
AMENDED FILING EXPLANATION

The current federal income tax liability is being reclassified to the current federal income tax recoverable to align the 12/31/20 annual statement with the audited financial statement as required by the Ohio Department of Insurance. Accordingly, updates have been made to the Five-Year Historical Data tables and Schedule F - Part 6.



ANNUAL STATEMENT

For the Year Ended December 31, 2020

of the Condition and Affairs of the

CONSUMERS INSURANCE USA, INC.

NAIC Group Code.....	291, 291	NAIC Company Code.....	10204	Employer's ID Number.....	62-1590861
(Current Period) (Prior Period)					
Organized under the Laws of OH		State of Domicile or Port of Entry OH		Country of Domicile US	
Incorporated/Organized.....	July 27, 1994			Commenced Business..... April 21, 1995	
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			
		(Name)		(Area Code) (Telephone Number)	
		ACCOUNTING@ENCOVA.COM		614-225-8330	
		(E-Mail Address)		(Fax Number)	

OFFICERS

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

OTHER

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) 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
 5

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).....	76,853,363		76,853,363
2. Premiums and considerations (Line 15).....	1,780,645		1,780,645
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	84,561	(84,561)	(0)
4. Funds held by or deposited with reinsured companies (Line 16.2).....	9,089,928		9,089,928
5. Other assets.....	1,996,971	(33,893,267)	(31,896,296)
6. Net amount recoverable from reinsurers.....		49,069,786	49,069,786
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	89,805,468	15,091,958	104,897,427
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	40,309,180	11,718,493	52,027,673
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	3,267,883	74,769	3,342,652
11. Unearned premiums (Line 9).....	10,463,093	781,883	11,244,976
12. Advance premiums (Line 10).....	6,148		6,148
13. Dividends declared and unpaid (Line 11.1 and 11.2).....	(309)		(309)
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....	413,464	(413,464)	0
16. Amounts withheld or retained by company for account of others (Line 14).....	23,560		23,560
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	2,930,278	2,930,278	5,860,556
19. Total liabilities excluding protected cell business (Line 26).....	57,413,297	15,091,958	72,505,255
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	32,392,171	XXX	32,392,171
22. Totals (Line 38).....	89,805,468	15,091,958	104,897,426

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.