
AMENDED FILING EXPLANATION

The notes pages did not transmit with the original filing done on 2/25/15



ANNUAL STATEMENT

For the Year Ended December 31, 2014
of the Condition and Affairs of the

Club Insurance Company

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)

NAIC Company Code..... 10974

Employer's ID Number..... 31-1631404

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... December 11, 1998

Commenced Business..... April 29, 1999

Statutory Home Office

90 East Wilson Bridge Rd..... Worthington OH US 43085
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

90 East Wilson Bridge Rd..... Worthington OH US..... 43085
(Street and Number) (City or Town, State, Country and Zip Code)

614-431-7889
(Area Code) (Telephone Number)

Mail Address

90 East Wilson Bridge Rd..... Worthington OH US 43085
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

90 East Wilson Bridge Rd..... Worthington OH US 43085
(Street and Number) (City or Town, State, Country and Zip Code)

614-431-7889
(Area Code) (Telephone Number)

Internet Web Site Address

N/A

Statutory Statement Contact

Ronald Jay Carr
(Name)
rcarr@aaaohio.com
(E-Mail Address)

614-431-7805
(Area Code) (Telephone Number) (Extension)
614-431-7852
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. David Matthew McMullen	President	2. Thomas Wesley Keyes	Treasurer
3. Thomas Wesley Keyes	Secretary	4.	N/A

OTHER

DIRECTORS OR TRUSTEES

John Jeffery Bognaird	Charles Henderson Hire	John Edward McClain Jr	Thomas Joseph Eberly
Thomas Alan Dunlap	Sue Ann Fouché	Brian W Thomas	William Joseph Hafer
Mark Harry Shaw			

State of..... Ohio
County of..... Franklin

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.

(Signature)
David Matthew McMullen

1. (Printed Name)
President

(Title)

(Signature)
Thomas Wesley Keyes

2. (Printed Name)
Treasurer

(Title)

(Signature)
Thomas Wesley Keyes

3. (Printed Name)
Secretary

(Title)

Subscribed and sworn to before me
This _____ day of _____ 2015

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