



# 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)

Main Administrative Office

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

216-606-6045

(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)

Primary Location of Books and Records

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

216-606-6045

(Area Code) (Telephone Number)

Internet Web Site Address

N/A

Statutory Statement Contact

ROBIN A. MERVINE

216-606-6045

(Name)  
RMERVINE@AAAEC.COM  
(E-Mail Address)

(Area Code) (Telephone Number) (Extension)  
216-606-6018  
(Fax Number)

### 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

**OHIO MOTORISTS LIFE INSURANCE COMPANY**  
**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	9,597,008		9,597,008	9,863,928
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....22,799, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....647,117, Schedule DA).....	669,916		669,916	159,263
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	10,266,924	0	10,266,924	10,023,191
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	98,899		98,899	99,426
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	600		600	623
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	3,570		3,570	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	26,987		26,987	8,795
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	3,180		3,180	1,842
18.2 Net deferred tax asset.....	165,603	163,501	2,102	3,087
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			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	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			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).....	10,565,763	163,501	10,402,262	10,136,964
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	10,565,763	163,501	10,402,262	10,136,964

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

**OHIO MOTORISTS LIFE INSURANCE COMPANY**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$....63,645 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	63,645	76,747
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	7,295	5,194
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....	21,515	22,137
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....	2,883	3,105
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....525 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	640	667
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....		
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....		
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5).....		
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....	25,083	16,355
19. Remittances and items not allocated.....		
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	21,277	15,222
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	142,338	139,427
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	142,338	139,427
29. Common capital stock.....	1,000,000	1,000,000
30. Preferred capital stock.....	0	0
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	2,000,000	2,000,000
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	7,259,924	6,997,537
36. Less treasury stock, at cost:		
36.1 ....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 ....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	9,259,924	8,997,537
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	10,259,924	9,997,537
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	10,402,262	10,136,964

**DETAILS OF WRITE-INS**

2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 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 thru 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 thru 3403 plus 3498) (Line 34 above).....	0	0

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	43,809	43,229
2. Considerations for supplementary contracts with life contingencies	308,274	305,246
3. Net investment income (Exhibit of Net Investment Income, Line 17)	12,313	13,203
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)	11,740	53,172
5. Separate Accounts net gain from operations excluding unrealized gains or losses	366,282	364,449
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	1,886	2,771
7. Reserve adjustments on reinsurance ceded	(11,002)	(15,707)
8. Miscellaneous Income:	1,017	37,780
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	14,486	15,533
8.2 Charges and fees for deposit-type contracts	4,566	5,645
8.3 Aggregate write-ins for miscellaneous income	16,075	10,008
9. Totals (Lines 1 to 8.3)	12,049	2,267
10. Death benefits	0	0
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	0	0
13. Disability benefits and benefits under accident and health contracts	0	0
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	0	0
20. Totals (Lines 10 to 19)	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	0	0
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	0	0
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	0	0
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	0	0
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
28. Totals (Lines 20 to 27)	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	0	0
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)	0	0
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	0	0
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)	0	0
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR)	0	0
35. Net income (Line 33 plus Line 34)	0	0
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	9,997,537	9,757,257
37. Net income (Line 35)	269,427	246,537
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	0	0
39. Change in net unrealized foreign exchange capital gain (loss)	0	0
40. Change in net deferred income tax	100,613	5,215
41. Change in nonadmitted assets	(101,598)	(5,517)
42. Change in liability for reinsurance in unauthorized and certified 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	(6,055)	(5,955)
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)	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:	0	0
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:	0	0
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
54. Net change in capital and surplus for the year (Lines 37 through 53)	262,387	240,280
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	10,259,924	9,997,537

### DETAILS OF WRITE-INS

08.301. Miscellaneous income	1,886	2,771
08.302. ....	0	0
08.303. ....	0	0
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	1,886	2,771
2701. ....	0	0
2702. ....	0	0
2703. ....	0	0
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
5301. ....	0	0
5302. ....	0	0
5303. ....	0	0
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above)	0	0

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	40,262	43,371
2. Net investment income.....	325,721	321,138
3. Miscellaneous income.....	14,199	15,974
4. Total (Lines 1 through 3).....	380,182	380,483
5. Benefit and loss related payments.....	12,863	55,515
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	47,176	33,453
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	50,000	40,000
10. Total (Lines 5 through 9).....	110,039	128,968
11. Net cash from operations (Line 4 minus Line 10).....	270,143	251,515
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	250,000	175,000
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	250,000	175,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		410,242
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	410,242
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	250,000	(235,242)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(9,490)	13,845
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(9,490)	13,845
<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 Line 15 plus Line 17).....	510,653	30,118
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	159,263	129,145
19.2 End of year (Line 18 plus Line 19.1).....	669,916	159,263

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20,0001 .....	.....	.....
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**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts.....	43,809						26,505		17,304			
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	308,274						184,964		123,310			
4. Amortization of Interest Maintenance Reserve (IMR).....	0											
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	12,313								12,313			
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	1,886	0	0	0	0	0	1,132	0	754	0	0	0
9. Totals (Lines 1 to 8.3).....	366,282	0	0	0	0	0	212,601	0	153,681	0	0	0
10. Death benefits.....	11,740						11,740					
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	279								279			
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	0											
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	0											
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	(11,002)						(13,102)		2,100			
20. Totals (Lines 10 to 19).....	1,017	0	0	0	0	0	(1,362)	0	2,379	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	14,486								14,486			
22. Commissions and expense allowances on reinsurance assumed.....	4,566								2,132			
23. General insurance expenses.....	16,075								5,815			
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	12,049								5,465			
25. Increase in loading on deferred and uncollected premiums.....	0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27).....	48,193	0	0	0	0	0	17,916	0	30,277	0	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	318,089	0	0	0	0	0	194,685	0	123,404	0	0	0
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	318,089	0	0	0	0	0	194,685	0	123,404	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains).....	48,662						29,783		18,879			
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).....	269,427	0	0	0	0	0	164,902	0	104,525	0	0	0

**DETAILS OF WRITE-INS**

08.301. Miscellaneous income.....	1,886							1,132		754		
08.302. ....	0											
08.303. ....	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	1,886	0	0	0	0	0	0	1,132	0	754	0	0
2701. ....	0											
2702. ....	0											
2703. ....	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1.....0 Line 10.....0 Line 16.....0 Line 23.....0 Line 24.....0.

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group				
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities			
<b>Involving Life or Disability Contingencies (Reserves)</b>											
(Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....	76,747						76,747				
2. Tabular net premiums or considerations.....	3,179						3,179				
3. Present value of disability claims incurred.....	0				XXX						
4. Tabular interest.....	3,213						3,213				
5. Tabular less actual reserve released.....	0										
6. Increase in reserve on account of change in valuation basis.....	0										
7. Other increases (net).....	0										
8. Totals (Lines 1 to 7).....	83,139	.0	.0	.0	0	.0	.83,139	.0			
9. Tabular cost.....	4,162				XXX		4,162				
10. Reserves released by death.....	5,182			XXX	XXX		5,182	XXX			
11. Reserves released by other terminations (net).....	10,150						10,150				
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	0										
13. Net transfers to or (from) Separate Accounts.....	0										
14. Total deductions (Lines 9 to 13).....	19,494	.0	.0	.0	0	.0	.19,494	.0			
15. Reserve December 31, current year.....	63,645	.0	.0	.0	0	.0	.63,645	.0			

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	
1.1 Bonds exempt from U.S. tax.....	(a).....	
1.2 Other bonds (unaffiliated).....	(a).....	330,774
1.3 Bonds of affiliates.....	(a).....	
2.1 Preferred stocks (unaffiliated).....	(b).....	
2.11 Preferred stocks of affiliates.....	(b).....	
2.2 Common stocks (unaffiliated).....	(c).....	
2.21 Common stocks of affiliates.....	(d).....	
3. Mortgage loans.....	(e).....	105
4. Real estate.....	(f).....	
5. Contract loans.....		
6. Cash, cash equivalents and short-term investments.....	(e).....	89
7. Derivative instruments.....	(f).....	
8. Other invested assets.....		
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	330,863	330,336
11. Investment expenses.....		(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....
13. Interest expense.....		(h).....
14. Depreciation on real estate and other invested assets.....		(i).....
15. Aggregate write-ins for deductions from investment income.....		0
16. Total deductions (Lines 11 through 15).....		22,062
17. Net investment income (Line 10 minus Line 16).....		308,274

### DETAILS OF WRITE-INS

0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....		0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....		0
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....		0

- (a) Includes \$....5,047 accrual of discount less \$....21,967 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

### EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			0		
1.1 Bonds exempt from U.S. tax.....			0		
1.2 Other bonds (unaffiliated).....			0		
1.3 Bonds of affiliates.....			0		
2.1 Preferred stocks (unaffiliated).....			0		
2.11 Preferred stocks of affiliates.....			0		
2.2 Common stocks (unaffiliated).....			0		
2.21 Common stocks of affiliates.....			0		
3. Mortgage loans.....			0		
4. Real estate.....			0		
5. Contract loans.....			0		
6. Cash, cash equivalents and short-term investments.....			0		
7. Derivative instruments.....			0		
8. Other invested assets.....			0		
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

### DETAILS OF WRITE-INS

0901.....			0		
0902.....			0		
0903.....			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

## EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary			5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	6 Life Insurance		7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other		
<b>FIRST YEAR (other than single)</b>												
1. Uncollected.....	0											
2. Deferred and accrued.....	0											
3. Deferred, accrued and uncollected:												
3.1 Direct.....	0											
3.2 Reinsurance assumed.....	0											
3.3 Reinsurance ceded.....	0											
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0	0	0	0	
4. Advance.....	0											
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0	0	0	0	
6. Collected during year:												
6.1 Direct.....	0											
6.2 Reinsurance assumed.....	0											
6.3 Reinsurance ceded.....	0											
6.4 Net.....	0	0	0	0	0	0	0	0	0	0	0	
7. Line 5 + Line 6.4.....	0	0	0	0	0	0	0	0	0	0	0	
8. Prior year (uncollected + deferred and accrued - advance).....	0											
9. First year premiums and considerations:												
9.1 Direct.....	0											
9.2 Reinsurance assumed.....	0											
9.3 Reinsurance ceded.....	0											
9.4 Net (Line 7 - Line 8).....	0	0	0	0	0	0	0	0	0	0	0	
<b>SINGLE</b>												
10. Single premiums and considerations:												
10.1 Direct.....	0											
10.2 Reinsurance assumed.....	0											
10.3 Reinsurance ceded.....	0											
10.4 Net.....	0	0	0	0	0	0	0	0	0	0	0	
<b>RENEWAL</b>												
11. Uncollected.....	601					429						
12. Deferred and accrued.....	3,570					3,570						
13. Deferred, accrued and uncollected:												
13.1 Direct.....	20,481					19,730						
13.2 Reinsurance assumed.....	390					330						
13.3 Reinsurance ceded.....	16,700					16,061						
13.4 Net (Line 11 + Line 12).....	4,171	0	0	0	0	3,999	0	172	0	0	0	
14. Advance.....	640					115		525				
15. Line 13.4 - Line 14.....	3,531	0	0	0	0	3,884	0	(353)	0	0	0	
16. Collected during year:												
16.1 Direct.....	175,724					92,947		82,777				
16.2 Reinsurance assumed.....	9,951					4,975		4,976				
16.3 Reinsurance ceded.....	145,441					75,081		70,360				
16.4 Net.....	40,234	0	0	0	0	22,841	0	17,393	0	0	0	
17. Line 15 + Line 16.4.....	43,765	0	0	0	0	26,725	0	17,040	0	0	0	
18. Prior year (uncollected + deferred and accrued - advance).....	(44)					220		(264)				
19. Renewal premiums and considerations:												
19.1 Direct.....	195,074					112,479		82,595				
19.2 Reinsurance assumed.....	9,905					4,990		4,915				
19.3 Reinsurance ceded.....	161,170					90,964		70,206				
19.4 Net (Line 17 - Line 18).....	43,809	0	0	0	0	26,505	0	17,304	0	0	0	
<b>TOTAL</b>												
20. Total premiums and annuity considerations:												
20.1 Direct.....	195,074	0	0	0	0	112,479	0	82,595	0	0	0	
20.2 Reinsurance assumed.....	9,905	0	0	0	0	4,990	0	4,915	0	0	0	
20.3 Reinsurance ceded.....	161,170	0	0	0	0	90,964	0	70,206	0	0	0	
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	43,809	0	0	0	0	26,505	0	17,304	0	0	0	

**EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	
<b>DIVIDENDS AND COUPONS APPLIED (included in Part 1)</b>											
21. To pay renewal premiums.....	0										
22. All other.....	0										
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>											
23. First year (other than single):											
23.1 Reinsurance ceded.....	0										
23.2 Reinsurance assumed.....	0										
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded.....	0										
24.2 Reinsurance assumed.....	0										
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded.....	12,313							12,313			
25.2 Reinsurance assumed.....	4,566					2,434		2,132			
25.3 Net ceded less assumed.....	7,747	0	0	0	0	(2,434)	0	10,181	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	12,313	0	0	0	0	0	0	12,313	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22).....	4,566	0	0	0	0	2,434	0	2,132	0	0	0
26.3 Net ceded less assumed.....	7,747	0	0	0	0	(2,434)	0	10,181	0	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>											
27. First year (other than single).....	0										
28. Single.....	0										
29. Renewal.....	14,486							14,486			
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21).....	14,486	0	0	0	0	0	0	14,486	0	0	0

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5 Investment	6 Total		
	1 Life	Accident and Health					
		2 Cost Containment	3 All Other				
1. Rent.....					0		
2. Salaries and wages.....					0		
3.11 Contributions for benefit plans for employees.....					0		
3.12 Contributions for benefit plans for agents.....					0		
3.21 Payments to employees under non-funded benefit plans.....					0		
3.22 Payments to agents under non-funded benefit plans.....					0		
3.31 Other employee welfare.....					0		
3.32 Other agent welfare.....					0		
4.1 Legal fees and expenses.....					0		
4.2 Medical examination fees.....					0		
4.3 Inspection report fees.....					0		
4.4 Fees of public accountants and consulting actuaries.....	4,774		3,751		8,525		
4.5 Expense of investigation and settlement of policy claims.....					0		
5.1 Traveling expenses.....					0		
5.2 Advertising.....	1,787				1,787		
5.3 Postage, express, telegraph and telephone.....	.22	.17			.39		
5.4 Printing and stationery.....	840	660			1,500		
5.5 Cost or depreciation of furniture and equipment.....					0		
5.6 Rental of equipment.....					0		
5.7 Cost or depreciation of EDP equipment and software.....					0		
6.1 Books and periodicals.....					0		
6.2 Bureau and association fees.....					0		
6.3 Insurance, except on real estate.....					0		
6.4 Miscellaneous losses.....					0		
6.5 Collection and bank service charges.....					0		
6.6 Sundry general expenses.....	1,765		1,387		3,152		
6.7 Group service and administration fees.....	1,072				1,072		
6.8 Reimbursements by uninsured plans.....					0		
7.1 Agency expense allowance.....					0		
7.2 Agents' balances charged off (less \$.....0 recovered).....					0		
7.3 Agency conferences other than local meetings.....					0		
9.1 Real estate expenses.....					0		
9.2 Investment expenses not included elsewhere.....				22,062	22,062		
9.3 Aggregate write-ins for expenses.....	0	0	0	0	0		
10. General expenses Incurred.....	10,260	0	5,815	0	22,062		
11. General expenses unpaid December 31, prior year.....					(a) 38,137		
12. General expenses unpaid December 31, current year.....					0		
13. Amounts receivable relating to uninsured plans, prior year.....					0		
14. Amounts receivable relating to uninsured plans, current year.....					0		
15. General expenses paid during year (Lines 10+11-12-13+14).....	10,260	0	5,815	0	22,062		
	DETAILS OF WRITE-INS						
09.301.....					0		
09.302.....					0		
09.303.....					0		
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0		
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	0	0	0	0	0		

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

## EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes.....					0
2. State insurance department licenses and fees.....		6,476	5,088		11,564
3. State taxes on premiums.....		108	377		.485
4. Other state taxes, including \$.....0 for employee benefits.....					0
5. U.S. Social Security taxes.....					0
6. All other taxes.....					0
7. Taxes, licenses and fees incurred.....		6,584	5,465	0	12,049
8. Taxes, licenses and fees unpaid December 31, prior year.....					0
9. Taxes, licenses and fees unpaid December 31, current year.....					0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....		6,584	5,465	0	12,049

## EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
4. Applied to provide paid-up annuities.....		
5. Total Lines 1 through 4.....	0	0
6. Paid-in cash.....		
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund options.....	0	0
9. Total Lines 5 through 8.....	0	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total Lines 10 through 14.....	0	0
16. Total from prior year.....		
17. Total dividends or refunds (Lines 9 + 15 - 16).....	0	0

DETAILS OF WRITE-INS

0801.....		
0802.....		
0803.....		
0898. Summary of remaining write-ins for Line 8 from overflow page.....		0
0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....		0

**OHIO MOTORISTS LIFE INSURANCE COMPANY**  
**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
<b>Life Insurance:</b>					
0100001. 80 CSO 4% CRVM ALB.....	.39,868				.39,868
0100002. 80 CSO 4% NLP ALB.....	19,986				19,986
0100003. UNEARNED PREMIUM.....	15,612				15,612
0199997. Totals (Gross).....	75,466	0	0	0	75,466
0199998. Reinsurance ceded.....	12,744				12,744
0199999. Totals (Net).....	62,722	0	0	0	62,722
<b>Accidental Death Benefits:</b>					
0400001. 1959 ADB with 1958 CSO 3%.....	.923				.923
0499997. Totals (Gross).....	.923	0	0	0	.923
0499999. Totals (Net).....	.923	0	0	0	.923
9999999. Totals (Net) - Page 3, Line 1.....	.63,645	0	0	0	.63,645

**OHIO MOTORISTS LIFE INSURANCE COMPANY**  
**EXHIBIT 5 - INTERROGATORIES**

1.1 Has the reporting entity ever issued both participating and non-participating contracts?

Yes [ ] No [X]

1.2 If not, state which kind is issued

non-participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

Yes [ ] No [X]

2.2 If not, state which kind is issued

non-participating

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [ ] No [X]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.



\*

6 6 0 0 5 2 0 1 5 3 7 0 0 0 0 0 \*

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:

Yes [ ] No [X]

4.1 Amount of insurance:

\$.....

4.2 Amount of reserve:

\$.....

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year:

\$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [ ] No [X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held:

\$.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$.....

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [ ] No [X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:

\$.....

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business:

\$.....

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?

Yes [ ] No [X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$.....

8.2 State the amount of reserves established for this business:

\$.....

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [ ] No [X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders.

\$.....

9.2 State the amount of reserves established for this business:

\$.....

9.3 Identify where the reserves are reported in the blank.

**EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR**

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

**NONE**

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non- Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>ACTIVE LIFE RESERVE</b>									
1. Unearned premium reserves.....	23,683		23,683						
2. Additional contract reserves (a).....	17,365		17,365						
3. Additional actuarial reserves - Asset/Liability analysis.....	0								
4. Reserve for future contingent benefits.....	0								
5. Reserve for rate credits.....	0								
6. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
7. Totals (Gross).....	41,048	41,048	0	0	0	0	0	0	0
8. Reinsurance ceded.....	33,753	33,753							
9. Totals (Net).....	7,295	7,295	0	0	0	0	0	0	0
<b>CLAIM RESERVE</b>									
10. Present value of amounts not yet due on claims.....	0								
11. Additional actuarial reserves - Asset/Liability analysis.....	0								
12. Reserve for future contingent benefits.....	0								
13. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
14. Totals (Gross).....	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded.....	0								
16. Totals (Net).....	0	0	0	0	0	0	0	0	0
17. TOTALS (Net).....	7,295	7,295	0	0	0	0	0	0	0
18. TABULAR FUND INTEREST.....	243	243							

**DETAILS OF WRITE-INS**

0601.....									
0602.....									
0603.....									
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0	0	0	0
1301.....									
1302.....									
1303.....									
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 + 1398) (Line 13 above).....	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

**EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS**

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance.....	.....0					
2. Deposits received during the year.....	.....0					
3. Investment earnings credited to the account.....	.....0					
4. Other net change in reserves.....	.....0					
5. Fees and other charges assessed.....	.....0					
6. Surrender charges.....	.....0					
7. Net surrender or withdrawal payments.....	.....0					
8. Other net transfers to or (from) Separate Accounts.....	.....0					
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....0	.....0	.....0	.....0	.....0	.....0
10. Reinsurance balance at the beginning of the year.....	.....0					
11. Net change in reinsurance assumed.....	.....0					
12. Net change in reinsurance ceded.....	.....0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of the current year after reinsurance (Lines 9 + 13).....	.....0	.....0	.....0	.....0	.....0	.....0

**NONE**

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

## PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	0	0	0
2.2 Other:											
2.21 Direct.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 0
3. Incurred but unreported:											
3.1 Direct.....	112,531						100,000		12,531		
3.2 Reinsurance assumed.....	2,518						1,515		1,003		
3.3 Reinsurance ceded.....	90,651						80,000		10,651		
3.4 Net.....	24,398	0	(b) 0	(b) 0	0	(b) 0	(b) 21,515	0	(b) 2,883	(b) 0	(b) 0
4. Totals:											
4.1 Direct.....	112,531	0	0	0	0	0	100,000	0	12,531	0	0
4.2 Reinsurance assumed.....	2,518	0	0	0	0	0	1,515	0	1,003	0	0
4.3 Reinsurance ceded.....	90,651	0	0	0	0	0	80,000	0	10,651	0	0
4.4 Net.....	24,398	(a) 0	(a) 0	0	0	0	(a) 21,515	0	2,883	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0,

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0

are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS****PART 2 - Incurred During the Year**

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	100								100		
1.2 Reinsurance assumed.....	12,848						12,362		486		
1.3 Reinsurance ceded.....	85								85		
1.4 Net.....(d)	12,863	0	0	0	0	0	12,362	0	501	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	112,531	0	0	0	0	0	100,000	0	12,531	0	0
2.2 Reinsurance assumed.....	2,518	0	0	0	0	0	1,515	0	1,003	0	0
2.3 Reinsurance ceded.....	90,651	0	0	0	0	0	80,000	0	10,651	0	0
2.4 Net.....	24,398	0	0	0	0	0	21,515	0	2,883	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	114,465						100,000		14,465		
4.2 Reinsurance assumed.....	3,072						2,137		935		
4.3 Reinsurance ceded.....	92,295						80,000		12,295		
4.4 Net.....	25,242	0	0	0	0	0	22,137	0	3,105	0	0
5. Amounts recoverable from reinsurers Dec. 31, prior year.....0											
6. Incurred benefits:											
6.1 Direct.....	(1,834)	0	0	0	0	0	0	0	(1,834)	0	0
6.2 Reinsurance assumed.....	12,294	0	0	0	0	0	11,740	0	554	0	0
6.3 Reinsurance ceded.....	(1,559)	0	0	0	0	0	0	0	(1,559)	0	0
6.4 Net.....	12,019	0	0	0	0	0	11,740	0	279	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

**OHIO MOTORISTS LIFE INSURANCE COMPANY**  
**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	163,501	61,903	(101,598)
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	163,501	61,903	(101,598)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	163,501	61,903	(101,598)

**DETAILS OF WRITE-INS**

1101. ....			0
1102. ....			0
1103. ....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. ....			0
2502. ....			0
2503. ....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0

**NOTES TO FINANCIAL STATEMENTS****NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The financial statements of Ohio Motorists Life Insurance Company (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Insurance Department of the State of Ohio. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	2015	2014
<b>NET INCOME</b>			
(1) OHIO MOTORISTS LIFE INSURANCE COMPANY state basis (Page 4, Line 35, Columns 1 & 2)	OH	269,427	246,537
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	269,427	246,537
<b>SURPLUS</b>			
(5) OHIO MOTORISTS LIFE INSURANCE COMPANY state basis (Page 3, line 37, Columns 1 & 2)	OH	10,259,924	9,997,537
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	10,259,924	9,997,537

**B. Use of Estimates in the Preparation of the Financial Statement**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

