

---

## AMENDED FILING EXPLANATION

---

Premiums receivable and reinsurance payable were reduced by \$8.3M due to an adjustment made in the audited financial statement to align the 12/31/20 annual statement with the audited financial statement, as required by the Ohio Department of Insurance. Accordingly, updates have also been made to the Five-Year Historical Data tables and Schedule F - Parts 1 and 6.



# ANNUAL STATEMENT

For the Year Ended December 31, 2020

of the Condition and Affairs of the

## MOTORISTS MUTUAL INSURANCE COMPANY

NAIC Group Code.....	291, 291	NAIC Company Code.....	14621	Employer's ID Number.....	31-4259550
(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 8, 1928			Commenced Business..... November 27, 1928	
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		614-225-8211	
		(Street and Number)	(City or Town, State, Country and Zip Code)	(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		614-225-8211	
		(Street and Number)	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)	
Internet Web Site Address		ENCOVA.COM		614-225-8285	
Statutory Statement Contact		AMY E KUHLMAN		(Area Code) (Telephone Number)	
		(Name)			(Extension)
		ACCOUNTING@ENCOVA.COM		614-225-8330	
		(E-Mail Address)			(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.	
GREGORY ARTHUR BURTON	EXECUTIVE CHAIR	JOHN CHRISTOPHER KESSLER	CHIEF STRATEGY OFFICER
TERESA MARIE KING	CHIEF CLAIMS OFFICER	ANTHONY LASKA	CHIEF INFORMATION OFFICER
WILLIAM JOSEPH MCGEE JR.	CHIEF RISK OFFICER	MARCHELLE ELAINE MOORE	CHIEF LEGAL OFFICER
MARK LAURENCE PEACOCK	CHIEF HUMAN RESOURCES OFFICER		

### DIRECTORS OR TRUSTEES

JEFFREY LEIGH BENINTENDI #	GRADY BRENDAN CAMPBELL #	JAMES CHRISTOPHER HOWAT #	THOMAS JOSEPH OBROKTA JR. #
MATTHEW CARL WILCOX #			

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  
This \_\_\_\_\_ day of \_\_\_\_\_ 2021

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 ]  
#1  
7/7/2021  
6