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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		



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE GERMAN MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000		BUSINESS IN THE STATE OF Ohio						DURING THE YEAR 2011				NAIC Company Code 17884	
Line of Business		Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	710,394	704,053		212,990	308,507	306,784	771				105,621	9,384
2.1	Allied lines	4,232	4,399		1,902							629	56
2.2	Multiple peril crop												
2.3	Federal flood												
3.	Farmowners multiple peril	6,108,361	6,544,087		1,843,280	5,081,602	5,758,733	965,215	28,325	26,318	40,470	908,191	80,687
4.	Homeowners multiple peril	8,868,411	10,030,578		3,186,733	11,089,904	11,482,626	1,829,057	13,410	9,904	21,814	1,318,555	117,145
5.1	Commercial multiple peril (non-liability portion)	2,547,038	2,797,574		906,335	1,938,383	1,929,607	283,009	68,391	63,192	54,661	378,694	33,644
5.2	Commercial multiple peril (liability portion)	0	0		0	0				0			
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	409,968	457,966		141,383	101,381	105,368	3,988				60,954	5,415
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake	43,237	45,530		16,223							6,428	571
13.	Group accident and health (b).....												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b).....												
15.2	Non-cancelable A & H (b).....												
15.3	Guaranteed renewable A & H (b).....												
15.4	Non-renewable for stated reasons only (b).....												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees.....												
15.7	All other A & H (b).....												
15.8	Federal employees health benefits program premium (b).....												
16.	Workers' compensation												
17.1	Other liability - Occurrence.....	437,140	448,057		23,818	179,562	1,064,011	1,538,401	5,391	5,391	1,708	64,994	5,774
17.2	Other Liability - Claims-Made.....												
17.3	Excess workers' compensation												
18.	Products liability	41,611	50,820		14,235	500	8,500	18,000	10,201	10,200		6,187	550
19.1	Private passenger auto no-fault (personal injury protection)				0								
19.2	Other private passenger auto liability	5,542,750	5,776,969		1,045,072	4,093,164	3,815,319	4,240,789	128,112	137,847	172,363	824,096	73,215
19.3	Commercial auto no-fault (personal injury protection)											0	
19.4	Other commercial auto liability	410,003	440,060		135,862	107,810	112,127	91,554	3,626	3,626		60,959	5,416
21.1	Private passenger auto physical damage	5,221,844	5,364,468		1,038,574	3,711,674	3,784,529	46,312	75	75	2,163	776,384	68,976
21.2	Commercial auto physical damage	332,771	351,861		112,848	94,519	91,472	458				49,476	4,396
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft	9,397	9,442		3,230							1,397	124
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	30,687,157	33,025,864	0	8,682,485	26,707,006	28,459,076	9,017,554	257,531	256,553	293,179	4,562,565	405,353
DETAILS OF WRITE-INS													
3401.												
3402.												
3403.												
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

..... and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE GERMAN MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000		BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2011				NAIC Company Code 17884			
Line of Business		Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	710,394	704,053	0	212,990	308,507	306,784	771	0	0	0	105,621	9,384
2.1	Allied lines	4,232	4,399	0	1,902	0	0	0	0	0	0	629	56
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	6,108,361	6,544,087	0	1,843,280	5,081,602	5,758,733	965,215	28,325	26,318	40,470	908,191	80,687
4.	Homeowners multiple peril	8,868,411	10,030,578	0	3,186,733	11,089,904	11,482,626	1,829,057	13,410	9,904	21,814	1,318,555	117,145
5.1	Commercial multiple peril (non-liability portion)	2,547,038	2,797,574	0	906,335	1,938,383	1,929,607	283,009	68,391	63,192	54,661	378,694	33,644
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	409,968	457,966	0	141,383	101,381	105,368	3,988	0	0	0	60,954	5,415
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	43,237	45,530	0	16,223	0	0	0	0	0	0	6,428	571
13.	Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability - Occurrence	437,140	448,057	0	23,818	179,562	1,064,011	1,538,401	5,391	5,391	1,708	64,994	5,774
17.2	Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	41,611	50,820	0	14,235	500	8,500	18,000	10,201	10,200	0	6,187	550
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability	5,542,750	5,776,969	0	1,045,072	4,093,164	3,815,319	4,240,789	128,112	137,847	172,363	824,096	73,215
19.3	Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other commercial auto liability	410,003	440,060	0	135,862	107,810	112,127	91,554	3,626	3,626	0	60,959	5,416
21.1	Private passenger auto physical damage	5,221,844	5,364,468	0	1,038,574	3,711,674	3,784,529	46,312	75	75	2,163	776,384	68,976
21.2	Commercial auto physical damage	332,771	351,861	0	112,848	94,519	91,472	458	0	0	0	49,476	4,396
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	9,397	9,442	0	3,230	0	0	0	0	0	0	1,397	124
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	30,687,157	33,025,864	0	8,682,485	26,707,006	28,459,076	9,017,554	257,531	256,553	293,179	4,562,565	405,353
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0