

Pages 2,3,4,13,14,17,30 changes to deferred income taxes

Page S101 add information that was not completed in the initial filing.



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
GERMAN MUTUAL INSURANCE COMPANY

NAIC Group Code 0000, NAIC Company Code 17884, Employer's ID Number 34-4469685
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, US 43545
Main Administrative Office 1000 WESTMORELAND AVENUE, NAPOLEON, OH, US 43545
Mail Address P.O. BOX 230, NAPOLEON, OH, US 43545
Primary Location of Books and Records 1000 WESTMORELAND AVENUE, NAPOLEON, OH, US 43545
Internet Website Address www.heartland-ins.com
Statutory Statement Contact RHONDA K BOCKELMAN, 419-599-3993-208

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes SCOTT C. PIPER # (PRESIDENT), RHONDA K. BOCKELMAN (TREASURER), RONALD D. SANDS (SECRETARY).

OTHER OFFICERS

Table with 4 columns: Name, Title. Includes PHYLLIS A. KNAPE (VICE PRESIDENT).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Includes SCOTT C. PIPER # (PHILIP W. MENZEL), J. SCOTT MILLER (ALAN E. WYSE), LORI B MILLER (GENE A. ROTH), RONALD D. SANDS (RONALD D. SANDS), GREGORY A EDWARDS (RONALD H. GERKEN), LESTER L. GERICKE (PAUL F. BRINKER #).

State of OHIO

County of HENRY 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.

SCOTT C. PIPER
PRESIDENT

RONALD D. SANDS
SECRETARY

RHONDA K. BOCKELMAN
TREASURER

Subscribed and sworn to before me this
12TH day of JUNE, 2013

a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number 1
2. Date filed 06/13/2013
3. Number of pages attached 9

MEGAN BATT NOTARY
FEBRUARY 12, 2016

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<u>ASSETS</u> (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	22,803,997		22,803,997
2. Premiums and considerations (Line 15)	3,828,597		3,828,597
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	1,269,942	(1,269,942)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0		0
5. Other assets	1,056,131		1,056,131
6. Net amount recoverable from reinsurers		2,641,102	2,641,102
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	28,958,667	1,371,160	30,329,827
<u>LIABILITIES</u> (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	5,970,481	3,064,612	9,035,093
10. Taxes, expenses, and other obligations (Lines 4 through 8)	2,107,360		2,107,360
11. Unearned premiums (Line 9)	8,935,480		8,935,480
12. Advance premiums (Line 10)	326,872		326,872
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	1,693,452	(1,693,452)	0
15. Funds held by company under reinsurance treaties (Line 13)	147,588		147,588
16. Amounts withheld or retained by company for account of others (Line 14)	340		340
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	0		0
19. Total liabilities excluding protected cell business (Line 26)	19,181,573	1,371,160	20,552,733
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	9,777,094	X X X	9,777,094
22. Totals (Line 38)	28,958,667	1,371,160	30,329,827

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X]

If yes, give full explanation: