



ANNUAL STATEMENT

For the Year Ended December 31, 2016
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 OH	State of Domicile or Port of Entry OH	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 (Name) RMERVINE@AAAE.COM (E-Mail Address)	216-606-6045 (Area Code) (Telephone Number) (Extension) 216-606-6018 (Fax Number)

OFFICERS

Name	Title	Name	Title
James E. Lehman	President	Raymond M. Komichak	Secretary
Robin A. Mervine #	Treasurer	Thomas J. Ashley #	Vice President

OTHER

DIRECTORS OR TRUSTEES

Mary Lynn Laughlin	Gary S. Cowling	Peter E. Shimrak	James E. Lehman
Thomas J. Ashley			

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	(Signature) Raymond M. Komichak	(Signature) Robin A. Mervine
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2017	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

OHIO MOTORISTS LIFE INSURANCE COMPANY



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....1318 NAIC Company Code.....66005

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....			82,690		82,690
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	82,690	0	82,690
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....			125,000		125,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	125,000	0	125,000

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					3	100,000			3	100,000
17. Incurred during current year.....					2	125,000			2	125,000
Settled during current year:										
18.1 By payment in full.....					2	125,000			2	125,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	2	125,000	0	0	2	125,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	2	125,000	0	0	2	125,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	3	100,000	0	0	3	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....	5	12,770,000			5	12,770,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....						(2,418,000)			0	(2,418,000)
23. In force December 31 of current year.....	0	0	0	(a).....	5	10,352,000	0	0	5	10,352,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	74,993	77,081		450	8,228
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	74,993	77,081	0	450	8,228

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO MOTORISTS LIFE INSURANCE COMPANY



* 6 6 0 0 5 2 0 1 6 4 3 0 3 6 1 0 0 *

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....1318 NAIC Company Code.....66005

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....			82,690		82,690
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	82,690	0	82,690
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....			125,000		125,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	125,000	0	125,000

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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18.1 By payment in full.....					2	125,000			2	125,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	2	125,000	0	0	2	125,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	2	125,000	0	0	2	125,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	3	100,000	0	0	3	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....	5	12,770,000			5	12,770,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....						(2,418,000)			0	(2,418,000)
23. In force December 31 of current year.....	0	0	0	(a).....	5	10,352,000	0	0	5	10,352,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	74,993	77,081		450	8,228
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	74,993	77,081	0	450	8,228

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

OHIO MOTORISTS LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve for sales tax.....0.....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	0
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	0
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	0

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2016.....				0
2. 2017.....				0
3. 2018.....				0
4. 2019.....				0
5. 2020.....				0
6. 2021.....				0
7. 2022.....				0
8. 2023.....				0
9. 2024.....				0
10. 2025.....				0
11. 2026.....				0
12. 2027.....				0
13. 2028.....				0
14. 2029.....				0
15. 2030.....				0
16. 2031.....				0
17. 2032.....				0
18. 2033.....				0
19. 2034.....				0
20. 2035.....				0
21. 2036.....				0
22. 2037.....				0
23. 2038.....				0
24. 2039.....				0
25. 2040.....				0
26. 2041.....				0
27. 2042.....				0
28. 2043.....				0
29. 2044.....				0
30. 2045.....				0
31. 2046 and Later.....				0
32. Total (Lines 1 to 31).....	0	0	0	0

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	21,277		21,277			0	21,277
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	4,154		4,154			0	4,154
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	25,430	0	25,430	0	0	0	25,430
9. Maximum reserve.....	31,153		31,153			0	31,153
10. Reserve objective.....	23,884		23,884			0	23,884
11. 20% of (Line 10 minus Line 8).....	(309)	0	(309)	0	0	0	(309)
12. Balance before transfers (Lines 8 + 11).....	25,121	0	25,121	0	0	0	25,121
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	25,121	0	25,121	0	0	0	25,121

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	8,806,818	XXX.....	XXX.....	8,806,818	0.0004	3,523	0.0023	20,256	0.0030	26,420
3	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
9		Total long-term bonds (sum of Lines 1 through 8).....	8,806,818	XXX.....	XXX.....	8,806,818	XXX.....	3,523	XXX.....	20,256	XXX.....	26,420
PREFERRED STOCKS												
10	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	1,577,633	XXX.....	XXX.....	1,577,633	0.0004	631	0.0023	3,629	0.0030	4,733
20	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	1,577,633	XXX.....	XXX.....	1,577,633	XXX.....	631	XXX.....	3,629	XXX.....	4,733
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
34		Total (Lines 9 + 17 + 25 + 33).....	10,384,451	XXX.....	XXX.....	10,384,451	XXX.....	4,154	XXX.....	23,884	XXX.....	31,153

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

			Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
											Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
			1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																				
1.	Premiums written.....	15,534	XXX	15,534	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
2.	Premiums earned.....	16,029	XXX	16,029	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
3.	Incurred claims.....	1,759	11.0	1,759	11.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
4.	Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	1,759	11.0	1,759	11.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6.	Increase in contract reserves.....	(2)	(0.0)	(2)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
7.	Commissions (a).....	3,810	23.8	3,810	23.8		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
8.	Other general insurance expenses.....	7,378	46.0	7,378	46.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
9.	Taxes, licenses and fees.....	3,769	23.5	3,769	23.5		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
10.	Total other expenses incurred.....	14,957	93.3	14,957	93.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
11.	Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
12.	Gain from underwriting before dividends or refunds.....	(685)	(4.3)	(685)	(4.3)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
14.	Gain from underwriting after dividends or refunds.....	(685)	(4.3)	(685)	(4.3)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
DETAILS OF WRITE-INS																				
1101.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
1102.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
1103.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

(a) Includes \$.....0 reported as 'Contract, membership and other fees retained by agents.'

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	4,255	4,255							
2. Advance premiums.....	465	465							
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	4,720	4,720	0	0	0	0	0	0	0
5. Total premium reserves, prior year.....	5,215	5,215							
6. Increase in total premium reserves.....	(495)	(495)	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	2,603	2,603							
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	2,603	2,603	0	0	0	0	0	0	0
4. Total contract reserves, prior year.....	2,605	2,605							
5. Increase in contract reserves.....	(2)	(2)	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	3,885	3,885	0	0	0	0	0	0	0
2. Total prior year.....	2,883	2,883							
3. Increase.....	1,002	1,002	0	0	0	0	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	494	494							
1.2 On claims incurred during current year.....	263	263							
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	699	699							
2.2 On claims incurred during current year.....	3,186	3,186							
3. Test:									
3.1 Lines 1.1 and 2.1.....	1,193	1,193	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	2,883	2,883							
3.3 Line 3.1 minus Line 3.2.....	(1,690)	(1,690)	0	0	0	0	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	4,269	4,269							
2. Premiums earned.....	4,428	4,428							
3. Incurred claims.....	525	525							
4. Commissions.....	1,841	1,841							
B. Reinsurance Ceded:									
1. Premiums written.....	63,837	63,837							
2. Premiums earned.....	65,741	65,741							
3. Incurred claims.....	6,993	6,993							
4. Commissions.....	11,155	11,155							

(a) Includes \$.....0 premium deficiency reserve.

OHIO MOTORISTS LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			8,228	8,228
2. Beginning claim reserves and liabilities.....			12,531	12,531
3. Ending claim reserves and liabilities.....			20,309	20,309
4. Claims paid.....	0	0	450	450
B. Assumed Reinsurance:				
5. Incurred claims.....			525	525
6. Beginning claim reserves and liabilities.....			1,003	1,003
7. Ending claim reserves and liabilities.....			839	839
8. Claims paid.....	0	0	689	689
C. Ceded Reinsurance:				
9. Incurred claims.....			6,993	6,993
10. Beginning claim reserves and liabilities.....			10,651	10,651
11. Ending claim reserves and liabilities.....			17,262	17,262
12. Claims paid.....	0	0	382	382
D. Net:				
13. Incurred claims.....	0	0	1,760	1,760
14. Beginning claim reserves and liabilities.....	0	0	2,883	2,883
15. Ending claim reserves and liabilities.....	0	0	3,886	3,886
16. Claims paid.....	0	0	757	757
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			1,760	1,760
18. Beginning reserves and liabilities.....			2,883	2,883
19. Ending reserves and liabilities.....			3,886	3,886
20. Paid claims and cost containment expenses.....	0	0	757	757

