



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Affinity Mutual Insurance Company

NAIC Group Code _____ (Current) _____ (Prior) _____ Ohio _____, State of Domicile or Port of Entry _____ OH _____
NAIC Company Code 16748 Employer's ID Number 34-4317240

Country of Domicile _____ United States of America

Incorporated/Organized 12/17/1934 Commenced Business 05/01/1935

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 _____
(Street and Number) 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 _____
(Street and Number) 419-227-6604
(Area Code) (Telephone Number)

Internet Website Address www.affinity-mutual.com

Statutory Statement Contact Brent A. Helmke _____ 419-227-6604
(Name) (Area Code) (Telephone Number)
bhelmke@affinity-mutual.com _____
(E-mail Address) (FAX Number)

OFFICERS
President Brent A. Helmke _____ Treasurer Daniel R. Combs _____
Secretary Brent A. Helmke _____

OTHER
Eldon M. Helmke, Chairman David W. Seemann, Vice Chairman _____

DIRECTORS OR TRUSTEES
Daniel R. Combs _____ Alvin J. King _____
Scott W. Boulis _____ Dale N. Hirschfeld _____
Gary L. Luginbill _____ Brent R. Petersen _____
Dennis A. Kapcar _____

Slate of _____ Ohio _____ SS: _____
County of _____

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.

Brent A. Helmke *Brent A. Helmke* *Daniel R. Combs*

Brent A. Helmke
President

Brent A. Helmke
Secretary

Daniel R. Combs
Treasurer

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? _____

Yes [X] No []

b. If no,

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



ANGELA M. LAMBERT
Notary Public, State of Ohio
My Commission Expires
November 17, 2021