Life premiums are recognized as income over the premium paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) The Company has no Common stock
- (4) The Company has no Preferred stock.
- (5) Valuation basis of mortgage loans - Not Applicable
- (6) The Company has no Loan-backed securities.
- (7) The Company has no investments in SCA's.
- (8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (9) The Company has no investments in derivative instruments.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation - Not Applicable
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustment are reflected in the period determined.
- (12) Capitalization policy modified from the prior period - Not Applicable
- (13) Method used to estimate pharmaceutical rebates receivables - Not Applicable

**NOTES TO FINANCIAL STATEMENTS****NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

Non Applicable

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

- A. Statutory Purchase Method - Not Applicable
- B. Statutory Merger - Not Applicable
- C. Assumption Reinsurance - Not Applicable
- D. Impairment Loss - Not Applicable

**NOTE 4 – DISCONTINUED OPERATIONS**

Not Applicable

**NOTE 5 – INVESTMENTS**

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Loan-Backed Securities - Not Applicable
- E. Repurchase Agreements and/or Securities Lending Transactions - Not Applicable
- F. Real Estate - Not Applicable
- G. Investments in Low-Income Housing Trade Credits (LIHTC) - Not Applicable
- H. Restricted Assets

## (1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted					8	Percentage			
	Current Year						6	7		
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted		
j. On deposit with states	114,913				114,913	114,885	28	114,913	1.088	1.105
o. Total Restricted Assets	114,913				114,913	114,885	28	114,913	1.088	1.105

(a) Subset of column 1

(b) Subset of column 3

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate) - Not Applicable

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate) - Not Applicable

- I. Working Capital Finance Investments - Not Applicable

- J. Offsetting and Netting of Assets and Liabilities - Not Applicable

- K. Structured Notes - Not Applicable

**NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

- A. Not Applicable
- B. Not Applicable

**NOTE 7 – INVESTMENT INCOME**

- A. Due and accrued income was excluded from surplus on the following basis: All investment income due and accrued with amounts that are over 90 days past due.
- B. The total amount excluded was \$0

**NOTE 8 – DERIVATIVE INSTRUMENTS**

Not Applicable

**NOTES TO FINANCIAL STATEMENTS****NOTE 9 – INCOME TAXES**

## A. Deferred Tax Assets/(Liabilities)

## 1. Components of Net Deferred Tax Asset/(Liability)

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	167,021		167,021	65,202		65,202	101,819		101,819
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	167,021		167,021	65,202		65,202	101,819		101,819
d. Deferred tax assets nonadmitted	163,501		163,501	61,903		61,903	101,598		101,598
e. Subtotal net admitted deferred tax asset (1c-1d)	3,520		3,520	3,299		3,299	221		221
f. Deferred tax liabilities	1,418		1,418	212		212	1,206		1,206
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	2,102		2,102	3,087		3,087	(985)		(985)

## 2. Admission Calculation Components

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	2,102		2,102	3,087		3,087	(985)		(985)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	1,387,506	XXX	XXX	1,352,498	XXX	XXX	35,008
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	1,418		1,418	212		212	1,206		1,206
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	3,520		3,520	3,299		3,299	221		221

## 3. Other Admissibility Criteria

		2015	2014
a.	Ratio percentage used to determine recovery period and threshold limitation amount	54,283.370	50,077.000
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	10,279,099	9,016,653

**NOTES TO FINANCIAL STATEMENTS****NOTE 9 – INCOME TAXES (continued)**

## 4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/15		12/31/14		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	167,021		65,202		101,819	
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	3,520		3,299		221	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies						

(b) Does the company's tax planning strategies include the use of reinsurance? NO

## B. Deferred Tax Liabilities Not Recognized

12/31/2015	12/31/2014
\$0	\$0

## C. Current and Deferred Income Taxes

## 1. Current Income Tax

	1 2015	2 2014	3 (Col 1-2) Change
a. Federal	48,662	46,679	1,983
b. Foreign			
c. Subtotal	48,662	46,679	1,983
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	48,662	46,679	1,983

## 2. Deferred Tax Assets

	1 2015	2 2014	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	5,842	6,156	(314)
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs	1,823	1,128	695
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward	159,356	57,918	101,438
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	167,021	65,202	101,819
b. Statutory valuation allowance adjustment			
c. Nonadmitted	163,501	61,903	101,598
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	3,520	3,299	221
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal			
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	3,520	3,299	221

**NOTES TO FINANCIAL STATEMENTS****NOTE 9 – INCOME TAXES (continued)**

## 3. Deferred Tax Liabilities

	1 2015	2 2014	3 (Col 1-2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium	1,418	212	1,206
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal	1,418	212	1,206
b. Capital:			
1. Investments			
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	1,418	212	1,206

4. Net Deferred Tax Assets (2i – 3c) 2,102 3,087 (985)

## D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

	12/31/2015	12/31/2014	Change
(1) Total of all DTAs (admitted and nonadmitted)	\$167,021	\$65,202	\$101,819
(2) Total of all deferred tax liabilities (DTLs)	(1,418)	(212)	(1,206)
(3) Net DTA	<u>\$165,603</u>	<u>\$64,990</u>	<u>\$100,613</u>

Change in Net DTA	\$100,613
Less: Change in Net DTA on Unrealized Gains/(Losses)	-
Change in Net Deferred Income Tax	<u>\$100,613</u>

The Company's income tax expense differs from the amount obtained by applying the statutory rate of 34% to pretax net income for the following:

Net gain from operations	\$318,089
Realized capital gains	-
Total Statutory gain	<u>\$318,089</u>

Among the more significant book to tax adjustments were the following:

	12/31/2015	Effective Tax Rate (%)	12/31/2014	Effective Tax Rate (%)
<b>Permanent Differences:</b>				
Provision computed at statutory rate	\$108,150	34.0%	\$99,693	34.0%
Small life insurance company deductions	(62,705)	(19.6%)	(59,911)	(20.4%)
Provision to return variance - Perm items	(2,998)	-0.9%	647	0.2%
AMT NOL	(82,822)	(25.8%)	-	0.0%
Other - Miscellaneous	(11,576)	(3.9%)	1,035	0.4%
Total tax provision	<u>(\$51,951)</u>	<u>(16.2%)</u>	<u>\$41,464</u>	<u>14.1%</u>
Federal and foreign income taxes incurred	\$48,662	15.2%	\$46,679	15.9%
Change in net deferred income taxes	(100,613)	(31.4%)	(5,215)	(1.8%)
Total statutory income taxes	<u>(\$51,951)</u>	<u>16.2%</u>	<u>\$41,464</u>	<u>14.1%</u>

## E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2015, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

As of December 31, 2015, the Company has alternative minimum tax credits of \$159,356 which will not expire.

The following is income tax expense for 2015, 2014 and 2013 that is available for recoupment in the event of future net losses:

Year	Amount
2015	31,201
2014	39,200
2013	43,450

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

**NOTES TO FINANCIAL STATEMENTS****NOTE 9 – INCOME TAXES (continued)**

## F. Consolidated Federal Income Tax Return

The Company does not file a consolidated return.

The Company recognizes any interest or penalties on taxes in the provision for federal income taxes in the statement of operations. The Company incurred no interest or penalties for the years ending December 31, 2015 and 2014.

The Company is subject to U.S. federal income tax. Tax returns for all years subsequent to 2010 for federal and state purposes are subject to future examination by tax authorities.

