
AMENDED FILING EXPLANATION

Amendment 2 for the following page:

Schedule T (page 94) Lines 14 and 59 Column 6, not previously received in Amendment 1.



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

American Mutual Share Insurance Corporation

NAIC Group Code.....359, 359
(Current Period) (Prior Period)

NAIC Company Code..... 12700

Employer's ID Number..... 23-7376679

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... May 7, 1974

Commenced Business..... June 7, 1974

Statutory Home Office

5656 Frantz Rd..... Dublin OH 43017
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

5656 Frantz Rd..... Dublin OH 43017
(Street and Number) (City or Town, State, Country and Zip Code)

614-764-1900

(Area Code) (Telephone Number)

Mail Address

5656 Frantz Rd..... Dublin OH 43017
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

5656 Frantz Rd..... Dublin OH 43017

614-764-1900

(Area Code) (Telephone Number)

Internet Web Site Address

(Street and Number) (City or Town, State, Country and Zip Code)

Statutory Statement Contact

Curtis Lee Robson

614-764-1900

(Name)
crobson@americanshare.com

(Area Code) (Telephone Number) (Extension)
614-764-1493

(E-Mail Address)

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Dennis Roy Adams	President	2. Curtis Lee Robson	Secretary
3. Curtis Lee Robson	Treasurer	4.	

Curtis Lee Robson	Vice President	Kurt Gordon Kluth	Vice President
Kurt Ryan Loose	Vice President	David William Kettlehake #	Vice President

OTHER

DIRECTORS OR TRUSTEES

Dennis Roy Adams	Eric Deane Estes	William Arthur Herring	Janice Lynn Thomas
Elizabeth Ann Calderone	Kevin Wayne Willour	Christine Kaete Haley	

State of..... OHIO
County of.... FRANKLIN

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Dennis Roy Adams	Curtis Lee Robson	Curtis Lee Robson
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 30th day of May 2018

a. Is this an original filing?	Yes [] No [X]
b. If no	1. State the amendment number
	2. Date filed
	3. Number of pages attached

2

05/30/2018

2

American Mutual Share Insurance Corporation
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL E.....								
2. Alaska.....	AK N.....								
3. Arizona.....	AZ E.....								
4. Arkansas.....	AR N.....								
5. California.....	CA E.....	222,800	222,800					300,000	
6. Colorado.....	CO N.....								
7. Connecticut.....	CT N.....								
8. Delaware.....	DE N.....								
9. District of Columbia.....	DC N.....								
10. Florida.....	FL N.....								
11. Georgia.....	GA N.....								
12. Hawaii.....	HI N.....								
13. Idaho.....	ID L.....								
14. Illinois.....	IL L.....				221,417	(278,583)			
15. Indiana.....	IN E.....								
16. Iowa.....	IA N.....								
17. Kansas.....	KS N.....								
18. Kentucky.....	KY N.....								
19. Louisiana.....	LA N.....								
20. Maine.....	ME L.....								
21. Maryland.....	MD N.....								
22. Massachusetts.....	MA N.....								
23. Michigan.....	MI N.....								
24. Minnesota.....	MN N.....								
25. Mississippi.....	MS N.....								
26. Missouri.....	MO N.....								
27. Montana.....	MT L.....								
28. Nebraska.....	NE N.....				3,002,368	(597,632)			
29. Nevada.....	NV E.....								
30. New Hampshire.....	NH L.....								
31. New Jersey.....	NJ N.....								
32. New Mexico.....	NM N.....								
33. New York.....	NY N.....								
34. North Carolina.....	NC N.....								
35. North Dakota.....	ND N.....								
36. Ohio.....	OH L.....						20,000		
37. Oklahoma.....	OK N.....								
38. Oregon.....	OR N.....								
39. Pennsylvania.....	PA N.....								
40. Rhode Island.....	RI N.....								
41. South Carolina.....	SC N.....								
42. South Dakota.....	SD N.....								
43. Tennessee.....	TN N.....								
44. Texas.....	TX E.....								
45. Utah.....	UT N.....								
46. Vermont.....	VT N.....								
47. Virginia.....	VA N.....								
48. Washington.....	WA N.....								
49. West Virginia.....	WV N.....								
50. Wisconsin.....	WI N.....								
51. Wyoming.....	WY N.....								
52. American Samoa.....	AS N.....								
53. Guam.....	GU N.....								
54. Puerto Rico.....	PR N.....								
55. US Virgin Islands.....	VI N.....								
56. Northern Mariana Islands.....	MP N.....								
57. Canada.....	CAN N.....								
58. Aggregate Other Alien.....	OT XXX	0	0	0	0	875,583	16,274,583	0	0
59. Totals.....	(a)-6	222,800	222,800	0	3,223,785	(632)	16,594,583	0	0

DETAILS OF WRITE-INS

58001. Unassigned.....	XXX					875,583	16,274,583		
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	875,583	16,274,583	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 (other than their state of domicile see DSLI); (D) - DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) - None of the above - Not allowed to write business in the state.

Explanation of Basis of Allocation of Premiums by States, etc.

Premiums are reopted in the states where written/earned for those states where the insured risks are located. Unassigned relates solely to general unallocated loss reserve additions and held unallocated loss reserves and, due to their nature, are not able to be allocated by state.

(a) Insert the number of D and L responses except for Canada and Other Alien.