
AMENDED FILING EXPLANATION

Amendment for Schedule T Column 6; add (\$97,439) to Column 6 Direct Losses Incurred for CA and amend State Page 19 for California to include Direct Losses Incurred for CA.



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the

American Mutual Share Insurance Corporation

NAIC Group Code.....	03590, 03590	NAIC Company Code.....	12700	Employer's ID Number.....	23-7376679
	(Current Period) (Prior Period)				
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)				
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 (Street and Number) (City or Town, State, Country and Zip Code)				
Internet Web Site Address	www.americanshare.com				
Statutory Statement Contact	Curtis Lee Robson (Name)				
	crobson@americanshare.com (E-Mail Address)				

OFFICERS

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

OTHER

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

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	a. Is this an original filing?	Yes [] No [X]
This 12th day of April 2019	b. If no	1
	1. State the amendment number	04/12/2019
	2. Date filed	3
	3. Number of pages attached	

American Mutual Share Insurance Corporation
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

		1 Active Status (a)	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 Pur- chasing Groups (Incl. in Col. 2)
			2 Direct Premiums Written	3 Direct Premiums Earned						
States, Etc.										
1.	Alabama.....AL	E								
2.	Alaska.....AK	N								
3.	Arizona.....AZ	E								
4.	Arkansas.....AR	N								
5.	California.....CA	E	205,295	205,295		202,561	(97,439)			
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								
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								
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	(1,820,669)	14,453,914	0	0
59.	Totals.....	XXX	205,295	205,295	0	202,561	(1,918,108)	14,473,914	0	0

DETAILS OF WRITE-INS									
58001. Unassigned.....	XXX					(1,820,669)	14,453,914		
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	(1,820,669)	14,453,914	0	0

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

Premiums are repoted 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 hel unallocated loss reserves and,
due to their nature, are not able to be allocated by state.

(a) Active Status Counts:			
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	6	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	6	Q - Qualified - Qualified or accredited reinsurer.....	0
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....	0	N - None of the above - Not allowed to write business in the state.....	45