## G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

**NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES**

- A. All outstanding shares of Ohio Motorists Life Insurance Company are owned by the Ohio Motorist Holding Company, domiciled in the State of Ohio.
- B. During the year the Company did not receive any capital contributions.
- C. The Company received capital contributions of \$0 in 2015 and 2014. The Company made capital contributions of \$0 in 2015 and 2014.
- D. At December 31, 2015, the Company reported \$0 as amounts due from certain companies affiliated through the ownership of the Company. The terms of the settlement require that these amounts be settled within 30 days.
- E. The Company does not have any outstanding material guarantees for the benefit of affiliates.
- F. Not Applicable
- G. Control Relationships – Not Applicable
- H. The Company does not own any stock in upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, Controlled or affiliated company.
- I. The Company has no investments in SCA's that exceeds 10% of admitted assets.
- J. The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. Not Applicable
- L. Not Applicable
- M. Not Applicable
- N. Not Applicable

**NOTE 11 – DEBT**

Not Applicable

**NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

- A-D. Defined Benefit Plan - Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multiemployer Plans - Not Applicable
- G. Consolidated/Holding Company Plans - Not Applicable
- H. Postemployment Benefits and Compensated Absences - Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

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**NOTES TO FINANCIAL STATEMENTS**

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**NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

- (1) The Company has 10,000 shares authorized, issued and outstanding with a par value of \$100.
- (2) The Company has no preferred stock
- (3) There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (4) Dates and amounts of dividends paid - Not Applicable
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of company profits that may be paid as ordinary dividends to stockholders.
- (6) Not Applicable
- (7) Not Applicable
- (8) Not Applicable
- (9) The Company holds no shares of stock for special purposes. All authorized shares are issued and outstanding.
- (10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: \$ 0
- (11) Surplus Notes - Not Applicable
- (12) The impact of any restatement due to prior year Quasi-reorganizations – Not Applicable
- (13) Effective dates of all Quasi-reorganizations in the prior 10 years - Not Applicable

**NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

- A. Contingent Commitments - Not Applicable
- B. Assessments - The Company is not aware of any assessments, which may have a material effect on the Company's financial position.
- C. Gain Contingencies - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable
- E. Joint and Several Liabilities - Not Applicable
- F. All Other Contingencies - Not Applicable

**NOTE 15 – LEASES**

- A. Lessee Operating Lease - Not Applicable
- B. Revenue, Net Income or Assets with Respect to Leases - Not Applicable

**NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

Not Applicable

**NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

- A. Transfers of Receivables Reported as Sales - Not Applicable
- B. Transfer and Servicing of Financial Assets - Not Applicable
- C. Wash Sales - Not Applicable

**NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS**

The Company has no uninsured or partially insured A&H plans.

**NOTES TO FINANCIAL STATEMENTS****NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
Combined Insurance of America Chicago, IL	36-2136262	NO	LIFE AND A&H	U,C,CA,B,P	82,777
Direct Response Insurance Admin Service Bloomington, MN	41-1430210	NO	LIFE	U,C,CA,B,P	92,947
1999999. Total	XXX C = Claims Payment P = Premium Collection CA = Claim Adjustment B = Binding U = Underwriting	XXX	XXX	XXX	175,724

**NOTE 20 – FAIR VALUE MEASUREMENTS**

- A. Not Applicable
- B. Not Applicable
- C. Not Applicable
- D. Not Applicable

**NOTE 21 – OTHER ITEMS**

- A. Unusual or Infrequent Items – Not Applicable
- B. Trouble Debt Restructuring – Not Applicable
- C. Other Disclosures: Assets in the amount of \$114,913 and \$114,885 at December 2015 and 2014 respectively, were on deposit with government authorities or trustees as required by law.
- D. Business Interruption Insurance Recoveries – Not Applicable
- E. State Transferable Tax Credits - Not Applicable
- F. Subprime Mortgage Related Risk Exposure-Not Applicable
- G. Retained Assets - Not Applicable

**NOTE 22 – EVENTS SUBSEQUENT****Type I - Recognized Subsequent Events:**

Subsequent events have been considered through February 22, 2016 for the statutory statement issued on March 1, 2016.

No other events have occurred subsequent to December 31, 2015 requiring disclosure under the requirements of SSAP No. 9. "Subsequent Events" ("SSAP 9").

**Type II - Nonrecognized Subsequent Events:**

Subsequent events have been considered through February 22, 2016 for the statutory statement issued on March 1, 2016.

No other events have occurred subsequent to December 31, 2015 requiring disclosure under the requirements of SSAP No. 9. "Subsequent Events" ("SSAP 9").

**NOTE 23 – REINSURANCE**

- A. Ceded Reinsurance Report  
Section1 – General Interrogatories
  - (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? NO
  - (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? NO

**NOTES TO FINANCIAL STATEMENTS****NOTE 23 – REINSURANCE (continued)**

## Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? NO

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0
- What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

## Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? NO

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ 0

B. Uncollectible Reinsurance - Not Applicable

C. Commutation of Ceded Reinsurance - Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable

E. Not Applicable

F. Not Applicable

G. Not Applicable

**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION**

A. Not Applicable

B. Not Applicable

C. Not Applicable

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act. - Not applicable

E. Risk Sharing Provisions of the Affordable Care Act - Not Applicable

**NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**

Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years has decreased by \$40 from \$559 in 2014 to \$519 in 2015 as a result of reestimation of unpaid losses and loss adjustment expenses in Group A&H and Individual A&H lines of business. This is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased as additional information becomes known regarding individual claims. The Company has no retrospectively rated policies.

**NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS**

Not Applicable

**NOTE 27 –STRUCTURED SETTLEMENTS**

Not Applicable

**NOTE 28 – HEALTH CARE RECEIVABLES**

Not Applicable

**NOTES TO FINANCIAL STATEMENTS****NOTE 29 – PARTICIPATING POLICIES**

Not Applicable

**NOTE 30 – PREMIUM DEFICIENCY RESERVES**

Not Applicable

**NOTE 31 – RESERVES FOR LIFE CONTRACTS AND DEPOSIT-TYPE CONTRACTS**

The Company has group life contracts and no annuities.

1. Not applicable because all policies are single premium.
2. There are no substandard policies.
3. The amount of insurance for which the gross premiums are less than the net premiums according to valuation standards - NONE
4. All tabular interest numbers are calculated by formula as described in the instructions.
5. The method of determination of tabular interest on funds not involving life contingencies - Not applicable.
6. There are no other reserve changes.

**NOTE 32 – ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS**

The Company does not have any annuities or deposit liabilities.

**NOTE 33 – PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED**

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2015 were:

		Gross	Net of Loading
(1)	Industrial		
(2)	Ordinary new business		
(3)	Ordinary renewal		
(4)	Credit life		
(5)	Group life	3,999	3,999
(6)	Group annuity		
(7)	Totals	3,999	3,999

**NOTE 34 – SEPARATE ACCOUNTS**

Not Applicable

**NOTE 35 – LOSS/CLAIM ADJUSTMENT EXPENSES**

None

**OHIO MOTORISTS LIFE INSURANCE COMPANY****GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [X]  No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [X]  No [ ]  N/A [ ]

1.3 State regulating? Ohio

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 [X]

2.2 If yes, date of change:  
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012  
3.2 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  
3.3 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  
3.4 By what department or departments? Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  Yes [X]  No [ ]  N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [X]  No [ ]  N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  Yes [ ]  No [X]  
4.12 renewals?  Yes [ ]  No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  Yes [ ]  No [X]  
4.22 renewals?  Yes [ ]  No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]

5.2 If yes, provide 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 NAIC Company Code	3 State of Domicile
Name of Entity		

6.1 Has the 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 [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ]  No [X]

7.2 If yes,  
7.21 State the percentage of foreign control %  
7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [X]

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 [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
The Company received an exemption from filing a audit statement from Ohio Department of Insurance

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [ ]  No [ ]  N/A [X]

10.6 If the response to 10.5 is no or n/a, please explain:

**OHIO MOTORISTS LIFE INSURANCE COMPANY****GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
LAKE CONSULTING, Inc. 7200 BRADLEY BLVD. SUITE 100 BETHESDA, MD 20817

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]  
 12.11 Name of real estate holding company \_\_\_\_\_  
 12.12 Number of parcels involved \_\_\_\_\_ 0  
 12.13 Total book/adjusted carrying value \_\_\_\_\_ \$ 0

12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]  
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No [ ]  
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinator committees thereof? Yes [X] No [ ]  
 18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]  
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \_\_\_\_\_ \$ 0  
 20.12 To stockholders not officers \_\_\_\_\_ \$ 0  
 20.13 Trustees, supreme or grand (Fraternal only) \_\_\_\_\_ \$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \_\_\_\_\_ \$ 0  
 20.22 To stockholders not officers \_\_\_\_\_ \$ 0  
 20.23 Trustees, supreme or grand (Fraternal only) \_\_\_\_\_ \$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others \_\_\_\_\_ \$ 0  
 21.22 Borrowed from others \_\_\_\_\_ \$ 0  
 21.23 Leased from others \_\_\_\_\_ \$ 0  
 21.24 Other \_\_\_\_\_ \$ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \_\_\_\_\_ \$ 0  
 22.22 Amount paid as expenses \_\_\_\_\_ \$ 0  
 22.23 Other amounts paid \_\_\_\_\_ \$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \_\_\_\_\_ \$ 0

