

**Amended Explanation Page**

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

2013 Annual Statement  
Amendment number – 2

August 15, 2014

The following Changes are included with this amendment:

Assets and Liabilities  
    Receivable from affiliate has been reclassified to the appropriate premium and reinsurance lines on the Annual Statement to reflect the Audited Financial Report.

Cash Flow  
    Cash from operations resulting from reinsurance pooling arrangement with affiliate were reclassified to the appropriate categories to reflect the Audited Financial Report.

Schedule F, Parts 1, 3, 4, 5, and 9  
    Amounts have been revised to properly reflect reinsurance from the affiliate.



ANNUAL STATEMENT  
For the Year Ending December 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE  
GERMAN MUTUAL INSURANCE COMPANY

NAIC Group Code 4787 , 4787  
(current period) (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 , Napoleon, OH, 43545  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

Mail Address PO Box 489 , New Holland, PA, US 17557-0489  
(Street and Number) (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 (717)354-4921  
(City or Town, State, Country and Zip Code) (Area Code)(Telephone Number)

Internet Website Address www.heartland-ins.com

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

Phil.Shirk@goodville.com (717)354-5158  
(E-Mail Address) (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 #	Kenneth Lapp Beiler #	Herman D Bontrager #
Andrew Dula #	Greg Allen Edwards	John Landis Frankenfield #
Ronald Henry Gerken	James Milton Harder #	Allon H Lefever #
Keith William Lehman #	John Carlton Lehman Miller #	John Scott Miller
Lori Beth Miller	Donald Lee Nice #	Scott Christopher Piper
Miriam Emma Shirk #	Glennys Heatwole Shouey #	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)  
Herman D Bontrager  
(Printed Name)  
1.  
Chief Executive Officer  
(Title)

(Signature)  
Scott Christopher Piper  
(Printed Name)  
2.  
Assistant Secretary  
(Title)

(Signature)  
Philip Wesley Shirk  
(Printed Name)  
3.  
Assistant Treasurer (CFO)  
(Title)

Subscribed and affirmed to before me this

day of August 2014

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

b. If no: 1. State the amendment number 2  
2. Date filed 08/15/2014  
3. Number of pages attached 10

(Notary Public Signature)

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1  ID  Number	2  NAIC Company Code	3   Name of Reinsured	4  Domiciliary Jurisdiction	5  Assumed Premium	Reinsurance On			9  Contingent Commissions Payable	10  Assumed Premiums Receivable	11  Unearned Premium	12  Funds Held By or Deposited With Reinsured Companies	13  Letters of Credit Posted	14  Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15  Amount of Assets Pledged or Collateral Held in Trust
					6  Paid Losses and Loss Adjustment Expenses	7  Known Case Losses and LAE	8  Columns 6 + 7							
Affiliates - U.S. Intercompany Pooling														
23-0636660 .....	14044 .....	GOODVILLE MUT CAS CO .....	PA .....	16,309	3,269	4,267	7,536	(80)	3,949	7,601				
0199999 Total - Affiliates - U.S. Intercompany Pooling .....				16,309	3,269	4,267	7,536	(80)	3,949	7,601				
0499999 Total - Affiliates - U.S. Non-Pool - Total .....														
0799999 Total - Affiliates - Other (Non-U.S.) - Total .....														
0899999 Total - Affiliates .....				16,309	3,269	4,267	7,536	(80)	3,949	7,601				
0999998 Total - Other U.S. Unaffiliated Insurers - Reinsurance for which the total of Column 8 is less than \$100,000 .....														
0999999 Total - Other U.S. Unaffiliated Insurers .....														
1099998 Total - Pools and Associations - Mandatory Pools - Reinsurance for which the total of Column 8 is less than \$100,000 .....														
1099999 Total - Pools and Associations - Mandatory Pools - Pools, Associations or Other Similar Facilities .....														
1199998 Total - Pools and Associations - Voluntary Pools - Reinsurance for which the total of Column 8 is less than \$100,000 ..														
1199999 Total - Pools and Associations - Voluntary Pools - Pools, Associations or Other Similar Facilities .....														
1299999 Total - Pools and Associations .....														
1399998 Total - Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000 .....														
1399999 Total - Other Non-U.S. Insurers .....														
9999999 Totals .....				16,309	3,269	4,267	7,536	(80)	3,949	7,601				

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1  ID  Number	2  NAIC Company Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18	19
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commissions	15  Columns 7 thru 14 Totals	16  Ceded Balances Payable	17  Other Amounts Due to Reinsurers	Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
Authorized - Affiliates - U.S. Intercompany Pooling																			
23-0636660	14044	GOODVILLE MUT CAS CO	PA		22,306	4,135	97	3,921		1,636	858	11,423	(16)	22,054	5,225		16,829		
0199999 Total - Authorized - Affiliates - U.S. Intercompany Pooling					22,306	4,135	97	3,921		1,636	858	11,423	(16)	22,054	5,225		16,829		
Authorized - Affiliates - U.S. Non-Pool - Other																			
23-0636660	14044	GOODVILLE MUT CAS CO	PA		1,929	96	36							132	129		3		
0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other					1,929	96	36							132	129		3		
0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total					1,929	96	36							132	129		3		
0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total																			
0899999 Total - Authorized - Affiliates					24,235	4,231	97	3,957		1,636	858	11,423	(16)	22,186	5,354		16,832		
Authorized - Other U.S. Unaffiliated Insurers																			
06-1182357	22730	ALLIED WORLD INS CO	NH		197	2				91		8		101	11		90		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		181	2				66		12		80	5		75		
05-0316605	21482	FACTORY MUT INS CO	RI		158	6						78		84	20		64		
54-1398877	28932	MARKEL AMER INS CO	VA		257	2				195				197	20		177		
13-1675535	25364	SWISS REINS AMER CORP	NY		156							77		77	17		60		
13-2918573	42439	TOA RE INS CO OF AMER	DE		171							53		53	1		52		
52-1952955	10357	PLATINUM UNDERWRITERS REINS INC	MD		619	609	3	884	35	650				2,181	30		2,151		
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					104	195	1	809	34	(9)		25		1,055	21		1,034		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers					1,843	816	4	1,693	69	993		253		3,828	125		3,703		
Authorized - Other Non-U.S. Insurers																			
AA-1340125	00000	HANNOVER RUECK SE	DEU		106	2						18		20	(8)		28		
AA-3194129	00000	MONTPELIER REINS LTD	BMU		190	2				95				97	10		87		
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR		209	2				105				107	10		97		
1299998 Total - Authorized - Other Non-U.S. Insurers (Under \$100,000)					366					151				151	4		147		
1299999 Total - Authorized - Other Non-U.S. Insurers					871	6				351		18		375	16		359		
1399999 Total - Authorized					26,949	5,053	101	5,650	69	2,980	858	11,694	(16)	26,389	5,495		20,894		
Unauthorized - Other Non-U.S. Insurers																			
AA-1340004	00000	R V VERSICHERUNG AG	DEU		678	2								2	8		(6)		
AA-1440076	00000	SIRIUS INTL INS CORP	SWE		131										7		(7)		
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
2599999 Total - Unauthorized - Other Non-U.S. Insurers					809	2								2	15		(13)		
2699999 Total - Unauthorized					809	2								2	15		(13)		
4099999 Total - Authorized, Unauthorized and Certified					27,758	5,055	101	5,650	69	2,980	858	11,694	(16)	26,391	5,510		20,881		
9999999 Totals					27,758	5,055	101	5,650	69	2,980	858	11,694	(16)	26,391	5,510		20,881		

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1) Factory Mutual Ins Co	35.000	158
2) Swiss Reins Amer Corp	33.500	156
3)		
4)		
5)		

Schedule F Part 3 Ceded Reinsurance (continued)

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	<sup>1</sup> Name of Reinsurer	<sup>2</sup> Total Recoverables	<sup>3</sup> Ceded Premiums	<sup>4</sup> Affiliated
1)	GOODVILLE MUTUAL CASUALTY CO .....	22,186	24,235	Yes[X] No[ ] ...
2)	PLATINUM UNDERWRITERS REINS INC .....	2,181	619	Yes[ ] No[X] ...
3)	MARKEL AMER INS CO .....	197	257	Yes[ ] No[X] ...
4)	LLOYD'S SYNDICATE NUMBER 4472 .....	107	209	Yes[ ] No[X] ...
5)	ALLIED WORLD INS CO .....	101	197	Yes[ ] No[X] ...

SCHEDULE F - PART 4  
Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1  ID Number	2  NAIC Company Code	3   Name of Reinsurer	4  Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12  Percentage Overdue Col. 10/Col. 11	13  Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5  Current	Overdue					11  Total Due Cols. 5 + 10		
					6  1 - 29 Days	7  30-90 Days	8  91-120 Days	9  Over 120 Days	10  Total Overdue Columns 6 + 7 + 8 + 9			
Authorized - Affiliates - U.S. Intercompany Pooling												
23-0636660	14044	GOODVILLE MUT CAS CO	PA	4,232						4,232		
0199999 Total - Authorized - Affiliates - U.S. Intercompany Pooling				4,232						4,232		
Authorized - Affiliates - U.S. Non-Pool - Other												
23-0636660	14044	GOODVILLE MUT CAS CO	PA	96						96		
0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other				96						96		
0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total				96						96		
0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total												
0899999 Total - Authorized - Affiliates				4,328						4,328		
Authorized - Other U.S. Unaffiliated Insurers												
06-1182357	22730	ALLIED WORLD INS CO	NH	2						2		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA	2						2		
05-0316605	21482	FACTORY MUT INS CO	RI	6						6		
54-1398877	28932	MARKEL AMER INS CO	VA	2						2		
52-1952955	10357	PLATINUM UNDERWRITERS REINS INC	MD	612						612		
23-1641984	10219	QBE REINS CORP	PA	196						196		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers				820						820		
Authorized - Other Non-U.S. Insurers												
AA-1340125	00000	HANNOVER RUECK SE	DEU	2						2		
AA-3194129	00000	MONTPELIER REINS LTD	BMU	2						2		
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR	2						2		
1299999 Total - Authorized - Other Non-U.S. Insurers				6						6		
1399999 Total - Authorized				5,154						5,154		
Unauthorized - Other Non-U.S. Insurers												
AA-1340004	00000	R V VERSICHERUNG AG	DEU	2						2		
2599999 Total - Unauthorized - Other Non-U.S. Insurers				2						2		
2699999 Total - Unauthorized				2						2		
4099999 Total - Authorized, Unauthorized and Certified				5,156						5,156		
4199999 Total - Protected Cells												
9999999 Totals				5,156						5,156		

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable All Items Schedule F Pt. 3, Col.15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscel- laneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6+7+9 +10+11 But Not in Excess of Col. 5)	Provision for Unauth- orized Reins- urance (Col. 5 minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	20 % of Amount in Col. 14	20% of Amount in Dispute Included in Column 5	Provision for Overdue Reins- urance (Col. 15 plus Col. 16)	Total Provision for Reinsurance Ceded to Unauth- orized Reinsurers (Col. 13 + Col. 17 but not in Excess of Col. 5)
Other Non-U.S. Insurers																	
AA-1340004	00000	R V VERSICHERUNG AG	DEU	2		2		8			2						
AA-1440076	00000	SIRIUS INTL INS CORP	SWE					7									
1299999 Total - Other Non-U.S. Insurers				2		2	X X X	15			2						
1399999 Total - Affiliates and Others				2		2	X X X	15			2						
1499999 Total - Protected Cells							X X X										
9999999 Totals				2		2	X X X	15			2						

1. Amounts in dispute totaling \$.0 are included in Column 5.  
2. Amounts in dispute totaling \$.0 are excluded from Column 14.

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letter of Credit Amount
3051	1	021000089	Citibank N.A.	2

SCHEDULE F - PART 9  
Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12) .....	19,535,180		19,535,180
2. Premiums and considerations (Line 15) .....	7,518,641		7,518,641
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	5,155,608	(923,630)	4,231,978
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	3,387,343		3,387,343
6. Net amount recoverable from reinsurers .....		3,984,634	3,984,634
7. Protected cell assets (Line 27) .....			
8. TOTALS (Line 28) .....	35,596,772	3,061,004	38,657,776
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	9,209,845	3,074,484	12,284,329
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	2,249,120		2,249,120
11. Unearned premiums (Line 9) .....	7,601,069	270,998	7,872,067
12. Advance premiums (Line 10) .....	334,134		334,134
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	5,509,595	(284,478)	5,225,117
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	4,325		4,325
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	1,111,534		1,111,534
19. TOTAL Liabilities excluding protected cell business (Line 26) .....	26,019,622	3,061,004	29,080,626
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	9,577,150	X X X	9,577,150
22. TOTALS (Line 38) .....	35,596,772	3,061,004	38,657,776

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: