
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

IAWA AMERICAN INSURANCE COMPANY

NAIC Group Code.....	291, 291 (Current Period) (Prior Period)	NAIC Company Code.....	31577	Employer's ID Number.....	42-1019089
Organized under the Laws of OH		State of Domicile or Port of Entry	OH	Country of Domicile	US
Incorporated/Organized.....	November 15, 1973	Commenced Business.....	February 1, 1974		
Statutory Home Office		471 EAST BROAD STREET .. COLUMBUS .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)			614-225-8211 (Area Code) (Telephone Number)
Main Administrative Office		471 EAST BROAD STREET .. COLUMBUS .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)			614-225-8211 (Area Code) (Telephone Number)
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)			614-225-8285 (Area Code) (Telephone Number) (Extension)
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)			614-225-8330 (Fax Number)
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. THOMAS JOSEPH OBROKTA JR.	PRESIDENT

GREGORY ARTHUR BURTON	EXECUTIVE CHAIR
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OTHER

DIRECTORS OR TRUSTEES		
JAMES CHRISTOPHER HOWAT	DAVID LYNN KAUFMAN	MARCHELLE ELAINE MOORE

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 1. (Printed Name) CHIEF EXECUTIVE OFFICER (Title)	(Signature) MARCHELLE ELAINE MOORE 2. (Printed Name) SECRETARY (Title)	(Signature) JAMES CHRISTOPHER HOWAT 3. (Printed Name) TREASURER (Title)
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Subscribed and sworn to before me
This 8TH day of FEBRUARY 2019

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

Yes [] No [X]

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7/29/2019

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