
AMENDED FILING EXPLANATION

Changes are due to a misstatement of direct premiums earned in Michigan on the original annual statement filing. The impacted pages include 19.GT, 19.MI, and 94. The direct premiums earned columns have been updated and reflect the correct amounts for 2019.



ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Affinity Mutual Insurance Company

NAIC Group Code.....	0, 0	NAIC Company Code.....	16748	Employer's ID Number.....	34-4317240
	(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			419-227-6604	
	(Street and Number) (City or Town, State, Country and Zip Code)			(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			419-227-6604	
	(Street and Number) (City or Town, State, Country and Zip Code)			(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. Brent A. Helmke	President	2. Brent A. Helmke	Secretary
3. Daniel R. Combs	Treasurer	4.	
Eldon M. Helmke	Chairman	David W. Seemann	Vice Chairman

OTHER

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)	(Signature)	(Signature)
Brent A. Helmke	Brent A. Helmke	Daniel R. Combs
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [] No [X]
This _____ day of _____ 2020	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached