29, 30 and 37 .....	9,289,269	9,218,613
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	9,461,444	9,374,584
<b>DETAILS OF WRITE-INS</b>		
2501. Net Reinsurance Settlement .....		0
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page .....	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	0	0
3401. ....		
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

SUMMARY OF OPERATIONS

	1 Current Year To Date	2 Prior Year Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts .....	16,489	23,650	58,852
2. Considerations for supplementary contracts with life contingencies .....		0	0
3. Net investment income .....	91,130	96,012	351,868
4. Amortization of Interest Maintenance Reserve (IMR) .....		0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....		0	0
6. Commissions and expense allowances on reinsurance ceded .....	4,989	10,555	19,917
7. Reserve adjustments on reinsurance ceded .....		0	0
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....		0	0
8.2 Charges and fees for deposit-type contracts .....		0	0
8.3 Aggregate write-ins for miscellaneous income .....	435	476	2,307
9. Totals (Lines 1 to 8.3) .....	113,043	130,693	432,944
10. Death benefits .....	14,143	2,073	19,550
11. Matured endowments (excluding guaranteed annual pure endowments) .....		0	0
12. Annuity benefits .....		0	0
13. Disability benefits and benefits under accident and health contracts .....	206	(945)	2,020
14. Coupons, guaranteed annual pure endowments and similar benefits .....		0	0
15. Surrender benefits and withdrawals for life contracts .....		0	0
16. Group conversions .....		0	0
17. Interest and adjustments on contract or deposit-type contract funds .....		0	0
18. Payments on supplementary contracts with life contingencies .....		0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	(2,582)	6,536	(6,699)
20. Totals (Lines 10 to 19) .....	11,767	7,664	14,871
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) .....	5,869	12,418	23,431
22. Commissions and expense allowances on reinsurance assumed .....	1,161	2,222	8,287
23. General insurance expenses .....	8,427	16,554	24,502
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	163	334	43,531
25. Increase in loading on deferred and uncollected premiums .....		0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance .....		0	0
27. Aggregate write-ins for deductions .....	0	0	0
28. Totals (Lines 20 to 27) .....	27,387	39,192	114,622
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) .....	85,656	91,501	318,322
30. Dividends to policyholders .....		0	0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) .....	85,656	91,501	318,322
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	15,000	19,000	58,000
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	70,656	72,501	260,322
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ ..... (excluding taxes of \$ ..... transferred to the IMR) .....		0	0
35. Net income (Line 33 plus Line 34) .....	70,656	72,501	260,322
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year .....	9,218,613	8,953,983	8,953,982
37. Net income (Line 35) .....	70,656	72,501	260,322
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
39. Change in net unrealized foreign exchange capital gain (loss) .....		0	0
40. Change in net deferred income tax .....		0	0
41. Change in nonadmitted assets .....		0	0
42. Change in liability for reinsurance in unauthorized companies .....		0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease .....		0	0
44. Change in asset valuation reserve .....		0	4,309
45. Change in treasury stock .....		0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....		0	0
47. Other changes in surplus in Separate Accounts Statement .....		0	0
48. Change in surplus notes .....		0	0
49. Cumulative effect of changes in accounting principles .....		0	0
50. Capital changes:			
50.1 Paid in .....		0	0
50.2 Transferred from surplus (Stock Dividend) .....		0	0
50.3 Transferred to surplus .....		0	0
51. Surplus adjustment:			
51.1 Paid in .....		0	0
51.2 Transferred to capital (Stock Dividend) .....		0	0
51.3 Transferred from capital .....		0	0
51.4 Change in surplus as a result of reinsurance .....		0	0
52. Dividends to stockholders .....		0	0
53. Aggregate write-ins for gains and losses in surplus .....	0	0	0
54. Net change in capital and surplus (Lines 37 through 53) .....	70,656	72,501	264,631
55. Capital and surplus as of statement date (Lines 36 + 54) .....	9,289,269	9,026,484	9,218,613
DETAILS OF WRITE-INS			
08.301. Miscellaneous Income .....	435	476	2,307
08.302. ....			
08.303. ....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....	435	476	2,307
2701. ....			
2702. ....			
2703. ....			
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0
2799. Totals (Lines 2701 through 2703 plus 2798)(Line 27 above) .....	0	0	0
5301. ....			
5302. ....			
5303. ....			
5398. Summary of remaining write-ins for Line 53 from overflow page .....	0	0	0
5399. Totals (Lines 5301 through 5303 plus 5398)(Line 53 above) .....	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	14,295	22,838	59,538
2. Net investment income.....	106,382	110,139	391,560
3. Miscellaneous income.....	5,424	11,031	22,224
4. Total (Lines 1 to 3).....	126,101	144,008	473,322
5. Benefit and loss related payments.....	9,910	10,865	35,369
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	15,620	31,528	99,751
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	1,000	58,000
10. Total (Lines 5 through 9).....	25,530	43,393	193,120
11. Net cash from operations (Line 4 minus Line 10).....	100,571	100,615	280,202
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	1,405,000	2,080,000
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	1,405,000	2,080,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	0	1,630,337	2,413,087
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	1,630,337	2,413,087
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	(225,337)	(333,087)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	0	(58)	(58)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	0	(58)	(58)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	100,571	(124,780)	(52,943)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	124,439	177,382	177,382
19.2 End of period (Line 18 plus Line 19.1).....	225,010	52,602	124,439