OHIO MOTORISTS LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
62596.....	31-0252460....	07/01/1992	UNION FIDELITY LIFE INSURANCE COMPANY.....	KS.....	CO/G.....	127,000	49,708	4,209	6,409		
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					127,000	49,708	4,209	6,409	0	0
1099999.	Total - General Account - Non-Affiliates.....					127,000	49,708	4,209	6,409	0	0
1199999.	Total - General Account.....					127,000	49,708	4,209	6,409	0	0
2399999.	Total U.S.....					127,000	49,708	4,209	6,409	0	0
9999999.	Total.....					127,000	49,708	4,209	6,409	0	0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
62146.....	36-2136262....	07/01/1991	COMBINED INSURANCE COMPANY OF AMERICA.....	IL.....	CO/G.....	4,289	1,200	.....	.....839	.....	.....
08999999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					4,289	1,200	0	839	0	0
10999999.	Total - Non-Affiliates.....					4,289	1,200	0	839	0	0
11999999.	Total - U.S.....					4,289	1,200	0	839	0	0
99999999.	Total.....					4,289	1,200	0	839	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
65676.....	35-0472300....	01/01/1998	The Lincoln National Life Insurance Company.....	IN.....		80,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				0	80,000
1099999.	Total - Life and Annuity Non-Affiliates.....				0	80,000
1199999.	Total - Life and Annuity.....				0	80,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
62146.....	36-2136262....	12/07/1992	COMBINED INSURANCE COMPANY OF AMERICA.....	IL.....		17,262
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				0	17,262
2199999.	Total - Accident and Health Non-Affiliates.....				0	17,262
2299999.	Total - Accident and Health.....				0	17,262
2399999.	Total U.S.....				0	97,262
9999999.	Total.....				0	97,262

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
65676.....	35-0472300....	01/01/1998	The Lincoln National Life Insurance Company.....	IN.....	CO/G.....	OL.....	8,615,000	7,826	12,744	62,569	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						8,615,000	7,826	12,744	62,569	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						8,615,000	7,826	12,744	62,569	0	0	0	0
1199999.	Total - General Account - Authorized.....						8,615,000	7,826	12,744	62,569	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						8,615,000	7,826	12,744	62,569	0	0	0	0
6999999.	Total U.S.....						8,615,000	7,826	12,744	62,569	0	0	0	0
9999999.	Total.....						8,615,000	7,826	12,744	62,569	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
62146.....	36-2136262....	.12/07/1992	COMBINED INSURANCE COMPANY OF AMERICA.....	IL.....	CO/G.....	OH.....	64,059	17,312	14,750	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						64,059	17,312	14,750	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						64,059	17,312	14,750	0	0	0	0
1199999.	Total - General Account - Authorized.....						64,059	17,312	14,750	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						64,059	17,312	14,750	0	0	0	0
6999999.	Total - U.S.....						64,059	17,312	14,750	0	0	0	0
9999999.	Total.....						64,059	17,312	14,750	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1	2	3	4	5
		2016	2015	2014	2013	2012
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	127	161	152	168	185
2.	Commissions and reinsurance expense allowances.....	11	12	13	15	17
3.	Contract claims.....	107	(2)	158	11	160
4.	Surrender benefits and withdrawals for life contracts.....					
5.	Dividends to policyholders.....					
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....	(6)	15	(9)	(1)	
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	11	17	1	1	1
9.	Aggregate reserves for life and accident and health contracts.....	40	46	31	40	41
10.	Liability for deposit-type contracts.....					
11.	Contract claims unpaid.....	97	91	92	95	104
12.	Amounts recoverable on reinsurance.....					3
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

OHIO MOTORISTS LIFE INSURANCE COMPANY
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	10,470,583		10,470,583
2. Reinsurance (Line 16).....	18,274	(18,274)	0
3. Premiums and considerations (Line 15).....	2,912	11,143	14,055
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (balance).....	108,717	145,752	254,469
6. Total assets excluding Separate Accounts (Line 26).....	10,600,486	138,621	10,739,107
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	10,600,486	138,621	10,739,107
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	58,246	39,888	98,134
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	30,295	97,262	127,557
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	666	1,471	2,137
14. Other contract liabilities (Line 9).....			0
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	55,422		55,422
20. Total liabilities excluding Separate Accounts (Line 26).....	144,629	138,621	283,250
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	144,629	138,621	283,250
23. Capital & surplus (Line 38).....	10,455,857	XXX	10,455,857
24. Total liabilities, capital & surplus (Line 39).....	10,600,486	138,621	10,739,107
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	39,888		
26. Claim reserves.....	97,262		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	1,471		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	18,274		
32. Other ceded reinsurance recoverables.....	(145,752)		
33. Total ceded reinsurance recoverables.....	11,143		
34. Premiums and considerations.....	11,143		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	11,143		
41. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1.	Alabama.....	AL					0
2.	Alaska.....	AK					0
3.	Arizona.....	AZ					0
4.	Arkansas.....	AR					0
5.	California.....	CA					0
6.	Colorado.....	CO					0
7.	Connecticut.....	CT					0
8.	Delaware.....	DE					0
9.	District of Columbia.....	DC					0
10.	Florida.....	FL					0
11.	Georgia.....	GA					0
12.	Hawaii.....	HI					0
13.	Idaho.....	ID					0
14.	Illinois.....	IL					0
15.	Indiana.....	IN					0
16.	Iowa.....	IA					0
17.	Kansas.....	KS					0
18.	Kentucky.....	KY					0
19.	Louisiana.....	LA					0
20.	Maine.....	ME					0
21.	Maryland.....	MD					0
22.	Massachusetts.....	MA					0
23.	Michigan.....	MI					0
24.	Minnesota.....	MN					0
25.	Mississippi.....	MS					0
26.	Missouri.....	MO					0
27.	Montana.....	MT					0
28.	Nebraska.....	NE					0
29.	Nevada.....	NV					0
30.	New Hampshire.....	NH					0
31.	New Jersey.....	NJ					0
32.	New Mexico.....	NM					0
33.	New York.....	NY					0
34.	North Carolina.....	NC					0
35.	North Dakota.....	ND					0
36.	Ohio.....	OH	82,690				82,690
37.	Oklahoma.....	OK					0
38.	Oregon.....	OR					0
39.	Pennsylvania.....	PA					0
40.	Rhode Island.....	RI					0
41.	South Carolina.....	SC					0
42.	South Dakota.....	SD					0
43.	Tennessee.....	TN					0
44.	Texas.....	TX					0
45.	Utah.....	UT					0
46.	Vermont.....	VT					0
47.	Virginia.....	VA					0
48.	Washington.....	WA					0
49.	West Virginia.....	WV					0
50.	Wisconsin.....	WI					0
51.	Wyoming.....	WY					0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		82,690	0	0	0	82,690

