

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 <u>4787</u> , <u>4787</u> <small>(current period) (prior period)</small>	NAIC Company Code <u>17884</u>	Employer's ID Number <u>34-4469685</u>
Organized under the Laws of <u>Ohio</u> ,	State of Domicile or Port of Entry <u>Ohio</u>	
Country of Domicile <u>United States of America</u>		
Incorporated/Organized <u>12/28/1984</u>	Commenced Business <u>06/01/1867</u>	
Statutory Home Office <u>1000 Westmoreland Avenue</u> <small>(Street and Number)</small>	Napoleon, OH, 43545 <small>(City or Town, State, Country and Zip Code)</small>	
Main Administrative Office <u>625 West Main Street</u> <small>(Street and Number)</small>		
<u>New Holland, PA, US 17557-0489</u> <small>(City or Town, State, Country and Zip Code)</small>	(717)354-4921 <small>(Area Code)(Telephone Number)</small>	
Mail Address <u>PO Box 489</u> , <small>(Street and Number)</small>	New Holland, PA, US 17557-0489 <small>(City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records <u>625 West Main Street</u> <small>(Street and Number)</small>	(717)354-4921 <small>(Area Code)(Telephone Number)</small>	
<u>New Holland, PA, US 17557-0489</u> <small>(City or Town, State, Country and Zip Code)</small>		
Internet Website Address <u>www.heartland-ins.com</u>		
Statutory Statement Contact <u>Philip Wesley Shirk</u> <small>(Name)</small>	(717)354-4921-270 <small>(Area Code)(Telephone Number)</small>	
<u>Phil.Shirk@goodville.com</u> <small>(E-Mail Address)</small>	(717)354-5158 <small>(Fax Number)</small>	

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 OhioCounty 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. Date filed
 3. Number of pages attached2
 08/15/2014
 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 Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						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		
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.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 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 Total Due Col. 5 + 10	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11			
				5 Current	Overdue					11 Total Overdue Columns 6 + 7 + 8 + 9					
					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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable All Items Schedule F Pt. 3, Col.15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscel- laneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6+7+9 +10+11 But Not in Excess of Col. 5)	13 Provision for Unauth- orized Reins- urance (Col. 5 minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	15 20 % of Amount in Dispute Included in Column 5	16 20% of Amount in Dispute Included (Col. 15 plus Col. 16)	17 Provision for Overdue Reins- urance (Col. 15 plus Col. 16)	18 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	XXX	15			2					
1399999 Total - Affiliates and Others				2			2	XXX	15			2					
1499999 Total - Protected Cells								XXX									
9999999 Totals				2			2	XXX	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 As Reported (Net of Ceded)	2 Restatement Adjustments	3 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

If yes, give full explanation: