
AMENDED FILING EXPLANATION

The Actuarial Opinion changed since original filing



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

OHIO MOTORISTS LIFE INSURANCE COMPANY

NAIC Group Code.....1318, 1318
(Current Period) (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 US

Incorporated/Organized..... September 24, 1990

Commenced Business..... July 1, 1991

Statutory Home Office

5700 BRECKSVILLE ROAD..... INDEPENDENCE OH US 44131
(Street and Number) (City or Town, State, Country and Zip Code)

216-606-6045

Main Administrative Office

5700 BRECKSVILLE ROAD..... INDEPENDENCE OH US..... 44131
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail Address

P.O. BOX 6150..... CLEVELAND OH US 44101
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

216-606-6045

Primary Location of Books and Records

5700 BRECKSVILLE ROAD..... INDEPENDENCE OH US 44131
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Web Site Address

N/A

216-606-6045

Statutory Statement Contact

ROBIN A. MERVINE

216-606-6018

(Name)

RMERVINE@AAAEC.COM

(Fax Number)

(E-Mail Address)

OFFICERS

Name
James E. Lehman

Title
President

Name
Raymond M. Komichak

Title
Secretary

OTHER

DIRECTORS OR TRUSTEES

Mary Lynn Laughlin
Thomas J. Ashley #

Gary S. Cowling

Peter E. Shimrak

James E. Lehman

State of..... Ohio
County of.... Cuyahoga

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)
James E. Lehman
1. (Printed Name)
President
(Title)

(Signature)
Raymond M. Komichak
2. (Printed Name)
Secretary
(Title)

(Signature)
3. (Printed Name)
(Title)

Subscribed and sworn to before me

This _____ day of _____ 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