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
1318	Auto Club Enterprises Insurance Group	15598...	95-0865765..	.....	.....	.....	Interinsurance Exchange of the Automobile Club	CA.....	IA.....	Automobile Club of Southern California.....	Board of Directors	.....	Automobile Club of Southern California.....	N.....	1.....
1318	Auto Club Enterprises Insurance Group	15512...	43-6029277..	.....	.....	.....	Automobile Club Inter-Insurance Exchange.....	MO.....	IA.....	Interinsurance Exchange of the Automobile Club	Board of Directors	.....	Automobile Club of Southern California.....	N.....	1.....
1318	Auto Club Enterprises Insurance Group	27235...	43-1453212..	.....	.....	.....	Auto Club Family Insurance Company.....	MO.....	IA.....	Automobile Club Inter-Insurance Exchange.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
1318	Auto Club Enterprises Insurance Group	11009...	76-0603355..	.....	.....	.....	Auto Club Casualty Company.....	TX.....	IA.....	Interinsurance Exchange of the Automobile Club	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
1318	Auto Club Enterprises Insurance Group	11008...	76-0603356..	.....	.....	.....	Auto Club Indemnity Company.....	TX.....	IA.....	Interinsurance Exchange of the Automobile Club	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
1318	Auto Club Enterprises Insurance Group	29327...	74-1107185..	.....	.....	.....	Auto Club County Mutual Insurance Company..	TX.....	IA.....	Interinsurance Exchange of the Automobile Club	Management.....	.....	Automobile Club of Southern California.....	N.....	.....
1318	Auto Club Enterprises Insurance Group	12813...	20-5529611..	.....	.....	.....	Auto Club Insurance Company of Florida.....	FL.....	IA.....	Auto Club Insurance Holdings, LLC.....	Ownership.....	...100.000	See Note Below.....	N.....	2.....
4853	AAA Life Group.....	71854...	52-0891929..	.....	.....	.....	AAA Life Insurance Company.....	MI.....	IA.....	ACLI Acquisition Company.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	7.....
4853	AAA Life Group.....	13738...	27-1269555..	.....	.....	.....	Life Alliance Reassurance Corporation.....	HI.....	IA.....	AAA Life Insurance Company.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	7.....
4853	AAA Life Group.....	15282...	45-0668011..	.....	.....	.....	AAA Life Insurance Company of New York.....	NY.....	IA.....	AAA Life Insurance Company.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	7.....
1318	Auto Club Enterprises Insurance Group	66005...	34-1666970..	.....	.....	.....	Ohio Motorists Life Insurance Company.....	OH.....	RE.....	Ohio Motorists Holding Company.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
1318	Auto Club Enterprises Insurance Group	60256...	33-0815346..	.....	.....	.....	Automobile Club of Southern California Life Insurance Co.	CA.....	IA.....	Interinsurance Exchange of the Automobile Club	Ownership.....	50.000	Automobile Club of Southern California	N.....	.....
1318	Auto Club Enterprises Insurance Group	60256...	33-0815346..	.....	.....	.....	Automobile Club of Southern California Life Insurance Co.	CA.....	IA.....	Automobile Club of Southern California	Ownership.....	50.000	.....	....N.....	.....
.....	.....	.....	95-2553663..	.....	.....	.....	ACSC Management Services, Inc. (Attorney-in-Fact)	CA.....	NIA.....	Automobile Club of Southern California.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
.....	.....	.....	95-0514585..	.....	.....	.....	Automobile Club of Southern California.....	CA.....	UIP.....	N/A.....	.....	.....	N/A.....	N.....	.....
.....	.....	.....	38-3416375..	.....	.....	.....	ACLI Acquisition Company.....	DE.....	NIA.....	Interinsurance Exchange of the Automobile Club	Ownership.....	...13.150	See Note Below.....	Y.....	3.....
.....	.....	.....	38-3416375..	.....	.....	.....	ACLI Acquisition Company.....	DE.....	NIA.....	Automobile Club of Southern California.....	Ownership.....	...13.150	See Note Below.....	Y.....	3.....
