Amended Explanation Page

German Mutual Insurance Company
NAIC Company Code: 17884
NAIC Group Code: 4787

2013 Annual Statement
Amendment number – 1

April 4, 2014

The following Changes are included with this amendment:

Revised Statement of Actuarial Opinion

Opinion A. changed to "…Insurance Laws of Ohio"

Added amounts from Exhibit B items 5 and 10 to the electronic notes

Electronic Notes to Financial Statements

Note 30, question 2: entered date

Schedule Y

Removed Heartland Service Agency – Entity dissolved June 5, 2013.
Added Affiliated Company, Goodville Mutual Casualty Company, to organizational chart
Completed Part 1A and Part 2

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

17884201320100105 2013 Document Code: 201

ANNUAL STATEMENT

For the Year Ending December 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

GERMAN MUTUAL INSURANCE COMPANY

NAIC Group Code 4787 (current period), 4787 (prior period) 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 of America

Incorporated/Organized 12/28/1984 Commenced Business 06/01/1867

Statutory Home Office 1000 Westmoreland Avenue (Street and Number), Napoleon, OH, 43545 (City or Town, State, Country and Zip Code)

Main Administrative Office 625 West Main Street (Street and Number)

New Holland, PA, US 17557-0489 (City or Town, State, Country and Zip Code) (717)354-4921 (Area Code)(Telephone Number)

Mail Address PO Box 489 (Street and Number), New Holland, PA, US 17557-0489 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 625 West Main Street (Street and Number)

New Holland, PA, US 17557-0489 (City or Town, State, Country and Zip Code) (717)354-4921 (Area Code)(Telephone Number)

Internet Website Address www.heartland-ins.com

Statutory Statement Contact Philip Wesley Shirk (Name) (717)354-4921-270 (Area Code)(Telephone Number)

Phil.Shirk@goodville.com (E-Mail Address) (717)354-5158 (Fax Number)

OFFICERS

Name	Title	
Herman D Bontrager	Chief Executive Officer	#
Scott Christopher Piper	President	
John Landis Frankenfield	Secretary	#
Allon H Lefever	Treasurer	#

OTHERS

Scott Christopher Piper, Assistant Secretary #

Philip Wesley Shirk, Assistant Treasurer #

DIRECTORS OR TRUSTEES

Sanford Landis Alderfer #
Andrew Dula #
Ronald Henry Gerken
Keith William Lehman #
Lori Beth Miller
Miriam Emma Shirk #
Kenneth Lapp Beiler #
Greg Allen Edwards
James Milton Harder #
John Carlton Lehman Miller #
Donald Lee Nice #
Glennys Heatwole Shouey #
Herman D Bontrager #
John Landis Frankenfield #
Allon H Lefever #
John Scott Miller
Scott Christopher Piper
Alan Edward Wyse

State of Ohio

County of Henry ss

The officers of this reporting entity being duly affirmed, 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)
Herman D Bontrager	Scott Christopher Piper	Philip Wesley Shirk
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Chief Executive Officer	Assistant Secretary	Assistant Treasurer (CFO)
(Title)	(Title)	(Title)

Subscribed and affirmed to before me this

____ day of April 2014

(Notary Public Signature)

a. Is this an original filing? Yes[ ] No[X]

b. If no: 1. State the amendment number 1
2. Date filed 04/04/2014
3. Number of pages attached 4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
4787	Goodville & German Mutual Group	17884	34-4469685				German Mutual Insurance Company	OH	RE	Goodville & German Mutual Group	Board of Directors, Management		Goodville & German Mutual Group	0000001
4787	Goodville & German Mutual Group	14044	23-0636660				Goodville Mutual Casualty Company	PA	IA	Goodville & German Mutual Group	Board of Directors, Management		Goodville & German Mutual Group	0000001
		00000	23-2902336				GMCC Services, Inc.	PA	OTH	Goodville Mutual Casualty Company	Ownership	100.0	Goodville Mutual Casualty Company	0000002

Asterisk	Explanation
0000001	German Mutual and Goodville Mutual are affiliated through a 100% pooling arrangement and operate under common management.
0000002	GMCC Services, Inc. is inactive, but available to do business in an insurance agency capacity. GMCC Services is a wholly-owned subsidiary of Goodville Mutual.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
17884	34-4469685	GERMAN MUT INS CO							*			6,102,048
14044	23-0636660	GOODVILLE MUT CAS CO							*			(2,190,471)
9999999 Control Totals									X X X			3,911,577

Schedule Y Part 2 Explanation: German Mutual and Goodville Mutual participate in a 100% pooling arrangement. German Mutual receives 15% of the pool; Goodville Mutual retains 85% of the pool.