

ANNUAL STATEMENT

For the Year Ended December 31 , 2024

OF THE CONDITION AND AFFAIRS OF THE

THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code	10311			
Home Office	112 East Third Street Street and Number	Delphos City	45833 Zip Code	OH
Mail Address	P. O. Box 37 Street and Number	Delphos City	45833-0037 Zip Code	OH
Main Administrative Office	(419) 692-3413 Telephone Number			
Organized	August 15, 1879	Commenced Business	February 5, 1905	
Annual Statement Contact Person	Barbara Coil	Telephone Number	(419) 692-3413	
Contact Person Email Address	barb@germanmutualofdelphos.com			

OFFICERS

President	Gary Miller	Vice President	Andy Kinppen
Secretary	Barbara Coil	Treasurer	Edward Etzkorn

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

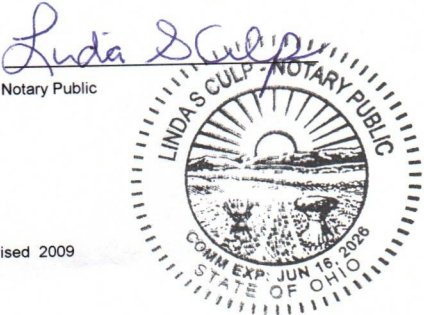
Edward T. Etzkorn	David Musgrave	Steve Ostendorf	Jason Bower
Dale Holdgreve	Andy Kinppen	Gary Miller	Brent Nussbaum

State of Ohio  
County of  
Allen

Gary Miller	President and	Barbara Coil	Secretary of the
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THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH, being duly sworn each for himself/herself deposes and says, that they are the above described officers of said reporting entity, and that on the reporting period stated above all 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, with the schedules and explanations herein contained, annexed or referred to, is a full and correct 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, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me, this 28 day of February 20 25



Gary Miller	Gary Miller
Barbara Coil	Barbara Coil
	Secretary
Signature of Person Preparing Statement	



ANNUAL STATEMENT FOR THE YEAR

THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH

2024

ASSETS

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1	Bonds (Schedule D - Part 1)	39,410.00	0.00	39,410.00	39,377.00
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	1,909,793.00	0.00	1,909,793.00	1,834,463.00
3	Real estate (less liens, encumbrances) (Schedule A)	97,555.00	0.00	97,555.00	102,657.00
4	Cash (Schedule E)	183,925.00	0.00	183,925.00	331,846.00
5	Short-term investments		0.00	0.00	
6	Aggregate write-ins for invested assets		0.00	0.00	
7	Subtotals, cash and invested assets	2,230,683.00	0.00	2,230,683.00	2,308,343.00
8	Investment income due and accrued	115.00	0.00	115.00	2,356.00
9.1	Assessments or premiums in the course of collection (including agents balances)	18,516.00	0.00	18,516.00	12,864.00
9.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due	107,966.00	0.00	107,966.00	103,548.00
9.3	Earned but unbilled premiums (post assessment)		0.00	0.00	
10.1	Amounts recoverable from reinsurers		0.00	0.00	
10.2	Funds held by or deposited with reinsured companies		0.00	0.00	
11.1	Current federal income tax recoverable and interest thereon	3,750.00	0.00	3,750.00	32,546.00
11.2	Net deferred tax asset		0.00	0.00	
12	Electronic data processing equipment and software		0.00	0.00	
13	Furniture and equipment		0.00	0.00	
14	Receivables from parent, subsidiaries and affiliates		0.00	0.00	
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00	0.00
16	Total Assets	2,361,030.00	0.00	2,361,030.00	2,459,657.00
	Details of Write-Ins for Assets:				
1501				0.00	
1502				0.00	
1503				0.00	
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00	0.00



**ANNUAL STATEMENT FOR THE YEAR**  
**THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH**

**2024**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	21,745.00	92,242.00
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	0.00	
3	Commissions due and payable to agents		
4	Other expenses (excluding taxes, licenses and fees)	440.00	751.00
5	Taxes, licenses and fees (excluding federal income taxes)	7,043.00	7,116.00
6	Current federal income taxes (including \$0 on realized capital gains (losses))		
7	Net deferred tax liability	57,197.00	73,496.00
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	658,462.00	647,931.00
10	Advance premium	32,432.00	15,623.00
11	Ceded reinsurance premiums payable	58,613.00	53,076.00
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others	0.00	8,468.00
14	Provision for unauthorized reinsurance		
15	Payable to parent, subsidiaries and affiliates		
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	835,932.00	898,703.00
18	Surplus as regards policyholders	1,525,098.00	1,560,954.00
19	Total liabilities and surplus	2,361,030.00	2,459,657.00
	Details of Write-Ins for Liabilities:		
1601			
1602			
1603			
1698	Summary or remaining write-ins from overflow page	0.00	0.00
1699	Total aggregate write-ins	0.00	0.00



**ANNUAL STATEMENT FOR THE YEAR**  
**THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH**  
**STATEMENT OF INCOME**

**2024**

		Current Year	Prior Year
	<b>UNDERWRITING INCOME</b>		
1.1	Gross Assessments/Premiums earned	1,207,664.00	1,176,334.00
1.2	Less: Return Assessments/Premiums earned	28,144.00	21,189.00
1.3	Direct Assessments/Premiums earned	1,179,520.00	1,155,145.00
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	604,126.00	475,617.00
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	0.00
1.6	Net Assessments/Premiums earned	575,394.00	679,528.00
	<b>DEDUCTIONS</b>		
2	Losses incurred (Underwriting Exhibit - Part 2)	336,500.00	311,969.00
3	Loss expenses incurred (Expense Exhibit)	17,187.00	23,073.00
4	Other underwriting expenses incurred (Expense Exhibit)	519,538.00	483,667.00
5	Aggregate write-ins for underwriting deductions	0.00	0.00
6	Total underwriting deductions	873,225.00	818,709.00
7	Net underwriting gain (loss)	-297,831.00	-139,181.00
	<b>INVESTMENT INCOME</b>		
8	Net investment income earned	101,112.00	93,224.00
9	Net realized capital gains (losses) less capital gains tax	10,981.00	28,863.00
10	Net investment gain (loss)	112,093.00	122,087.00
	<b>OTHER INCOME</b>		
11	Net gain (loss) from agents' or premium balances charged off		
12	Finance and service charges not included in premiums		
13	Aggregate write-ins for miscellaneous income	3,268.00	5,716.00
14	Total other income	3,268.00	5,716.00
15	Net income, after capital gains tax and before federal income taxes	-182,470.00	-11,378.00
16	Federal income taxes incurred		4,909.00
17	Net income	-182,470.00	-16,287.00
	<b>SURPLUS ACCOUNT</b>		
18	Surplus as regards policyholders, December 31 prior year	1,560,954.00	1,504,883.00
19	Net income	-182,470.00	-16,287.00
20	Change in net unrealized capital gains or (losses) less capital gains tax	130,315.00	88,131.00
21	Change in net deferred income tax	16,299.00	-15,773.00
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	0.00	0.00
23	Change in provision for reinsurance		
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00
25	Change in surplus as regards policyholders for the year	-35,856.00	56,071.00
26	Surplus as regards policyholders, December 31 current year	1,525,098.00	1,560,954.00
	<b>DETAILS OF WRITE-INS</b>		
0501			
0502			
0503			
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00
1301	Commissions and Other Premiums	3,268.00	5,716.00
1302			
1303			
1304			
1399	Total Aggregate write-ins for miscellaneous income	3,268.00	5,716.00
2401			
2402			
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00



**ANNUAL STATEMENT FOR THE YEAR**  
**THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH**

**2024**

**CASH FLOW STATEMENT**

		Current Year	Prior Year
<b>Cash from Operations</b>			
1	Premiums/Assessments collected net of reinsurance	598,200.00	721,797.00
2	Net investment income	105,484.00	94,839.00
3	Miscellaneous income	3,268.00	5,459.00
4	Total	706,952.00	822,095.00
5	Benefit and loss related payments	424,184.00	330,147.00
6	Commissions, expenses paid and aggregate write-ins for deductions	523,288.00	465,699.00
7	Federal and foreign income taxes paid (recovered)	-28,796.00	-6,000.00
8	Total	918,676.00	789,846.00
9	Net cash from operations	-211,724.00	32,249.00
<b>Cash from Investments</b>			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		5,000.00
10.2	Stocks	125,019.00	138,870.00
10.3	Real estate		
10.4	Net gains (losses) on cash, cash equivalents and short- term investments		
10.5	Miscellaneous proceeds		
10.6	Total investment proceeds	125,019.00	143,870.00
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks	61,216.00	60,495.00
11.3	Real estate		
11.4	Miscellaneous applications		
11.5	Total investments acquired	61,216.00	60,495.00
11.6	Net cash from investments	63,803.00	83,375.00
<b>Cash from Financing and Miscellaneous Sources</b>			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)		
13	Net cash from financing and miscellaneous sources	0.00	0.00
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
14	Net change in cash, cash equivalents and short-term investments	-147,921.00	115,624.00
15.1	Beginning of year (cash, cash equivalents and short-term investments)	331,846.00	216,222.00
15.2	End of year (cash, cash equivalents and short-term investments)	183,925.00	331,846.00



**ANNUAL STATEMENT FOR THE YEAR  
THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH**

**2024**

**EXPENSE EXHIBIT**

		Current Year
	<b>Claim Adjusting:</b>	
1.1	Direct	0.00
1.2	Reinsurance assumed	0.00
1.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
1.4	Net claim adjusting	0.00
	<b>Commission and Brokerage:</b>	
2.1	Direct commission and brokerage	181,267.00
2.2	Reinsurance assumed excluding contingent	0.00
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	0.00
2.8	Net commission and brokerage	181,267.00
3	Allowances to managers and agents	0.00
4	Advertising	19,332.00
5	Boards, bureaus and associations	9,538.00
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
	<b>Salary and related items:</b>	
8.1	Salaries	160,037.00
8.2	Payroll taxes	12,734.00
9	Employee relations and welfare	0.00
10	Insurance	9,834.00
11	Directors' fees	7,960.00
12	Travel and travel items	873.00
13	Rent and rent items	7,200.00
14	Equipment	0.00
15	Cost or depreciation of EDP equipment and software	35,321.00
16	Printing and stationery	10,131.00
17	Postage, telephone, exchange and express	13,651.00
18	Legal and auditing	24,159.00
19	Loss adjustment expenses	17,187.00
18	Investment expenses	0.00
19	Totals	327,957.00
	<b>Taxes, licenses and fees:</b>	
20.1	State and local insurance taxes	0.00
20.2	Insurance department licenses and fees	446.00
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	446.00
21	Real estate expenses	17,062.00
22	Real estate taxes	2,354.00
23	Aggregate write-ins for miscellaneous expenses	7,639.00
24	<b>Total expenses incurred (a)</b>	536,725.00
25	Less unpaid expenses - current year	3,270.00
26	Add unpaid expenses - prior year	7,116.00
27	Total expenses paid	540,571.00
	<b>Details of Write-Ins:</b>	
2301	Miscellaneous	7,639.00
2302		
2303		
2304		
2305		
2399	Total Write-ins	7,639.00

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates



ANNUAL STATEMENT FOR THE YEAR

2024

THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH

INSURANCE IN FORCE

	Amount (dollars)	Number
1 In force December 31 of previous year (to equal prior year's statement)	459,384,031	996
2 Written during the year	66,332,330	85
3 Total	525,716,361	1,081
4 Deduct those expired and cancelled	48,731,130	83
5 In force December 31 of current year	476,985,231	998
6 Deduct amount reinsured	0	XXX
7 Net amount in force	476,985,231	XXX



