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# AMENDED FILING EXPLANATION

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Filing revised Statement of Actuarial Opinion.



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY

NAIC Group Code.....	291, 291	NAIC Company Code.....	13331	Employer's ID Number.....	41-0299900
	(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 25, 1899	Commenced Business.....	January 4, 1900		
Statutory Home Office	471 EAST BROAD STREET .. COLUMBUS .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)				
Main Administrative Office	471 EAST BROAD STREET .. COLUMBUS .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)				
Mail Address	471 EAST BROAD STREET .. COLUMBUS .. OH .. US .. 43215 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	471 EAST BROAD STREET .. COLUMBUS .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)				
Internet Web Site Address	MOTORISTSINSURANCEGROUP.COM				
Statutory Statement Contact	AMY E KUHLMAN (Name)				
	ACCOUNTING@MOTORISTSGROUP.COM (E-Mail Address)				
	614-225-8211 (Area Code) (Telephone Number)				
	614-225-8211 (Area Code) (Telephone Number)				
	614-225-8285 (Area Code) (Telephone Number) (Extension)				
	614-225-8330 (Fax Number)				

OFFICERS

Name	Title	Name	Title
1. DAVID LYNN KAUFMAN	CHIEF EXECUTIVE OFFICER	2. MARCHELLE ELAINE MOORE	SECRETARY
3. JAMES CHRISTOPHER HOWAT	TREASURER	4. THOMAS JOSEPH OBROKTA JR.	PRESIDENT
OTHER			
GREGORY ARTHUR BURTON	EXECUTIVE CHAIR		

DIRECTORS OR TRUSTEES

GREGORY ARTHUR BURTON	SANDRA WERTH HARBRECHT	DAVID LYNN KAUFMAN	ROBERT LEE MCCRAKEN
MICHAEL LEE WISEMAN	THOMAS CHARLES OGG	ROBERT LYNN WESTERN	THOMAS JOSEPH OBROKTA JR
CHARLES DONOVAN STAPLETON			

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)
DAVID LYNN KAUFMAN	MARCHELLE ELAINE MOORE	JAMES CHRISTOPHER HOWAT
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CHIEF EXECUTIVE OFFICER	SECRETARY	TREASURER
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [ ] No [ X ]
This 8TH day of FEBRUARY 2019	b. If no	1. State the amendment number 2
		2. Date filed 7/29/2019
		3. Number of pages attached 9