.....	.....	.....	20-4706536..	.....	.....	.....	Auto Club Insurance Holdings, LLC.....	DE.....	NIA.....	Interinsurance Exchange of the Automobile Club	Ownership.....	50.000	See Note Below.....	N.....	2.....
.....	.....	.....	43-0783626..	.....	.....	.....	Club Exchange Corporation (Attorney-in-Fact)..	MO.....	NIA.....	Automobile Club of Missouri.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
.....	.....	.....	33-0835940..	.....	.....	.....	Pleasant Travel Holding Company, LLC.....	DE.....	NIA.....	Automobile Club of Southern California.....	Ownership.....	92.000	Automobile Club of Southern California.....	N.....	6.....
.....	.....	.....	33-0835940..	.....	.....	.....	Pleasant Travel Holding Company, LLC.....	DE.....	NIA.....	AAA Northern New England.....	Ownership.....	2.000	Automobile Club of Southern California.....	N.....	.....
.....	.....	.....	77-0495728..	.....	.....	.....	Pleasant Holidays, LLC.....	DE.....	NIA.....	Pleasant Travel Holding Company, LLC.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
.....	.....	.....	94-2446918..	.....	.....	.....	Hawaii World LLC.....	CA.....	NIA.....	Pleasant Holidays, LLC.....	Ownership.....	...100.000	Automobile Club of Southern California.....	N.....	.....
.....	.....	.....	71-0919095..	.....	.....	.....	Auto Club Enterprises.....	CA.....	UIP.....	Automobile Club of Southern California.....	Other.....	...100.000	Automobile Club of Southern California.....	N.....	4.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
52.2			00-0000000..				TAA Virginia Beach Branch Property, LLC.....	VA.....	NIA.....	Tidewater Automobile Association of Virginia, Incorporated.	OWNERSHIP.....	100.000	Automobile Club of Southern California.....	N.....	
			00-0000000..				TAA Williamsburg Branch Property, LLC.....	VA.....	NIA.....	Tidewater Automobile Association of Virginia, Incorporated.	OWNERSHIP.....	100.000	Automobile Club of Southern California.....	N.....	
			00-0000000..				TAA Williamsburg Branch/Car Care Center Property, LLC	VA.....	NIA.....	Tidewater Automobile Association of Virginia, Incorporated.	OWNERSHIP.....	100.000	Automobile Club of Southern California.....	N.....	
			34-0074310..				The Ashland County Automobile Club.....	OH.....	NIA.....	AAA East Central.....	Other.....		Automobile Club of Southern California.....	N.....	4.....
			25-0951930..				AAA East Central Insurance Agency.....	PA.....	NIA.....	AAA East Central.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
			25-1846506..				Auto Club Driving Schools, Inc.....	PA.....	NIA.....	AAA East Central.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
			34-0383238..				The Massillon Automobile Club.....	OH.....	NIA.....	AAA East Central.....	Other.....		Automobile Club of Southern California.....	N.....	4.....
							Automobile Club of California.....	CA.....	NIA.....	Automobile Club of Southern California.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
			01-1855420..				Automobile Club of Texas, Inc.....	TX.....	NIA.....	Auto Club Services, LLC.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
							Automobile Club of Hawaii, Inc.....	HI.....	NIA.....	Auto Club Services, LLC.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
							Automobile Club of New Mexico, Inc.....	NM.....	NIA.....	Auto Club Services, LLC.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
			85-0267099..				All-City Towing, Inc.....	NM.....	NIA.....	AAA New Mexico, LLC.....	Ownership.....	100.000	Automobile Club of Southern California.....	N.....	
			47-4159301..				Intelematics North America, LLC.....	DE.....	DS.....	Interinsurance Exchange of the Automobile Club	Ownership.....	25.000	See Note Below.....	N.....	5.....
			47-4159301..				Intelematics North America, LLC.....	DE.....	DS.....	Automobile Club of Southern California.....	Ownership.....	25.000	See Note Below.....	N.....	5.....

