Changes were made late in the statement preparation which erroneously grossed up both receivables and payables relative to inter-company accounts. Amendments are being filed to appropriately reflect the net balances due to/from parents and affiliates. Pages affected were 2, 3, 20 – 20.4 General Interrogatories (specifically question 23.2), 22 and 23. This correction has no impact on income, surplus or RBC.

LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2020

of the Condition and Affairs of the

MOTORISTS LIFE INSURANCE COMPANY

NAIC Group Code.....0291, 0291 (Current Period) (Prior Period)	NAIC Company Code..... 66311	Employer's ID Number..... 31-0717055
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type:	Life, Accident & Health	
Incorporated/Organized..... October 27, 1965	Commenced Business..... January 24, 1967	

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	Chief Executive Officer	2. Marchelle Elaine Moore	Secretary
3. James Christopher Howat	Treasurer	4. Michael Joseph Agan	President

OTHER

Gregory Arthur Burton — Executive Chair

DIRECTORS OR TRUSTEES

Michael Joseph Agan
Thomas Joseph Obrokta, Jr
Jeffrey Leigh Benintendi #
Matthew Carl Wilcox #
Grady Brendan Campbell #
James Christopher Howat #

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)
Chief Executive Officer	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 2nd day of March 2021

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded 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)	593,524,357		593,524,357
2.	Reinsurance (Line 16)	1,186,944	(1,186,944)	0
3.	Premiums and considerations (Line 15)	17,739,571	1,285,590	19,025,161
4.	Net credit for ceded reinsurance	XXX	102,058,597	102,058,597
5.	All other admitted assets (balance)	11,639,639		11,639,639
6.	Total assets excluding Separate Accounts (Line 26)	624,090,511	102,157,242	726,247,753
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	624,090,511	102,157,242	726,247,753
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	504,360,125	100,208,121	604,568,246
10.	Liability for deposit-type contracts (Line 3)	734,990		734,990
11.	Claim reserves (Line 4)	4,670,551	1,949,121	6,619,672
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	1,206,204		1,206,204
13.	Premium & annuity considerations received in advance (Line 8)	143,759		143,759
14.	Other contract liabilities (Line 9)	4,894,024		4,894,024
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.02 inset amount)			0
18.	Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	31,619,851		31,619,851
20.	Total liabilities excluding Separate Accounts (Line 26)	547,629,503	102,157,242	649,786,746
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	547,629,503	102,157,242	649,786,746
23.	Capital & surplus (Line 38)	76,461,007	XXX	76,461,007
24.	Total liabilities, capital & surplus (Line 39)	624,090,510	102,157,242	726,247,753
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	100,208,121		
26.	Claim reserves	1,949,121		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	1,186,944		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	103,344,186		
34.	Premiums and considerations	1,285,590		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	1,285,590		
41.	Total net credit for ceded reinsurance	102,058,597		