
AMENDED FILING EXPLANATION

Changes due to revision of SSAP No. 2R - Correct Data Pull information and NAIC cross checks related to Money Market funds reclassification from Schedule DA to Schedule E. Impacted pages are SI10 and SI15.



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

Affinity Mutual Insurance Company

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... December 17, 1934 Commenced Business..... May 1, 1935

Statutory Home Office 722 North Cable Road..... Lima OH US 45805-1795
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 722 North Cable Road..... Lima OH US..... 45805-1795
(Street and Number) (City or Town, State, Country and Zip Code) 419-227-6604
(Area Code) (Telephone Number)

Mail Address 722 North Cable Road..... Lima OH US 45805-1795
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 722 North Cable Road..... Lima OH US 45805-1795
(Street and Number) (City or Town, State, Country and Zip Code) 419-227-6604
(Area Code) (Telephone Number)

Internet Web Site Address www.affinity-mutual.com

Statutory Statement Contact Brent A. Helmke 419-227-6604
(Name) (Area Code) (Telephone Number) (Extension)
bhelmke@affinity-mutual.com 419-224-4874
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Jack L. Brinkman	President	2. Jack L. Brinkman	Secretary
3. Brent A. Helmke	Treasurer	4.	

OTHER

Eldon M. Helmke	Chairman	David W. Seemann	Vice Chairman
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DIRECTORS OR TRUSTEES

Daniel R. Combs	David W. Seemann	Alvin J. King	Scott W. Boulis
Eldon M. Helmke	Dale N. Hirschfeld	Gary L. Luginbill	Brent R. Petersen
Dennis A. Kapcar #			

State of..... Ohio
County of..... Allen

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.

(Signature) Jack L. Brinkman	(Signature) Jack L. Brinkman	(Signature) Brent A. Helmke
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____ 2018

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

b. If no

1. State the amendment number	1
2. Date filed	03/20/2018
3. Number of pages attached	2

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	4,802,342	4,802,342			
2. Cost of short-term investments acquired.....	25,956	25,956			
3. Accrual of discount.....	0				
4. Unrealized valuation increase (decrease).....	0				
5. Total gain (loss) on disposals.....	0				
6. Deduct consideration received on disposals.....	4,802,342	4,802,342			
7. Deduct amortization of premium.....	631	631			
8. Total foreign exchange change in book/adjusted carrying value.....	0				
9. Deduct current year's other-than-temporary impairment recognized.....	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	25,325	25,325	0	0	0
11. Deduct total nonadmitted amounts.....	0				
12. Statement value at end of current period (Line 10 minus Line 11).....	25,325	25,325	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:.....

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	0			
2. Cost of cash equivalents acquired.....	4,807,547		4,807,547	
3. Accrual of discount.....	0			
4. Unrealized valuation increase (decrease).....	0			
5. Total gain (loss) on disposals.....	0			
6. Deduct consideration received on disposals.....	1,700,000		1,700,000	
7. Deduct amortization of premium.....	0			
8. Total foreign exchange change in book/adjusted carrying value.....	0			
9. Deduct current year's other-than-temporary impairment recognized.....	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,107,547	0	3,107,547	0
11. Deduct total nonadmitted amounts.....	0			
12. Statement value at end of current period (Line 10 minus Line 11).....	3,107,547	0	3,107,547	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:.....