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ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
GERMAN MUTUAL INSURANCE COMPANY

NAIC Group Code	0000	0000	NAIC Company Code	17884	Employer's ID Number	34-4469685
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		Ohio
Country of Domicile				United States		
Incorporated/Organized	12/28/1984			Commenced Business		06/01/1867
Statutory Home Office	1000 WESTMORELAND AVENUE			NAPOLEON, OH 43545		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	1000 WESTMORELAND AVENUE			NAPOLEON, OH 43545		419-599-3993
	(Street and Number)			(City or Town, State and Zip Code)		(Area Code) (Telephone Number)
Mail Address	P.O. BOX 230			NAPOLEON, OH 43545		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	1000 WESTMORELAND AVENUE			NAPOLEON, OH 43545		419-599-3993-208
	(Street and Number)			(City or Town, State and Zip Code)		(Area Code) (Telephone Number)
Internet Website Address				www.heartland-ins.com		
Statutory Statement Contact	RHONDA K BOCKELMAN			419-599-3993-208		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	rhonda.bockelman@heartland-ins.com			419-599-0109		
	(E-mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
PHILIP W. MENZEL	PRESIDENT	RONALD D. SANDS	SECRETARY
RHONDA K. BOCKELMAN	TREASURER		

OTHER OFFICERS

PHYLLIS A. KNAPE	VICE PRESIDENT	SCOTT C. PIPER	CHIEF OPERATING OFFICER
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DIRECTORS OR TRUSTEES

PHILIP W. MENZEL	RONALD D. SANDS	GREGORY A EDWARDS	J. SCOTT MILLER
ALAN E. WYSE	MERLYN K. WIEMKEN	LESTER L. GERICKE	RONALD H. GERKEN
LORI B MILLER	GENE A. ROTH		

State ofOHIO.....

County ofHENRY..... **SS**

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.

PHILIP W. MENZEL PRESIDENT	RONALD D. SANDS SECRETARY	RHONDA K. BOCKELMAN TREASURER
Subscribed and sworn to before me this 13TH day of NOVEMBER, 2012		a. Is this an original filing? Yes [] No [X] b. If no, 1. State the amendment number 2 2. Date filed 11/16/2012 3. Number of pages attached 11
MEGAN BATT NOTARY FEBRUARY 12, 2016		