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS			
	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Industrial life .....		0	0
2. Ordinary life insurance .....		0	0
3. Ordinary individual annuities .....		0	0
4. Credit life (group and individual) .....		0	0
5. Group life insurance .....	36,066	39,245	111,999
6. Group annuities .....		0	0
7. A & H - group .....	51,016	81,855	133,749
8. A & H - credit (group and individual) .....		0	0
9. A & H - other .....		0	0
10. Aggregate of all other lines of business .....	0	0	0
11. Subtotal .....	87,082	121,100	245,748
12. Deposit-type contracts .....		0	0
13. Total	87,082	121,100	245,748
DETAILS OF WRITE-INS			
1001. ....			
1002. ....			
1003. ....			
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0
1099. Total (Lines 1001 through 1003 plus 1098)(Line 10 above)	0	0	0

## NOTES TO FINANCIAL STATEMENTS

Notes 1 thru 8 "no change"

Note 9. Income Taxes

- A. The Company does not have any deferred tax asset or liability at March 31, 2012.
- B. There are no unrecognized deferred tax liabilities.
- C. The only component of incurred income tax expenses is the current income taxes \$15,000.
- D. The Company's income taxes expense is an estimate of the amount obtained by applying the federal rate of 34% ( 17% with small life deduction and alternative minimum tax) to Net Gain from operations.
- E. The Company does not have any loss carry forwards.
- F. The Company's federal income tax is not consolidated with any other entity.

Notes 10 thru 16 "no change"

Note 17 Sales, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities -- NONE.

Notes 18 thru 19 "no change".

Note 20 Fair Value Measurements

No assets or liabilities are measured on a recurring or nonrecurring basis in periods subsequent to initial recognition. All investments are bonds actively traded in the market and are Level 1's.

Notes 21 thru 24 "no change".

Note 25 Change in Incurred Losses and Loss Adjustment Expenses -- NONE.

Notes 26 thru 35 "no change".

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes ☐ No ☒
- 2.2

If yes, date of change: .....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes ☐ No ☒

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2009
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2009
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

04/30/2011
- 6.4

By what department or departments?  
Ohio Department of Insurance.....
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?.....

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?.....

Yes ☐ No ☒
- 7.2

If yes, give full information:  
.....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?.....

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC



GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....

Yes [X] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:

.....
- 9.2

Has the code of ethics for senior managers been amended?.....

Yes [ ] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?.....

Yes [ ] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [ ] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....

\$ .....0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]
- 11.2

If yes, give full and complete information relating thereto:

.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....0
13.

Amount of real estate and mortgages held in short-term investments: .....

