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.

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

* 1 4 6 2 1 2 0 2 0 2 0 1 0 0 1 0 5 *

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 (Current Period) (Prior Period) NAIC Company Code..... 14621 Employer's ID Number..... 31-4259550

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

Subscribed and sworn to before me
This _____ day of _____ 2021

a. Is this an original filing? Yes [ ] No [X]
b. If no 1. State the amendment number #1
2. Date filed 7/7/2021
3. Number of pages attached 6

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held by or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Affiliates - U. S. Intercompany Pooling														
87-0807723..	13016.....	AlleghenyPoint Insurance Company	WV	12,556		9,505	9,505		288	5,410	6,316			
20-2394166..	12372.....	BrickStreet Mutual Insurance Company	WV	173,650		410,158	410,158		2,587	80,541	63,836			
62-1590861..	10204.....	Consumers Insurance USA Inc.	OH	2,747		7,158	7,158		122	782	413			
42-1019089..	31577.....	Iowa American Insurance Company	OH	110		7,564	7,564		136	44	176			
42-0333120..	14338.....	Iowa Mutual Insurance Company	OH	16,597		18,526	18,526		496	8,233	6,062			
31-1022150..	40932.....	MICO Insurance Company	OH	599		6	6		0	533	322			
41-0299900..	13331.....	Motorists Commercial Mutual Ins Company	OH	392,880		85,029	85,029			187,374	164,723			
26-0818900..	13045.....	NorthStone Insurance Company	WV	109,247		70,621	70,621			51,867	45,369			
02-0178290..	23175.....	Phenix Mutual Fire Insurance Company	OH	7,409		13,173	13,173		1,011	4,553	2,218			
46-1783383..	15137.....	PinnaclePoint Insurance Company	WV	134,659		62,949	62,949			61,040	54,917			
46-1795752..	15136.....	SummitPoint Insurance Company	WV	42,114		26,734	26,734			22,920	20,696			
39-0739760..	19950.....	Wilson Mutual Insurance Company	OH	30,807		18,034	18,034		879	15,425	7,646			
0199999.	Affiliates - U. S. Intercompany Pooling			923,375	0	729,457	729,457	0	5,519	438,723	372,695	0	0	0
0899999.	Total Affiliates			923,375	0	729,457	729,457	0	5,519	438,723	372,695	0	0	0
Pools and Associations - Mandatory Pools, Associations or Other Similar Facilities														
AA-9991117.	00000.....	Indiana Comm Auto Ins Procedure	IN	7	7	21	28		7	2				
AA-9991120.	00000.....	Kentucky Comm Auto Ins Procedure	KY	12	13	41	54		10	7				
AA-9991210.	00000.....	Kentucky Fair Plan	KY	38			0							
AA-9992118.	00000.....	National Workers' Comp Reins Pool	NY	147	111	2,608	2,719		45	4				
AA-9991141.	00000.....	Ohio Comm Auto Ins Procedure	OH	330	164	179	343		317	184				
AA-9991222.	00000.....	Ohio Fair Plan	OH	242			0							
AA-9991224.	00000.....	Pennsylvania Fair Plan	PA	18			0							
AA-9991164.	00000.....	Pennsylvania Pooled CAP	PA	24	9		9		19					
AA-9991156.	00000.....	West Virginia Comm Auto Ins Procedure	WV	3			0							
AA-9991228.	00000.....	West Virginia Fair Plan	WV	23	4	4	8		16	10				
1099999.	Pools and Associations - Mandatory Pools, Associations or Other Similar Facilities			844	308	2,853	3,160	0	415	206	0	0	0	0
Pools and Associations - Voluntary Pools, Associations or Other Similar Facilities														
AA-9995093.	00000.....	Excess and Treaty Management Corporation	NY		68	864	931							
AA-9995035.	00000.....	Mutual Reinsurance Bureau	IL	21,622	3,414	17,722	21,136		14,632	3,579				
AA-9995095.	00000.....	NAMICO Reinsurance Facility	IN				0		291					
AA-9993225.	00000.....	South Place Syndicate, Inc.	NY			4	4							
1199999.	Pools and Associations - Voluntary Pools, Associations or Other Similar Facilities			21,622	3,481	18,590	22,071	0	14,923	3,579	0	0	0	0
1299999.	Total Pools and Associations			22,467	3,789	21,443	25,232	0	15,338	3,785	0	0	0	0
9999999.	Totals			945,841	3,789	750,900	754,689	0	20,857	442,508	372,695	0	0	0

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)	1,183,016,712		1,183,016,712
2.	Premiums and considerations (Line 15)	36,779,424		36,779,424
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	24,324,400	(20,204,385)	4,120,015
4.	Funds held by or deposited with reinsured companies (Line 16.2)	372,694,841		372,694,841
5.	Other assets	229,118,046	242,511,965	471,630,011
6.	Net amount recoverable from reinsurers		1,361,908,166	1,361,908,166
7.	Protected cell assets (Line 27)			0
8.	Totals (Line 28)	1,845,933,424	1,584,215,746	3,430,149,170
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	625,702,560	1,307,314,102	1,933,016,662
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	81,656,609	107,747,234	189,403,844
11.	Unearned premiums (Line 9)	161,430,579	336,816,535	498,247,113
12.	Advance premiums (Line 10)	895,236		895,236
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	(4,760)		(4,760)
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	5,987,909	(5,981,290)	6,619
15.	Funds held by company under reinsurance treaties (Line 13)	292,725,987	(292,725,972)	15
16.	Amounts withheld or retained by company for account of others (Line 14)	3,779,405		3,779,405
17.	Provision for reinsurance (Line 16)	55,540	(55,540)	0
18.	Other liabilities	131,276,568	131,100,677	262,377,245
19.	Total liabilities excluding protected cell business (Line 26)	1,303,505,633	1,584,215,746	2,887,721,379
20.	Protected cell liabilities (Line 27)			0
21.	Surplus as regards policyholders (Line 37)	542,427,791	XXX	542,427,791
22.	Totals (Line 38)	1,845,933,424	1,584,215,746	3,430,149,170

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 affiliates through an intercompany pooling arrangement.

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