**INVESTMENT**

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

24.01 Were all of the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ \_\_\_\_\_ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ \_\_\_\_\_ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ \_\_\_\_\_ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ \_\_\_\_\_ 0

24.103 Total payable for securities lending reported on the liability page: \$ \_\_\_\_\_ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December of the current year:

25.21 Subject to repurchase agreements \$ \_\_\_\_\_ 0

25.22 Subject to reverse repurchase agreements \$ \_\_\_\_\_ 0

25.23 Subject to dollar repurchase agreements \$ \_\_\_\_\_ 0

25.24 Subject to reverse dollar repurchase agreements \$ \_\_\_\_\_ 0

25.25 Placed under option agreements \$ \_\_\_\_\_ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ \_\_\_\_\_ 0

25.27 FHLB Capital Stock \$ \_\_\_\_\_ 0

25.28 On deposit with states \$ \_\_\_\_\_ 114,913

25.29 On deposit with other regulatory bodies \$ \_\_\_\_\_ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ \_\_\_\_\_ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ \_\_\_\_\_ 0

25.32 Other \$ \_\_\_\_\_ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December of the current year: \$ \_\_\_\_\_ 0

28. 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 [ ]

28.01 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 NA	620 Liberty Avenue Pittsburgh, PA 15222

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

28.05 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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

**OHIO MOTORISTS LIFE INSURANCE COMPANY****GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holdings	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	10,244,125	10,684,283	440,158
30.2	Preferred Stocks	0	0	0
30.3	Totals	10,244,125	10,684,283	440,158

30.4 Describe the sources or methods utilized in determining fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]  
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]  
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]  
 32.2 If no, list exceptions:

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0  
 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any? \$ 0  
 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0  
 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

**OHIO MOTORISTS LIFE INSURANCE COMPANY****GENERAL INTERROGATORIES****PART 2 – LIFE INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.3	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives	\$	0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives	\$	0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives	\$	0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives	\$	0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 43,809	\$ 43,229
2.3	Premium Ratio (2.1/2.2)	\$ 0.000	\$ 0.000
2.4	Reserve Numerator	\$ 26,566	\$ 29,204
2.5	Reserve Denominator	\$ 95,338	\$ 107,183
2.6	Reserve Ratio (2.4/2.5)	\$ 27.865	\$ 27.247
3.1	Does the reporting entity have Separate Accounts?	Yes [ ]	No [X]
3.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [ ]	No [ ]
3.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$ 0	
3.4	State the authority under which Separate Accounts are maintained:		
3.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [ ]	No [X]
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [ ]	No [X]
3.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$ 0	
4.1	Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?	Yes [ ]	No [X]
4.2	Net reimbursement of such expenses between reporting entities:		
4.21	Paid	\$ 0	
4.22	Received	\$ 0	
5.1	Does the reporting entity write any guaranteed interest contracts?	Yes [ ]	No [X]
5.2	If yes, what amount pertaining to these items is included in:		
5.21	Page 3, Line 1	\$ 0	
5.22	Page 4, Line 1	\$ 0	
6.	For stock reporting entities only:		
6.1	Total amount paid in by stockholders as surplus funds since organization of the reporting entity:	\$ 2,000,000	
7.	Total dividends paid stockholders since organization of the reporting entity:		

**OHIO MOTORISTS LIFE INSURANCE COMPANY****GENERAL INTERROGATORIES****PART 2 – LIFE INTERROGATORIES**

7.11	Cash	\$	0
7.12	Stock	\$	0

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as:

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the *Workers' Compensation Carve-Out Supplement* to the Annual Statement?

Yes [ ] No [X]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31	Earned premium	\$ 0	\$ 0
8.32	Paid claims	\$ 0	\$ 0
8.33	Claim liability and reserve (beginning of year)	\$ 0	\$ 0
8.34	Claim liability and reserve (end of year)	\$ 0	\$ 0
8.35	Incurred claims	\$ 0	\$ 0

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41 <\$25,000	\$ 0	\$ 0
8.42 \$25,000 — 99,999	\$ 0	\$ 0
8.43 \$100,000 — 249,999	\$ 0	\$ 0
8.44 \$250,000 — 999,999	\$ 0	\$ 0
8.45 \$1,000,000 or more	\$ 0	\$ 0

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools?

\$ 0

9.1 Does the company have variable annuities with guaranteed benefits?

Yes [ ] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type	3	4	5	6	7	8	9	
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit

10. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year:

\$ 0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

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

Yes [ ] No [X]

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

\$ 0

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

Yes [ ] No [X]

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

\$ 0

12.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [ ] No [ ] N/A [X]

12.2 If the answer to 12.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0					

13. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

13.1	Direct Premiums Written	\$	0
13.2	Total Incurred Claims	\$	0
13.3	Number of Covered Lives		0

*Ordinary Life Insurance Includes						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without secondary guarantee)						
Universal Life (with or without secondary guarantee)						
Variable Universal Life (with or without secondary guarantee)						

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (omit \$000)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....					
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....					
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....	12,770	14,057	14,881	15,856	19,400
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	12,770	14,057	14,881	15,856	19,400
<b>New Business Issued (Exhibit of Life Insurance)</b>					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					100
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	0	0	0	0	100
<b>Premium Income - Lines of Business (Exhibit 1-Part 1)</b>					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....					
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....	26,505	24,208	27,423	29,551	32,173
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....	17,304	19,021	21,494	23,969	26,679
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	43,809	43,229	48,917	53,520	58,852
<b>Balance Sheet (Pages 2 and 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	10,402,262	10,136,964	9,898,239	9,616,689	9,374,584
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	142,338	139,427	140,982	132,926	155,971
23. Aggregate life reserves (Page 3, Line 1).....	63,645	76,747	91,843	89,334	111,640
24. Aggregate A&H reserves (Page 3, Line 2).....	7,295	5,194	5,806	6,567	7,530
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	21,277	15,222	9,267	2,072	4,035
27. Capital (Page 3, Lines 29 & 30).....	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
28. Surplus (Page 3, Line 37).....	9,259,924	8,997,537	8,757,257	8,483,763	8,218,613
<b>Cash Flow (Page 5)</b>					
29. Net Cash from operations (Line 11).....	270,143	251,515	298,553	256,146	280,202
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital.....	10,281,201	10,012,759	9,766,524	9,485,835	9,222,648
31. Authorized control level risk-based capital.....	18,936	18,083	17,856	5,215	7,802
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0</b>					
32. Bonds (Line 1).....	93.5	98.4	98.7	97.8	98.7
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	6.5	1.6	1.3	2.2	1.3
37. Contract loans (Line 6).....					
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## FIVE-YEAR HISTORICAL DATA

(continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Sch. D Summary, Line 12 Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18 Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif. Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above.....					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	163,501	61,903	56,386	5,761	
53. Total admitted assets (Page 2, Line 28, Col. 3).....	10,402,262	10,136,964	9,898,239	9,616,689	9,374,584
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income).....	308,274	305,246	310,836	335,067	351,868
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....					
57. Total of above Lines 54, 55 and 56.....	308,274	305,246	310,836	335,067	351,868
<b>Benefits and Reserve Increase (Page 6)</b>					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 less Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....	11,740	53,172	12,265	58,269	19,550
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....	279	315	(308)	3,854	2,020
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....					
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....	2,100	(611)	(761)	(963)	(1,132)
62. Dividends to policyholders (Line 30, Col 1).....					
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....	52.1	41.6	53.4	56.4	61.7
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....					
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....	16.2	1.6	(1.4)	15.5	7.6
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....	87.5	45.6	66.2	72.4	145.8
<b>A&amp;H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....	765	1,218	1,381	3,275	1,139
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....	3,105	4,202	5,656	5,050	7,075
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
<b>Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....					
74. Ordinary - individual annuities (Col. 4).....					
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....	164,902	123,874	152,605	133,641	139,176
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....	104,525	122,663	127,842	126,400	121,146
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....					
82. Aggregate of all other lines of business (Col. 12).....					
83. Total (Col. 1).....	269,427	246,537	280,447	260,041	260,322

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes  No 

If no, please explain:

