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# AMENDED FILING EXPLANATION

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Schedule F Part 6 is being amended to resolve the following NAIC consistency and textual error, which resulted from the Assets and Liability, Surplus, and Other Funds pages being amended on 8/6/2020:

**Rule Name:** PZASN000112 **Description:** Liabilities, Surplus and Other Funds Page, Column 1, the sum of Lines 4 through 8 did not equal Schedule F, Part 6, Column 1, Line 10, 772519 - 810398 = -37879



ANNUAL STATEMENT

For the Year Ended December 31, 2019  
of the Condition and Affairs of the

IOWA AMERICAN INSURANCE COMPANY

NAIC Group Code.....	291, 291	NAIC Company Code.....	31577	Employer's ID Number.....	42-1019089
	(Current Period) (Prior Period)				
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)				
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)				
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)			614-225-8211 (Area Code) (Telephone Number)	
Internet Web Site Address	ENCOVA.COM				
Statutory Statement Contact	AMY E KUHLMAN (Name)			614-225-8285 (Area Code) (Telephone Number) (Extension)	
	ACCOUNTING@ENCOVA.COM (E-Mail Address)			614-225-8330 (Fax Number)	

OFFICERS

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

DIRECTORS OR TRUSTEES

GREGORY ARTHUR BURTON	JAMES CHRISTOPHER HOWAT	DAVID LYNN KAUFMAN	MARCHELLE ELAINE MOORE
THOMAS JOSEPH OBROKTA JR.			

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) THOMAS JOSEPH OBROKTA JR.	(Signature) MARCHELLE ELAINE MOORE	(Signature) JAMES CHRISTOPHER HOWAT
1. (Printed Name) PRESIDENT & CHIEF EXECUTIVE OFFICER	2. (Printed Name) SECRETARY	3. (Printed Name) TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [ ] No [X]
This _____ day of _____ 2020	b. If no	
	1. State the amendment number	2
	2. Date filed	10/9/2020
	3. Number of pages attached	1

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	20,647,040		20,647,040
2. Premiums and considerations (Line 15).....	586,198		586,198
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	830,649	(830,649)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	1,979,362		1,979,362
5. Other assets.....	460,582	(33,898)	426,684
6. Net amount recoverable from reinsurers.....		20,445,899	20,445,899
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	24,503,832	19,581,352	44,085,184
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	11,439,937	19,314,516	30,754,453
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	772,520	320,634	1,093,154
11. Unearned premiums (Line 9).....	2,988,387	94,213	3,082,599
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....	10,503		10,503
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	132,274	(132,274)	0
15. Funds held by company under reinsurance treaties (Line 13).....	15,737	(15,737)	0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	857,392		857,392
19. Total liabilities excluding protected cell business (Line 26).....	16,216,749	19,581,352	35,798,101
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	8,287,083	XXX	8,287,083
22. Totals (Line 38).....	24,503,832	19,581,352	44,085,184

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [ X ] No [ ]

If yes, give full explanation:

The company cedes to its affiliate, Motorists Mutual Insurance Company, through a 100% intercompany pooling arrangement.

Reference Note 26 in the Notes to Financial Statements for more information.