
AMENDED FILING EXPLANATION

Filing revised Statement of Actuarial Opinion.



ANNUAL STATEMENT

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

PHENIX MUTUAL FIRE INSURANCE COMPANY

NAIC Group Code.....	291, 291	NAIC Company Code.....	23175	Employer's ID Number.....	02-0178290
	(Current Period) (Prior Period)				
Organized under the Laws of OH		State of Domicile or Port of Entry OH		Country of Domicile	US
Incorporated/Organized.....	January 4, 1886	Commenced Business.....	January 4, 1886		
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)				

OFFICERS

Name	Title	Name	Title
1. DAVID LYNN KAUFMAN	CHIEF EXECUTIVE OFFICER	2. MARCHELLE ELAINE MOORE	SECRETARY
3. JAMES CHRISTOPHER HOWAT	TREASURER	4. GRADY BRENDAN CAMPBELL	PRESIDENT

GREGORY ARTHUR BURTON EXECUTIVE CHAIR

OTHER

DIRECTORS OR TRUSTEES

GREGORY ARTHUR BURTON	EDWARD FRANCIS CARON	GRADY BRENDAN CAMPBELL	HENRY LYON HUNTINGTON
DAVID LYNN KAUFMAN	ROBERT LEE MCCrackEN	THOMAS JOSEPH OBROKTA JR.	PAMELA PULEO
CHARLES DONOVAN STAPLETON	MICHAEL LEE WISEMAN		

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) DAVID LYNN KAUFMAN	(Signature) MARCHELLE ELAINE MOORE	(Signature) JAMES CHRISTOPHER HOWAT
1. (Printed Name) CHIEF EXECUTIVE OFFICER	2. (Printed Name) SECRETARY	3. (Printed Name) TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This	8TH	day of	FEBRUARY	2019
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a. Is this an original filing? Yes [] No [X]

b. If no

1. State the amendment number	2
2. Date filed	7/29/2019
3. Number of pages attached	9