---

**EXHIBIT OF LIFE INSURANCE**

	Industrial		Ordinary		Credit Life (Group and Individual)		Group		10 Total Amount of Insurance (a)
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	7 Number of Policies	8 Certificates	
1. In force end of prior year.....							5	.247	14,057
2. Issued during year.....									0
3. Reinsurance assumed.....									0
4. Revived during year.....									0
5. Increased during year (net).....								.87	0
6. Subtotals, Lines 2 to 5.....	0	0	0	0	0	0	0	.87	0
7. Additions by dividends during year.....	XXX		XXX		XXX		XXX	XXX	0
8. Aggregate write-ins for increases.....	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8).....	0	0	0	0	0	0	5	.334	14,057
<b>Deductions during year:</b>									
10. Death.....							XXX	2	.12
11. Maturity.....							XXX		0
12. Disability.....							XXX		0
13. Expiry.....									0
14. Surrender.....									0
15. Lapse.....								.26	1,274
16. Conversion.....							XXX	XXX	XXX
17. Decreased (net).....									0
18. Reinsurance.....									0
19. Aggregate write-ins for decreases.....	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19).....	0	0	0	0	0	0	0	.28	1,287
21. In force end of year (Line 9 minus Line 20).....	0	0	0	0	0	0	5	.306	12,770
22. Reinsurance ceded end of year.....	XXX		XXX		XXX		XXX	XXX	10,795
23. Line 21 minus Line 22.....	XXX	0	XXX	0	XXX	(b) 0	XXX	XXX	1,975

**DETAILS OF WRITE-INS**

0801.....										0
0802.....										0
0803.....										0
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0	0	0	0	0	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0	0	0	0	0	0	0
1901.....										0
1902.....										0
1903.....										0
1998. Summary of remaining write-ins for Line 19 from overflow page	0	0	0	0	0	0	0	0	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Group \$.....0; Individual \$.....0.

**OHIO MOTORISTS LIFE INSURANCE COMPANY****EXHIBIT OF LIFE INSURANCE (continued)**

## ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends.....	....XXX.....		....XXX.....	
25. Other paid-up insurance.....				
26. Debit ordinary insurance.....	....XXX.....	....XXX.....		

## ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies-decreasing.....				
28. Term policies-other.....				
29. Other term insurance-decreasing.....	....XXX.....		....XXX.....	
30. Other term insurance.....	....XXX.....		....XXX.....	
31. Totals (Lines 27 to 30).....	....0.....	....0.....	....0.....	....0.....
Reconciliation to Lines 2 and 21:				
32. Term additions.....	....XXX.....		....XXX.....	
33. Totals, extended term insurance.....	....XXX.....	....XXX.....		
34. Totals, whole life and endowment.....				
35. Totals (Lines 31 to 34).....	....0.....	....0.....	....0.....	....0.....

## CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial.....				
37. Ordinary.....				
38. Credit Life (Group and Individual).....				
39. Group.....			....12,770.....	
40. Totals (Lines 36 to 39).....	....0.....	....0.....	....12,770.....	....0.....

## ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies.....	....XXX.....		....XXX.....	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis.....		....XXX.....		....XXX.....
43. Federal Employees' Group Life Insurance included in Line 21.....				
44. Servicemen's Group Life Insurance included in Line 21.....				
45. Group Permanent Insurance included in Line 21.....				

## ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a).....	
--	--

## BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.
47.1 _____
47.2 _____

## POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium.....								
49. Disability Income.....								
50. Extended Benefits.....			....XXX.....	....XXX.....				
51. Other.....								
52. Total.....	....0.....	(b)....0.....	....0.....	(b)....0.....	....0.....	(b)....0.....	....0.....	(b)....0.....

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE  
AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS,  
ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

**SUPPLEMENTARY CONTRACTS**

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....	.0	.0	0	.0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	.0	.0	0	.0
9. In force end of year.....	0	.0	0	0
10. Amount on deposit.....		(a).....		(a).....
11. Income now payable.....		(a).....		(a).....
12. Amount of income payable.....	(a).....	(a).....	(a).....	(a).....

**ANNUITIES**

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....	0	.0	0	.0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	.0	.0	0	.0
9. In force end of year.....	0	.0	0	.0
Income now payable:				
10. Amount of income payable.....	(a).....	XXX.....	XXX.....	(a).....
Deferred fully paid:				
11. Account balance.....	XXX.....	(a).....	XXX.....	(a).....
Deferred not fully paid:				
12. Account balance.....	XXX.....	(a).....	XXX.....	(a).....

**ACCIDENT AND HEALTH INSURANCE**

	Group		Credit		Other	
	1 Certificates	2 Premiums in force	3 Policies	4 Premiums in force	5 Policies	6 Premiums in force
1. In force end of prior year.....	2	106,615				
2. Issued during year.....						
3. Reinsurance assumed.....						
4. Increased during year (net).....		XXX.....		XXX.....		XXX.....
5. Total (Lines 1 to 4).....	2	XXX.....	0	XXX.....	0	XXX.....
Deductions during year:						
6. Conversions.....		XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
7. Decreased (net).....		XXX.....		XXX.....		XXX.....
8. Reinsurance ceded.....		XXX.....		XXX.....		XXX.....
9. Totals (Lines 6 to 8).....	0	XXX.....	0	XXX.....	0	XXX.....
10. In force end of year.....	2	(a).....18,655	0	(a).....	0	(a).....

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

	1 Deposit Funds		2 Dividend Accumulations	
	Contracts	Contracts	Contracts	Contracts
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....			0	.0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....			0	0
9. In force end of year.....			0	0
10. Amount of account balance.....		(a).....	(a).....	(a).....

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

# OHIO MOTORISTS LIFE INSURANCE COMPANY

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
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.....	92,947.....		82,776.....		175,723.....
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.....	.CAN.....	N.....					0.....
58. Aggregate Other Alien.....	.OT.....	XXX.....	0.....	0.....	0.....	0.....	0.....
59. Subtotal.....		(a).....1	92,947.....	0.....	82,776.....	0.....	175,723.....
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.....
95. Totals (Direct Business).....		XXX.....	92,947.....	0.....	82,776.....	0.....	175,723.....
96. Plus reinsurance assumed.....		XXX.....	4,975.....		4,976.....		9,951.....
97. Totals (All Business).....		XXX.....	97,922.....	0.....	87,752.....	0.....	185,674.....
98. Less reinsurance ceded.....		XXX.....	75,081.....		70,360.....		145,441.....
99. Totals (All Business) less reinsurance ceded.....		XXX.....	22,841.....	0.....	(b).....17,392.....	0.....	40,233.....

## DETAILS OF WRITE-INS

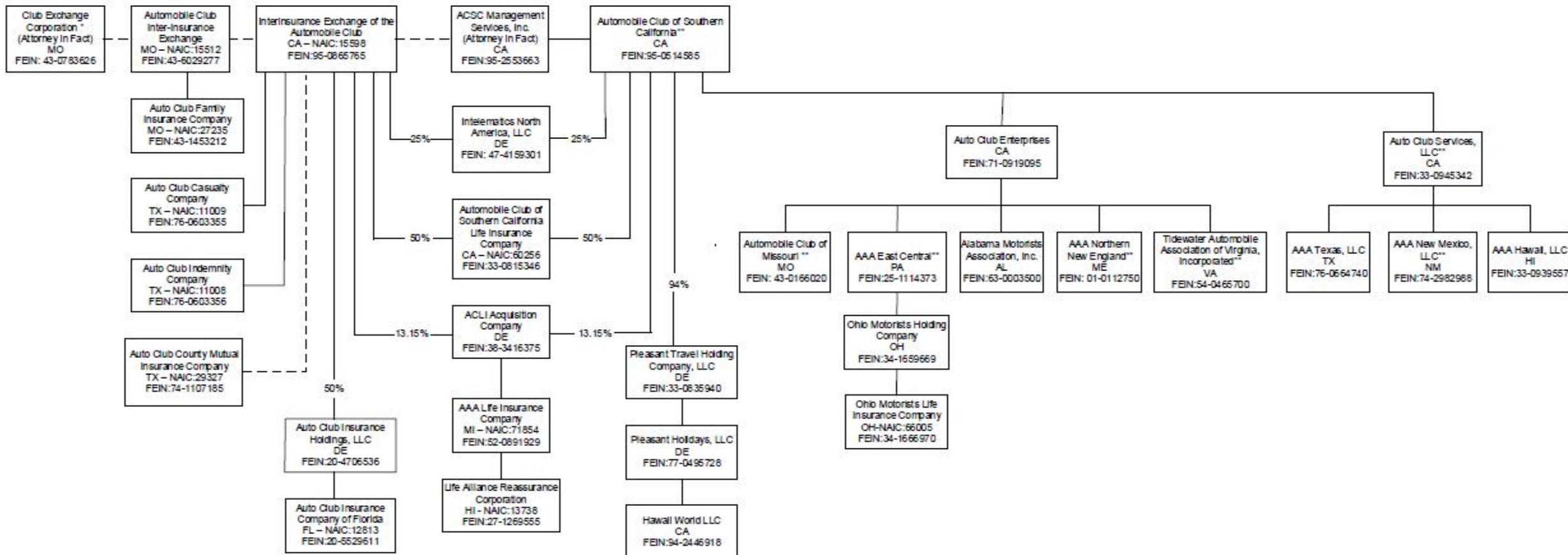
58001.....		XXX.....					0.....
58002.....		XXX.....					0.....
58003.....		XXX.....					0.....
58998. Summ. of remaining write-ins for line 58 from overflow page.....		XXX.....	0.....	0.....	0.....	0.....	0.....
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		XXX.....	0.....	0.....	0.....	0.....	0.....
9401.....		XXX.....					0.....
9402.....		XXX.....					0.....
9403.....		XXX.....					0.....
9498. Summ. of remaining write-ins for line 94 from overflow page.....		XXX.....	0.....	0.....	0.....	0.....	0.....
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....		XXX.....	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.

#### Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

Premiums for group policies are allocated to the state where the certificate holder premium notice is sent.

(a) Insert the number of "L" responses except for Canada and Other Alien.  
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9, and 10, or with Schedule H, Part 1, Column 1, Line 1. Indicate which:  
Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10

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

\* Club Exchange Corporation, a Missouri corporation, the attorney-in-fact of the Automobile Club Inter-Insurance Exchange, is a wholly owned subsidiary of Automobile Club of Missouri.

\*\* See next page for additional subsidiaries/affiliated companies of the following entities:

Auto Club Services, LLC  
AAA East Central  
AAA New Mexico, LLC  
AAA Northern New England  
Automobile Club of Missouri  
Automobile Club of Southern California  
Tidewater Automobile Association of Virginia, Incorporated

**CONTROL KEY:**  
Possession of 100% of voting interests unless otherwise noted = \_\_\_\_\_

Contractual or other relationship = -----

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

## PART 1 – ORGANIZATIONAL CHART

**LIST OF ADDITIONAL SUBSIDIARIES/AFFILIATED COMPANIES****PARENT/CONTROLLING COMPANY****SUBSIDIARY/AFFILIATE**

Auto Club Services, LLC

Automobile Club of Hawaii, Inc. (HI; FEIN N/A)  
Automobile Club of New Mexico, Inc. (NM; FEIN N/A)  
Automobile Club of Texas, Inc. (TX; FEIN 01-1855420)

AAA East Central

AAA Kentucky Driver Training Center, Inc. (KY; FEIN 61-1345548)  
Auto Club Driving Schools, Inc. (PA; FEIN 25-1846506)  
The Ashland County Automobile Club (OH; FEIN 34-0074310)  
The Massillon Automobile Club (OH; FEIN 34-0383238)  
AAA East Central Insurance Agency, Inc. (PA; FEIN 25-0951930)

AAA New Mexico, LLC

All-City Towing, Inc. (NM; FEIN 85-0267099)

AAA Northern New England

AAA Car Care Center (ME; FEIN 01-0518954)  
AAA Driving School, Inc. (ME; FEIN 54-2106828)  
AAA Northern New England Insurance (ME; FEIN 01-0022895)  
Hewins Travel LLC (ME; FEIN N/A)  
Triple A Leasing (ME; FEIN 01-0411376)

Automobile Club of Missouri

AAA Arkansas Insurance Agency, Inc. (AR; FEIN 52-0958851)  
Club Insurance Agency, Inc. (MO; FEIN 43-0822493)

Automobile Club of Southern California

Automobile Club of California (CA; FEIN N/A)

**CONTROL KEY:** Subsidiaries/affiliated companies are wholly controlled by their respective parent/controlling company

**FEIN KEY:** Non-operating entities with no FEIN = N/A

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 – ORGANIZATIONAL CHART****LIST OF ADDITIONAL SUBSIDIARIES/AFFILIATED COMPANIES - CONTINUED****PARENT/CONTROLLING COMPANY**

Tidewater Automobile Association of Virginia, Incorporated

**SUBSIDIARY/AFFILIATE**

AAA Tidewater Virginia Car Care Center, LLC (VA; FEIN 54-2040600)  
AAA Tidewater Virginia Fleet Operations, LLC (VA; FEIN 27-2311305)  
TAA Chesapeake Branch Office Property, LLC (VA; FEIN N/A)  
TAA Corporate Center Office Property, LLC (VA; FEIN N/A)  
TAA Greenbrier Car Care Center Property, LLC (VA; FEIN N/A)  
TAA Hampton Branch/Car Care Center Property, LLC (VA; FEIN N/A)  
TAA Newport News Branch Property, LLC (VA; FEIN N/A)  
TAA Norfolk Car Care Center Property, LLC (VA; FEIN N/A)  
TAA Suffolk Branch Car Care Center Property, LLC (VA; FEIN N/A)  
TAA Virginia Beach Branch Property, LLC (VA; FEIN N/A)  
TAA Williamsburg Branch Property, LLC (VA; FEIN N/A)  
TAA Williamsburg Branch/Car Care Center Property, LLC (VA; FEIN N/A)

51.2

CONTROL KEY: Subsidiaries/affiliated companies are wholly controlled by their respective parent/controlling company

FEIN KEY: Non-operating entities with no FEIN = N/A

**2015 ALPHABETICAL INDEX**  
**LIFE ANNUAL STATEMENT BLANK**

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve Default Component	30	Schedule D – Part 3	E13
Asset Valuation Reserve Equity	32	Schedule D – Part 4	E14
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 5	E15
Asset Valuation Reserve	29	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Part D – Section 2	E23
Exhibit of Life Insurance	25	Schedule DB – Verification	SI14
Exhibit of Net Investment Income	8	Schedule DL – Part 1	E24
Exhibit of Nonadmitted Assets	18	Schedule DL – Part 2	E25
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule E – Part 1 – Cash	E26
Five-Year Historical Data	22	Schedule E – Part 2 – Cash Equivalents	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule E – Part 3 – Special Deposits	E28
General Interrogatories	20	Schedule E – Verification Between Years	SI15
Jurat Page	1	Schedule F	36
Liabilities, Surplus and Other Funds	3	Schedule H – Accident and Health Exhibit – Part 1	37
Life Insurance (State Page)	24	Schedule H – Part 2, Part 3 and Part 4	38
Notes To Financial Statements	19	Schedule H – Part 5 – Health Claims	39
Overflow Page For Write-ins	55	Schedule S – Part 1 – Section 1	40
Schedule A – Part 1	E01	Schedule S – Part 1 – Section 2	41
Schedule A – Part 2	E02	Schedule S – Part 2	42
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 1	43
Schedule A – Verification Between Years	SI02	Schedule S – Part 3 – Section 2	44
Schedule B – Part 1	E04	Schedule S – Part 4	45
Schedule B – Part 2	E05	Schedule S – Part 5	46
Schedule B – Part 3	E06	Schedule S – Part 6	47
Schedule B – Verification Between Years	SI02	Schedule S – Part 7	48
Schedule BA – Part 1	E07	Schedule T – Part 2 Interstate Compact	50
Schedule BA – Part 2	E08	Schedule T – Premiums and Annuity Considerations	49
Schedule BA – Part 3	E09	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 1A – Detail of Insurance Holding Company System	52
Schedule D – Part 1	E10	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	53
Schedule D – Part 1A – Section 1	SI05	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 2	SI08	Summary of Operations	4
		Supplemental Exhibits and Schedules Interrogatories	54