
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 (Current Period) (Prior Period)	NAIC Company Code.....	16748	Employer's ID Number.....	34-4317240
Organized under the Laws of OH		State of Domicile or Port of Entry		OH	
Incorporated/Organized.....		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)		419-227-6604 (Area Code) (Telephone Number)	
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)		419-227-6604 (Area Code) (Telephone Number)	
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		419-224-4874 (Fax Number)	
Statutory Statement Contact		Brent A. Helmke (Name) bhelmke@affinity-mutual.com (E-Mail Address)		419-227-6604 (Area Code) (Telephone Number) (Extension)	

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

Subscribed and sworn to before me
This _____ day of _____ 2020

a. Is this an original filing?
b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [] No [X]
1
04/22/2020
3

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

 * 1 6 7 4 8 2 0 1 9 4 3 0 5 9 1 0 5 *

NAIC Group Code....0 NAIC Company Code....16748

Line of Business	BUSINESS IN GRAND TOTAL DURING THE YEAR											
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken	3	4	5	6	7	8	9	10	11	12	
1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1. Fire.....	1,506,059	1,472,136		733,286	.74,471	.123,123	.57,032	.4,042	.4,042		240,256	
2.1 Allied lines.....	1,004,040	981,424		488,857	.252,709	.264,517	101,687				160,171	
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	3,235,807	3,108,244		1,496,610	.898,567	.1,284,267	.572,578	.360	.360		513,983	
5.2 Commercial multiple peril (liability portion).....	.996,625	.983,607		.450,486	.961,697	.396,797	.793,378	.107,736	.81,787	.119,233	158,163	
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	.415,043	420,086		.178,082	.139,790	.201,090	.68,800				.65,307	
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	.409,084	422,221		.174,862		(.22,497)	.348,104		.9,478	.38,287	.64,791	
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....	.5,850	.4,843		.2,496							.815	
19.4 Other commercial auto liability.....	.753,562	.777,981		.328,263	.211,392	.210,497	.458,768	.19,618	.78,425	.73,917	119,415	
21.1 Private passenger auto physical damage.....											5,674	
21.2 Commercial auto physical damage.....	.369,799	.377,791		.152,071	.314,137	.308,496	.16,001		(.1,682)		.58,708	
22. Aircraft (all perils).....											2,889	
23. Fidelity.....	.9,391	.10,721		.3,646							.1,497	
24. Surety.....	.13,262	.12,893		.4,402		(.208)	.11,298		.349	.1,243	.2,224	
26. Burglary and theft.....	.2,190	.2,654		.897	.25,000	.25,000					.345	
27. Boiler and machinery.....											.20	
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
35. TOTALS (a).....	.8,720,712	.8,574,601	.0	.4,013,958	.2,877,763	.2,791,082	.2,427,646	.131,756	.172,759	.232,680	.1,385,676	
											.77,774	

DETAILS OF WRITE-INS

3401.											
3402.											
3403.											
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

 * 1 6 7 4 8 2 0 1 9 4 3 0 1 5 1 0 5 *

NAIC Group Code....0 NAIC Company Code....16748

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	602,759	582,516		313,164		(4,355)		1,945	1,945		101,700	8,166
2.1 Allied lines.....	401,840	388,344		208,776	159,713	221,040	76,513				67,800	5,444
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	1,273,830	1,141,145		542,452	826,240	2,228,624	431,054	360	360		214,927	17,258
5.2 Commercial multiple peril (liability portion).....	363,496	343,136		173,377	521,701	85,766	539,276	52,581	50,681	25,000	61,331	4,925
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	100,027	101,388		44,910	25,496	32,496	7,000				16,877	1,355
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	138,521	139,301		58,025		(4,856)	117,872				23,372	1,877
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....	226,933	230,987		103,991	100,224	241,314	280,605	19,618	44,508	40,000	38,289	3,074
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	120,148	117,253		52,203	167,984	165,150	535				20,272	1,628
22. Aircraft (all perils).....												
23. Fidelity.....	3,692	4,018		1,218							623	50
24. Surety.....	12,330	12,329		3,925		(208)	11,298		349	1,243	2,080	167
26. Burglary and theft.....	.697	.759		.213	.25,000	.25,000					118	.9
27. Boiler and machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0		0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	3,244,273	3,061,175		1,502,255	1,826,358	2,989,972	1,464,154	74,504	97,843	.66,243	547,389	43,953

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

 * 1 6 7 4 8 2 0 1 9 4 3 0 2 3 1 0 5 *

NAIC Group Code....0 NAIC Company Code....16748

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	54,801	56,544		27,779	500	(529)	178				7,638	1,290
2.1 Allied lines.....	36,534	37,696		18,520	58,365	23,899	15,534				5,092	860
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	245,599	239,604		195,139	3,602	115,240	75,763				34,231	5,783
5.2 Commercial multiple peril (liability portion).....	57,363	61,203		33,742	148,819	179,319	47,960				7,995	1,351
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	11,720	11,996		6,523	8,726	8,726					1,634	276
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancellable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	21,897	23,767		13,234		(3,181)	18,633				3,052	516
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....	5,850	4,843		2,496							815	138
19.4 Other commercial auto liability.....	8,664	7,861		3,343							1,208	204
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	5,601	4,966		2,002		(373)					781	132
22. Aircraft (all perils).....												
23. Fidelity.....	351	507		.79							49	8
24. Surety.....												
26. Burglary and theft.....	214	505		.68							30	.5
27. Boiler and machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	448,594	449,493	0	302,924	220,012	323,101	158,069	0	0	0	62,525	10,563

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

 * 1 6 7 4 8 2 0 1 9 4 3 0 3 6 1 0 5 *

NAIC Group Code....0 NAIC Company Code....16748

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	848,499	833,076		392,343	.73,971	128,006	.56,854	2,097	2,097		130,918	3,925
2.1 Allied lines.....	565,666	555,384		261,562	34,632	19,578	9,640				87,278	2,617
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	1,716,378	1,727,496		759,019	.68,726	(1,059,596)	.65,761				264,826	7,939
5.2 Commercial multiple peril (liability portion).....	575,766	579,268		243,366	291,177	131,712	206,141	55,155	31,106	94,233	88,837	2,663
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	303,296	306,702		126,649	105,567	159,867	61,800				46,797	1,403
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	248,666	259,152		103,603		(14,459)	211,599		9,478	38,287	38,367	1,150
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....	517,965	539,133		220,929	.111,168	(30,817)	178,163		33,917	33,917	79,919	2,396
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	244,050	255,572		.97,866	.146,153	.143,719	.15,466		(1,682)		.37,655	1,129
22. Aircraft (all perils).....												
23. Fidelity.....	5,348	.6,196		.2,349							.825	.25
24. Surety.....	932	.565		.476							.144	.4
26. Burglary and theft.....	1,279	1,390		.616							.197	.6
27. Boiler and machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	5,027,845	5,063,933	0	2,208,779	.831,393	(521,990)	805,423	.57,252	.74,916	.166,437	.775,762	23,257

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.