Aster	Explanation
1	ACSC Management Services, Inc. serves as the attorney-in-fact for the Interinsurance Exchange of the Automobile Club. Club Exchange Corporation serves as the attorney-in-fact for the Automobile Club Inter-Insurance Exchange.
2	The Automobile Club of Southern California and its affiliates control 50% of the voting interests in Auto Club Insurance Holdings, LLC, which owns 100% of the common stock of Auto Club Insurance Company of Florida. The remainder is controlled by a non-affiliated entity.
3	The Interinsurance Exchange of the Automobile Club and the Automobile Club of Southern California each own 13.15% of ACLI Acquisition Company. The remainder is owned by several non-affiliated entities.
4	Possession of voting interests in nonprofit corporation.
5	The Interinsurance Exchange of the Automobile Club and the Automobile Club of Southern California each own 25% of Intelematics North America, LLC. The remainder is owned by non-affiliated entities.
6	Effective January 1, 2016 Automobile Club of Southern California sold a 2% interest in Pleasant Travel Holding Company, LLC (PTHC) to an unaffiliated entity, reducing its interest in PTHC from 94% to 92%
7	Effective January 1, 2016, AAA Life Group was created and assigned group code 4853.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	95-2553663.....	ACSC Management Services, Incorporated, (Attorney-in-Fact).....	.....	.....	.....	.....	.....572,293,036	.....	.....	.....	.....572,293,036	955,370,731
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....(572,293,036)	.....	.....*	.....	.....(572,293,036)	(955,370,731)
11009.....	76-0603355.....	Auto Club Casualty Company.....	.....	.....	.....	.....	.....(426)	.....	.....	.....	.....(426)	36
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....426	.....	.....*	.....	.....426	(36)
11008.....	76-0603356.....	Auto Club Indemnity Company.....	.....	.....	.....	.....	.....(29,079,746)	.....	.....	.....	.....(29,079,746)	68,920,061
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....29,079,746	.....	.....*	.....	.....29,079,746	(68,920,061)
29327.....	74-1107185.....	Auto Club County Mutual Insurance Company.....	.....	.....	.....	.....	.....(78,585,644)	.....	.....	.....	.....(78,585,644)	145,125,448
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....78,585,644	.....	.....*	.....	.....78,585,644	(145,125,448)
00000.....	74-2982988.....	AAA New Mexico, LLC.....	.....	.....	.....	.....	.....4,789,253	.....	.....	.....	.....4,789,253	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....(4,789,253)	.....	.....*	.....	.....(4,789,253)	.....
00000.....	33-0939557.....	AAA Hawaii, LLC.....	.....	.....	.....	.....	.....1,711,097	.....	.....	.....	.....1,711,097	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....(1,711,097)	.....	.....*	.....	.....(1,711,097)	.....
00000.....	54-0465700.....	Tidewater Automobile Association of Virginia Incorporated.....	.....	.....	.....	.....	.....1,002,605	.....	.....	.....	.....1,002,605	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....(1,002,605)	.....	.....*	.....	.....(1,002,605)	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....67,357,640	(145,359,839)	.....	.....	.....(78,002,199)	955,370,731
60256.....	33-0815346.....	Automobile Club of Southern California Life Insurance Company.....	.....	.....	.....	.....	.....(67,357,640)	145,359,839	.....	.....	.....78,002,199	(955,370,731)
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....(5,000,000)	.....	.....	.....	.....	.....*	.....	.....(5,000,000)	.....
60256.....	33-0815346.....	Automobile Club of Southern California Life Insurance Company.....	.....	.....5,000,000	.....	.....	.....	.....	.....	.....	.....5,000,000	.....
00000.....	95-0514585.....	Automobile Club of Southern California.....	.....	.....(5,000,000)	.....	.....	.....	.....	.....	.....	.....(5,000,000)	.....
60256.....	33-0815346.....	Automobile Club of Southern California Life Insurance Company.....	.....	.....5,000,000	.....	.....	.....	.....	.....	.....	.....5,000,000	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(3,566,219)	.....	.....	.....	.....(3,566,219)	.....
00000.....	76-0664740.....	AAA Texas, LLC.....	.....	.....	.....	.....	.....3,566,219	.....	.....	.....	.....3,566,219	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(528,821)	.....	.....	.....	.....(528,821)	.....
00000.....	74-2982988.....	AAA New Mexico, LLC.....	.....	.....	.....	.....	.....528,821	.....	.....	.....	.....528,821	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(273,274)	.....	.....	.....	.....(273,274)	.....
00000.....	33-0939557.....	AAA Hawaii, LLC.....	.....	.....	.....	.....	.....273,274	.....	.....	.....	.....273,274	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(897,389)	.....	.....	.....	.....(897,389)	.....
00000.....	01-0112750.....	AAA Northern New England.....	.....	.....	.....	.....	.....897,389	.....	.....	.....	.....897,389	.....
00000.....	95-0514585.....	Automobile Club of Southern California.....	.....	.....	.....	.....	.....23,611,945	.....	.....	.....	.....23,611,945	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(23,611,945)	.....	.....	.....	.....(23,611,945)	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(632,033)	.....	.....	.....	.....(632,033)	.....
00000.....	63-0003500.....	Alabama Motorists Association, Incorporated.....	.....	.....	.....	.....	.....632,033	.....	.....	.....	.....632,033	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(1,936,009)	.....	.....	.....	.....(1,936,009)	.....
00000.....	25-1114373.....	AAA East Central.....	.....	.....	.....	.....	.....1,936,009	.....	.....	.....	.....1,936,009	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(2,274,392)	.....	.....	.....	.....(2,274,392)	.....
00000.....	43-0166020.....	Automobile Club of Missouri.....	.....	.....	.....	.....	.....2,274,392	.....	.....	.....	.....2,274,392	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(144,515)	.....	.....	.....	.....(144,515)	.....
00000.....	61-0721801.....	AAA Kentucky Insurance Agency, Incorporated.....	.....	.....	.....	.....	.....144,515	.....	.....	.....	.....144,515	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(14,371)	.....	.....	.....	.....(14,371)	.....
00000.....	34-0383238.....	The Massillon Automobile Club (dba Massillon Auto Club, Incorporated)	.....	.....	.....	.....	.....14,371	.....	.....	.....	.....14,371	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(139,566)	.....	.....	.....	.....(139,566)	.....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000.....	34-0891240.....	Ohio Motorists Insurance Agency, Incorporated.....	.....	.....	.....	.....	.....139,566	.....	.....	.....	.....139,566	.....
71854.....	52-0891929.....	AAA Life Insurance Company.....	.....	.....	.....	.....	.....(300,454)	.....	.....	.....	.....(300,454)	.....
00000.....	54-0465700.....	Tidewater Automobile Association of Virginia Incorporated.....	.....	.....	.....	.....	.....300,454	.....	.....	.....	.....300,454	.....
00000.....	43-0166020.....	Automobile Club of Missouri.....	.....	.....	.....	.....	.....2,444,359	.....	.....	.....	.....2,444,359	.....
15512.....	43-6029277.....	Automobile Club Inter-Insurance Exchange.....	.....	.....	.....	.....	.....(2,444,359)	.....	.....*	.....	.....(2,444,359)	.....
00000.....	43-0166020.....	Automobile Club of Missouri.....	.....	.....	.....	.....	.....1,142,140	.....	.....	.....	.....1,142,140	.....
27235.....	43-1453212.....	Auto Club Family Insurance Company.....	.....	.....	.....	.....	.....(1,142,140)	.....	.....*	.....	.....(1,142,140)	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....4,073,811	.....	.....*	.....	.....4,073,811	.....
27235.....	43-1453212.....	Auto Club Family Insurance Company.....	.....	.....	.....	.....	.....(4,073,811)	.....	.....*	.....	.....(4,073,811)	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....7,565,636	.....	.....*	.....	.....7,565,636	.....
15512.....	43-6029277.....	Automobile Club Inter-Insurance Exchange.....	.....	.....	.....	.....	.....(7,565,636)	.....	.....*	.....	.....(7,565,636)	.....
00000.....	25-0951930.....	AAA East Central Insurance Agency, Incorporated.....	.....	.....	.....	.....	.....2,872,806	.....	.....	.....	.....2,872,806	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....(2,872,806)	.....	.....*	.....	.....(2,872,806)	.....
15512.....	43-6029277.....	Automobile Club Inter-Insurance Exchange.....	.....	.....	.....	.....	.....	.....	.....	.....(2,261,301)	(2,261,301)	.....
15598.....	95-0865765.....	Interinsurance Exchange of the Automobile Club.....	.....	.....	.....	.....	.....	.....	.....	.....2,261,301	2,261,301	.....
9999999.....	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
15598	Interinsurance Exchange of the Automobile Club	95.00%	11512	Automobile Club Inter-Insurance Exchange	4.00%
27235	Auto Club Family Insurance Company	1.00%			

OHIO MOTORISTS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	NO
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	NO
APRIL FILING		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATIONS:

1. The data for this supplement is not required to be filed.
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11.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
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30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
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34. The data for this supplement is not required to be filed.

BAR CODE:



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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

35.

36. The data for this supplement is not required to be filed.



37. The data for this supplement is not required to be filed.



38. The data for this supplement is not required to be filed.



39. The data for this supplement is not required to be filed.



40. The data for this supplement is not required to be filed.



41. The data for this supplement is not required to be filed.



42. The data for this supplement is not required to be filed.



43. The data for this supplement is not required to be filed.



44.

45. The data for this supplement is not required to be filed.



46. The data for this supplement is not required to be filed.



47. The data for this supplement is not required to be filed.



48. The data for this supplement is not required to be filed.



49. The data for this supplement is not required to be filed.



50. The data for this supplement is not required to be filed.



51. The data for this supplement is not required to be filed.



Overflow Page
NONE

Overflow Page
NONE



SCHEDULE O SUPPLEMENT
For the year ended December 31, 2016
(To Be Filed March 1)

Of The.....OHIO MOTORISTS LIFE INSURANCE COMPANY

Address (City, State, Zip Code).....INDEPENDENCE, OH 44131

NAIC Group Code.....1318

NAIC Company Code.....66005

Employer's ID Number.....34-1666970

SUPPLEMENTAL SCHEDULE O - PART 1
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2012	2 2013	3 2014	4 2015	5 2016 (a)
1. Prior.....	2				
2. 2012.....	1	1			
3. 2013.....	XXX				
4. 2014.....	XXX	XXX	1		
5. 2015.....	XXX	XXX	XXX	1	
6. 2016.....	XXX	XXX	XXX	XXX	1

Section B - Other Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the Annual Statement Instructions.

OHIO MOTORISTS LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

OHIO MOTORISTS LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2012	2013	2014	2015	2016
1. 2012.....	6	1	1	XXX	XXX
2. 2013.....	XXX	4	1		XXX
3. 2014.....	XXX	XXX	3		1
4. 2015.....	XXX	XXX	XXX	3	1
5. 2016.....	XXX	XXX	XXX	XXX	3

Section B - Other Accident and Health

1. 2012.....		NONE		XXX	XXX
2. 2013.....	XXX				XXX
3. 2014.....	XXX				
4. 2015.....	XXX				
5. 2016.....	XXX			XXX	

Section C - Credit Accident and Health

1. 2012.....		NONE		XXX	XXX
2. 2013.....	XXX				XXX
3. 2014.....	XXX				
4. 2015.....	XXX				
5. 2016.....	XXX			XXX	

OHIO MOTORISTS LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012.....	6	1	1		
2. 2013.....	XXX	4	1		
3. 2014.....	XXX	XXX	3		1
4. 2015.....	XXX	XXX	XXX	3	1
5. 2016.....	XXX	XXX	XXX	XXX	3

Section B - Other Accident and Health

1. 2012.....		NONE			
2. 2013.....	XXX				
3. 2014.....	XXX				
4. 2015.....	XXX				
5. 2016.....	XXX				

Section C - Credit Accident and Health

1. 2012.....		NONE			
2. 2013.....	XXX				
3. 2014.....	XXX				
4. 2015.....	XXX				
5. 2016.....	XXX				

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....		
3. Individual annuity.....		
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....	Development.....	26
7. Group annuities.....		
8. Group accident and health.....	Development.....	4
9. Credit accident and health.....		
10. Other accident and health.....		
11. Total.....		30

Sch. O - Pt. 1 - Sn. D
NONE

Sch. O - Pt. 1 - Sn. E
NONE

Sch. O - Pt. 1 - Sn. F
NONE

Sch. O - Pt. 1 - Sn. G
NONE

Sch. O - Pt. 2 - Sn. D
NONE

Sch. O - Pt. 2 - Sn. E
NONE

Sch. O - Pt. 2 - Sn. F
NONE

Sch. O - Pt. 2 - Sn. G
NONE

Sch. O - Pt. 3 - Sn. D
NONE

Sch. O - Pt. 3 - Sn. E
NONE

Sch. O - Pt. 3 - Sn. F
NONE

Sch. O - Pt. 3 - Sn. G
NONE

Sch. O - Pt. 4 - Sn. D
NONE

Sch. O - Pt. 4 - Sn. E
NONE

Sch. O - Pt. 4 - Sn. F
NONE

Sch. O - Pt. 4 - Sn. G
NONE

2016 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