\$ .....0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]
- 14.2

If yes, please complete the following:

		1		2
		Prior Year-End		Current Quarter
		Book/Adjusted		Book/Adjusted
		Carrying Value		Carrying Value
14.21	Bonds .....	\$ .....0	\$	.....0
14.22	Preferred Stock .....	\$ .....0	\$	.....0
14.23	Common Stock .....	\$ .....0	\$	.....0
14.24	Short-Term Investments .....	\$ .....0	\$	.....0
14.25	Mortgage Loans on Real Estate .....	\$ .....0	\$	.....0
14.26	All Other .....	\$ .....0	\$	.....0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$	.....0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above ....	\$ .....0	\$	.....0
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?.....

Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
PNC Bank.....	1900 E. 9th Street Cleveland, Ohio 44114.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? .....

Yes [ ] No [X]

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

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

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? .....

Yes [X] No [ ]

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES  
PART 2 - LIFE & HEALTH

1

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1 Long-Term Mortgages in Good Standing

1.11 Farm Mortgages

\$0

1.12 Residential Mortgages

\$0

1.13 Commercial Mortgages

\$0

1.14 Total Mortgages in Good Standing

\$0

1.2 Long-Term Mortgages in Good Standing with Restructured Terms

1.21 Total Mortgages in Good Standing with Restructured Terms

\$0

1.3 Long-Term Mortgage Loans upon which Interest is Overdue more than Three Months

1.31 Farm Mortgages

\$0

1.32 Residential Mortgages

\$0

1.33 Commercial Mortgages

\$0

1.34 Total Mortgages with Interest Overdue more than Three Months

\$0

1.4 Long-Term Mortgage Loans in Process of Foreclosure

1.41 Farm Mortgages

\$0

1.42 Residential Mortgages

\$0

1.43 Commercial Mortgages

\$0

1.44 Total Mortgages in Process of Foreclosure

\$0

1.5 Total Mortgage Loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)

\$0

1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter

1.61 Farm Mortgages

\$0

1.62 Residential Mortgages

\$0

1.63 Commercial Mortgages

\$0

1.64 Total Mortgages Foreclosed and Transferred to Real Estate

\$0

2. Operating Percentages:

2.1 A&H loss percent

0.0%

2.2 A&H cost containment percent

0.0%

2.3 A&H expense percent excluding cost containment expenses

1.4%

3.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [X]

3.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$

3.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [X]

3.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$

## SCHEDULE S - CEDED REINSURANCE

[illegible]

SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories								
States, Etc.		1	Direct Business Only					
			Life Contracts		4	5	6	7
			2	3				
		Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 Through 5	Deposit-Type Contracts
1. Alabama	AL	N					0	
2. Alaska	AK	N					0	
3. Arizona	AZ	N					0	
4. Arkansas	AR	N					0	
5. California	CA	N					0	
6. Colorado	CO	N					0	
7. Connecticut	CT	N					0	
8. Delaware	DE	N					0	
9. District of Columbia	DC	N					0	
10. Florida	FL	N					0	
11. Georgia	GA	N					0	
12. Hawaii	HI	N					0	
13. Idaho	ID	N					0	
14. Illinois	IL	N					0	
15. Indiana	IN	N					0	
16. Iowa	IA	N					0	
17. Kansas	KS	N					0	
18. Kentucky	KY	N					0	
19. Louisiana	LA	N					0	
20. Maine	ME	N					0	
21. Maryland	MD	N					0	
22. Massachusetts	MA	N					0	
23. Michigan	MI	N					0	
24. Minnesota	MN	N					0	
25. Mississippi	MS	N					0	
26. Missouri	MO	N					0	
27. Montana	MT	N					0	
28. Nebraska	NE	N					0	
29. Nevada	NV	N					0	
30. New Hampshire	NH	N					0	
31. New Jersey	NJ	N					0	
32. New Mexico	NM	N					0	
33. New York	NY	N					0	
34. North Carolina	NC	N					0	
35. North Dakota	ND	N					0	
36. Ohio	OH	L	35,457		33,539		68,996	
37. Oklahoma	OK	N					0	
38. Oregon	OR	N					0	
39. Pennsylvania	PA	N					0	
40. Rhode Island	RI	N					0	
41. South Carolina	SC	N					0	
42. South Dakota	SD	N					0	
43. Tennessee	TN	N					0	
44. Texas	TX	N					0	
45. Utah	UT	N					0	
46. Vermont	VT	N					0	
47. Virginia	VA	N					0	
48. Washington	WA	N					0	
49. West Virginia	WV	N					0	
50. Wisconsin	WI	N					0	
51. Wyoming	WY	N					0	
52. American Samoa	AS	N					0	
53. Guam	GU	N					0	
54. Puerto Rico	PR	N					0	
55. US Virgin Islands	VI	N					0	
56. Northern Mariana Islands	MP	N					0	
57. Canada	CN	N					0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Subtotal	(a) 1		35,457	0	33,539	0	68,996	0
90. Reporting entity contributions for employee benefit plans	XXX						0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX						0	
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX						0	
93. Premium or annuity considerations waived under disability or other contract provisions	XXX						0	
94. Aggregate other amounts not allocable by State	XXX		0	0	0	0	0	0
95. Totals (Direct Business)	XXX		35,457	0	33,539	0	68,996	0
96. Plus Reinsurance Assumed	XXX		1,797		666		2,463	
97. Totals (All Business)	XXX		37,254	0	34,205	0	71,459	0
98. Less Reinsurance Ceded	XXX		28,654		28,509		57,163	
99. Totals (All Business) less Reinsurance Ceded	XXX		8,600	0	5,696	0	14,296	0
DETAILS OF WRITE-INS								
5801.	XXX							
5802.	XXX							
5803.	XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0
5899. Total (Lines 5801 through 5803 + 5898)(Line 58 above)	XXX		0	0	0	0	0	0
9401.	XXX							
9402.	XXX							
9403.	XXX							
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX		0	0	0	0	0	0
9499. Total (Lines 9401 through 9403 + 9498)(Line 94 above)	XXX		0	0	0	0	0	0

(L) Licensed or Chartered – Licensed Insurance Carrier or Domiciled RRG; (R) Registered – Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above – Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and Other Alien.

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

Automoblie Club of Southern California (95-0514585)

Auto Club Enterprises (71-0919095)

AAA East Central (25-1114373)

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

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

**STATEMENT AS OF MARCH 31, 2012 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.


	RESPONSE
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	.....NO.....
4. 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?	.....NO.....
5. 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?	.....NO.....
6. 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?	.....NO.....
7. 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?	.....NO.....

Explanation:

1.
2.
3.
4.
5.
6.
7.


Bar Code:

1.




66005201249000001

2.




66005201236500001

3.




66005201244500001

4.




66005201244600001

5.




66005201244700001

6.



66005201244800001

7.



66005201244900001



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,129,866	8,824,518
2. Cost of bonds and stocks acquired		2,413,087
3. Accrual of discount	104	1,289
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		2,080,000
7. Deduct amortization of premium	4,795	29,028
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	9,125,175	9,129,866
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	9,125,175	9,129,866

STATEMENT AS OF MARCH 31, 2012 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	9,129,866			(4,692)	9,125,174	0	0	9,129,866
2. Class 2 (a).....	0				0	0	0	0
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	0				0	0	0	0
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	9,129,866	0	0	(4,692)	9,125,174	0	0	9,129,866
<b>PREFERRED STOCK</b>								
8. Class 1 .....	0				0	0	0	0
9. Class 2 .....	0				0	0	0	0
10. Class 3 .....	0				0	0	0	0
11. Class 4 .....	0				0	0	0	0
12. Class 5 .....	0				0	0	0	0
13. Class 6 .....	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	9,129,866	0	0	(4,692)	9,125,174	0	0	9,129,866

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....; NAIC 2 \$.....; NAIC 3 \$.....; NAIC 4 \$.....; NAIC 5 \$.....; NAIC 6 \$.....

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B- Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Sch. DB - Pt. A - Sn. 1 - Footnote (a)

NONE

Schedule DB - Part B - Section 1

NONE

Sch. DB - Pt. B - Sn. 1 - Footnotes

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2  
**NONE**

**STATEMENT AS OF MARCH 31, 2012 OF THE OHIO MOTORISTS LIFE INSURANCE COMPANY**

## SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0