UNDERWRITING EXHIBIT - PART 2  
LOSSES INCURRED

1	2	3	4	5	6
				Deduct:	*
	Direct	Losses Incurred on	Deduct:	Salvage and	Net Losses Incurred
Lines of Business	Losses	Reinsurance	Reinsurance	Subrogation	Columns 2 and 3
	Incurred	Assumed	Recovered on	Converted	minus
			Incurred Losses	To Cash	Columns 4 and 5
Property	379,527.00			43,027.00	336,500.00
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 379,527.00	\$ -	\$ -	\$ 43,027.00	\$ 336,500.00

\* Total should equal Line 2, Page 4, Current Year.

UNDERWRITING EXHIBIT - PART 2A  
UNPAID LOSSES and LOSS ADJUSTMENT EXPENSES

1	2	3	4	5	6
					***
	Direct	Unpaid Losses on	Deduct:	**	Net Unpaid
Lines of Business	Unpaid	Reinsurance	Reinsurance	Unpaid Loss	Losses
	Losses	Assumed	Recoverable on	Adjustment	Columns 2 and 3
			Unpaid Losses	Expenses	minus
					Column 4
Property	21,745.00				21,745.00
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 21,745.00	\$ -	\$ -	\$ -	\$ 21,745.00

\*\* Total should equal Line 2, Page 3, Current Year.

\*\*\* Total should equal Line 1, Page 3, Current Year.



THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH

EXHIBIT OF NONADMITTED ASSETS

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1	Bonds			0.00
2	Preferred and common stocks and mutual funds			0.00
3	Real estate (less liens, encumbrances)			0.00
4	Cash			0.00
5	Short-term investments			0.00
6	Aggregate write-ins for invested assets			0.00
7	Subtotals, cash and invested assets	0.00	0.00	0.00
8	Investment income due and accrued			0.00
9.1	Assessments or premiums in the course of collection (including agents balances)			0.00
9.2	Premium receivable for advance pay			0.00
9.3	Earned but unbilled premiums (post assessment)			0.00
10.1	Amounts recoverable from reinsurers			0.00
10.2	Funds held by or deposited with reinsured companies			0.00
11.1	Current federal income tax recoverable and interest thereon			0.00
11.2	Net deferred tax asset			0.00
12	Electronic data processing equipment and software			0.00
13	Furniture and equipment			0.00
14	Receivables from parent, subsidiaries and affiliates			0.00
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00
16	Total Assets	0.00	0.00	0.00
	Details of Write-Ins for Assets:			
1501		0.00	0.00	0.00
1502		0.00	0.00	0.00
1503		0.00	0.00	0.00
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00



























XXX Totals

XXX

XXX

XXX

\$

71,018.82

14

\$

-

\$

60,038.09

\$

-

\$

-

\$

-

\$

-

\$20,411.22

\$

9,430.49

\$

-

\$

-

\$

-

\$

-



## REINSURANCE SCHEDULE

Reinsurance Ceded and Reinsurance Assumed

1	2	3	4	5	6	7	8
Reinsurer or Reinsured	Ceded or Assumed	Location of Company	Total Amount Reinsured	Total Premiums Ceded *	Total Premiums Assumed **	Largest Risk Ceded or Assumed	Remarks
Guy Carpenter	Ceded or Assumed	PO Box 74007551 Chicago, IL 60674-7551		604,126.00		5,889,600	
OVERFLOW AMOUNTS							
Totals	XXX	XXX	\$ -	\$ 604,126.00	\$ -	XXX	XXX

## COMPENSATION SCHEDULE

Show all salaries, commissions, claim adjustment expenses, directors fees and expenses, and travel items paid in the current year for the top 5 officers/employees and all directors, travel or car allowances, if paid, are to be included.

1	2	3	4	5	6	7	8	9
Name of Payee	Title	Salaries	Commissions	Claim Adjustment Expenses	Directors Fees & Expenses	Travel & Travel Items	All Other	Total
Officers/Employees:								
1) Gary Miller	President				1,200.00			\$ 1,200.00
3) Barbara Coil	Secretary	62,564.00	15,224.00					\$ 77,788.00
4) Edward Etzkorn	Treasurer/Director				1,650.00			\$ 1,650.00
								\$ -
								\$ -
								\$ -
Directors:								
Gary Miller	Director				925.00			\$ -
Steve Ostendorf	Director				475.00			\$ 925.00
David Musgrave	Director				675.00			\$ 475.00
Dale Holdgreve	Director				695.00			\$ 675.00
Dale Holdgreve	Director				695.00			\$ 695.00
Jason Bower	Director				400.00			\$ 400.00
Brent Nussbaum	Director				400.00			\$ 400.00
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ 62,564.00	\$ 15,224.00	\$ -	\$ 7,115.00	\$ -	\$ -	\$ 84,903.00

### GENERAL INTERROGATORIES

(Answer all questions and attach additional sheets if necessary.)

1.	Company's retention:	Fire	\$100,000	Wind	\$100,000	Other	\$550,000
1a.	Retention before reinsurance applies for:	Catastrophe Reinsurance				Aggregate excess of loss	\$470,062
2.	What is the largest risk assumed and retained:		\$5,889,600				
3.	What kind of perils are being covered?	FARM, CITY, SUBURBAN, & PERSONAL					
4.	Have the by-laws been amended during the current year?	NO					
	Ohio Department of Insurance?						
5.	In what counties does the Company operate:	ALL COUNTIES OF OHIO					
6.	Name of Principal Officer and amount of bond.	DIRECTORS & OFFICERS \$1,000,000					
7.	Are all of the persons who handle funds of the Company bonded?	Yes	X	No			
	State the name and amount of each bond on each, except person named in Item 6 above.	NAMIC INSURANCE AGENCY \$1,000,000					
8.	Does the Company have an annual audit conducted by an independent CPA?	YES					
9.	State the number of members holding policies in the Company.	975					
10.	Was an annual report of the Company made available to each policyholder? with the annual statement filed with the Ohio Department of Insurance?	Yes	YES	If so, did such report agree			
11.	State as of what date the latest examination of the Company was made by the Ohio Department of Insurance.	12/31/2020					
12.	How many assessments were made during the year?	VARIOUS	Date of last assessment	12/31/2023			
13.	Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment?	YES					
14.	Rate of policy fee	NONE					
15.	State the amount of borrowed money since date of last assessment	NONE interest thereon					
16.	Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement?	Yes	No	NO			
	If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement.						



2024

## Showing All Balances (according to Company's Records) Carried in Each Bank or Savings and Loan

**All Columns Must Be Completed for Each Deposit, CD, Checking Account, etc.**

\*Total to agree with Page 2, Line 4, Current Year.



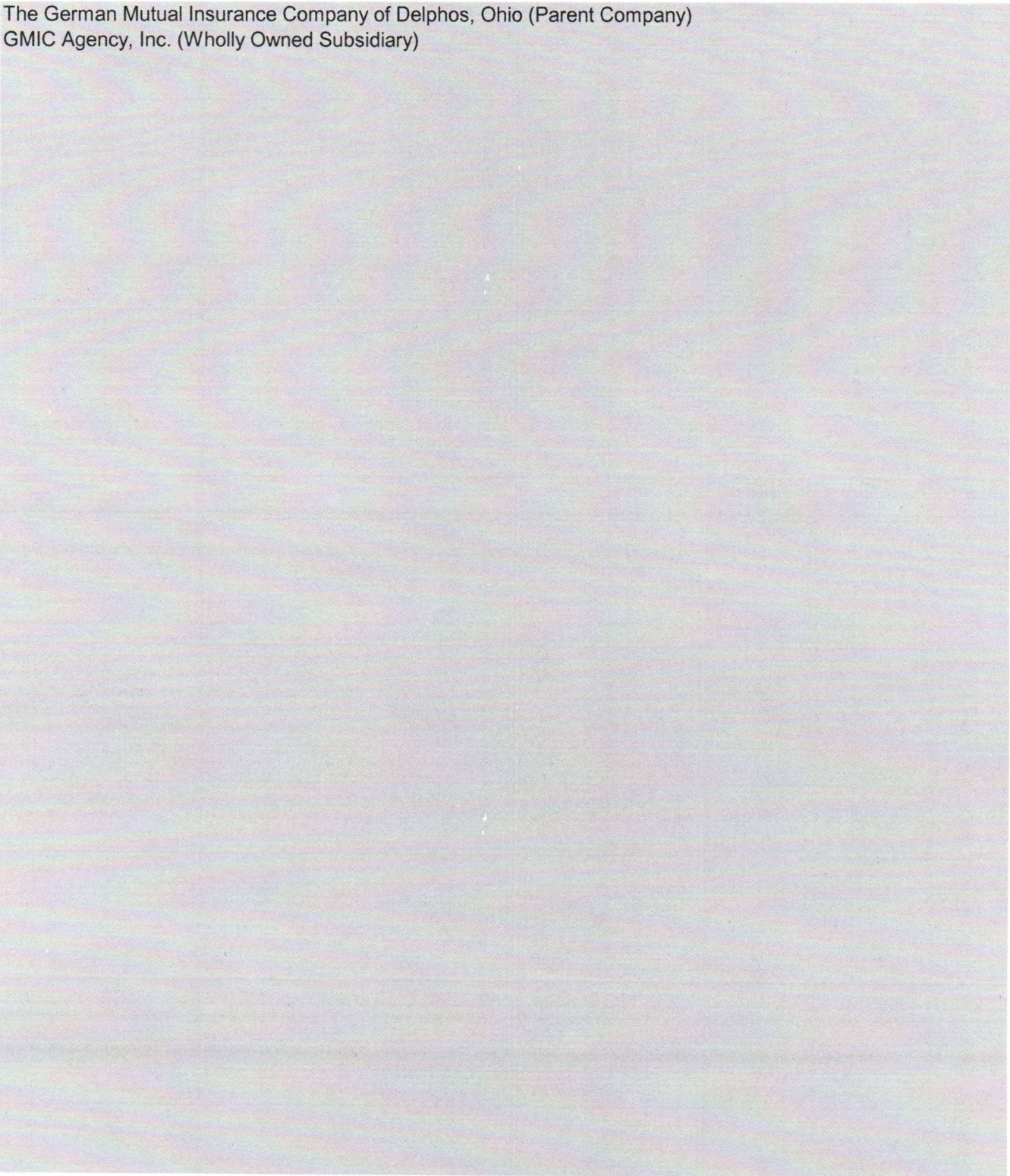
**ANNUAL STATEMENT FOR THE YEAR**  
**THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH**

**2024**

**ORGANIZATIONAL CHART**

**LIST ALL ENTITIES THAT ARE MEMBERS OF AN INSURANCE COMPANY HOLDING SYSTEM AS  
DEFINED IN ORC 3901.32**

The German Mutual Insurance Company of Delphos, Ohio (Parent Company)  
GMIC Agency, Inc. (Wholly Owned Subsidiary)





ANNUAL STATEMENT FOR THE YEAR

THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS OH

Overflow Page for Write-ins

2024

Additional Write-ins for Assets:

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1504				0.00	
1505	None			0.00	
1506				0.00	
1597	Summary of remaining write-ins for Line 15 page 2	0.00	0.00	0.00	0.00

Additional Write-ins for Liabilities:

		Current Year	Prior Year
1604			
1605	None		
1606			
1697	Summary of remaining write-ins for Line 16 page 3	0.00	0.00

Additional Write-ins for Statement of Income:

		Current Year	Prior Year
	None		
	Summary of remaining write-ins for Statement of Income page 4	0.00	0.00

Additional Write-ins for Nonadmitted Assets:

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1504				0.00
1505	None			0.00
1506				0.00
1597	Summary of remaining write-ins for Line 15 page 9	0.00	0.00	0.00



Overflow Page for Investments Owned

SCHEDULE D - PART 1

Showing all BONDS Owned on December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Description								Interest				Amount of interest due and accrued		
Cusip #	Give complete and accurate description of all bonds owned.	From Whom Acquired	Date Acquired	Par Value	Actual Cost	Book Value / Amortized Value*	Market Value December 31 of Current Year	Rate (%)	Amount Due and Accrued Dec. 31 of Current Year on bonds not in default	Gross Am't Received During Year	Increase by Adjustment, in Book Value During Year	Decrease by Adjustment, in Book Value During Year	Interest due and accrued year, on bonds in default as to principal or interest	Maturity Date	NAIC Designation
593842CR6	MIAMI VY CAREER TECHNICAL CTR	EDWARD JONES	4/3/2018	20,000.00	17,603.20	20,033.89	18,162.40	3.750%	61.64	750.00		1.48		12/1/2047	1
353202FN9	FRANKLIN CNTY OHIO SERIES A	EDWARD JONES	3/21/2019	20,000.00	16,627.40	19,376.24	17,769.60	3.250%	53.42	650.00	34.31			12/1/2042	1
	ROUNDING					(0.13)									
XXX	Totals to Page 11	XXX	XXX	\$ 40,000.00	\$ 34,230.60	\$ 39,410.00	\$ 35,932.00	XXX	\$ 115.06	\$ 1,400.00	\$ 34.31	\$ 1.48	\$ -	XXX	XXX
* Annual Statement Value															

SCHEDULE D - PART 2

Showing all Preferred & Common Stocks and Mutual Funds Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Description									Dividends			
Cusip #	Give complete and accurate description of all stocks and mutual funds owned.	From Whom Acquired	Date Acquired	No. of Shares	Par Value Per Share (Preferred Stocks)	Book Value	Rate Per Share Used To Obtain Market Value	Market Value/ Fair Value December 31 of Current Year	Actual Cost	Received During Year	Dividends Amount Due and Accrued Dec. 31	Increase, by Adjustment, in Book Value During Year	Decrease, by Adjustment in Book Value During Year
025537101	AMERICAN ELECTRIC POWER CO	EDWARD JONES	2/15/2022	177.00		16,324.71	92.23	16,324.71	16,397.21	631.89			
00206R102	A T & T INC	EDWARD JONES	3/26/2013	905.00		20,606.85	22.77	20,606.85	32,006.75	1,004.56			
149123101	CATERPILLAR INC	EDWARD JONES	3/18/2009	133.00		48,247.08	362.76	48,247.08	3,555.75	720.86			
166764100	CHEVRON CORP	EDWARD JONES	2/15/2022	75.00		10,863.00	144.84	10,863.00	10,943.91	489.00			
20825C104	CONOCOPHILLIPS	EDWARD JONES	11/18/2010	240.00		23,800.80	99.17	23,800.80	12,767.46	748.80			
244199105	DEERE & CO	EDWARD JONES	3/18/2009	248.00		105,077.60	423.70	105,077.60	13,692.98	1,458.24			
26441C204	DUKE ENERGY CORP	EDWARD JONES	4/13/2017	280.00		30,167.20	107.74	30,167.20	22,502.72	621.00			







[illegible]



## 2024

Showing All Balances (according to Company's Records) Carried in Each Bank or Savings and Loan

**All Columns Must Be Completed for Each Deposit, CD, Checking Account, etc.**

20





Department  
of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith L. French, Director

## Application for Renewal of Certificate of Authority

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

### Fraternal Benefit Societies, Title Companies and Mutual Protective Associations


Federal ID 34-6543655	NAIC Number 10311	Date 02/27/2025	<u>Place Bar Code Here</u>
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The THE GERMAN MUTUAL INSURANCE COMPANY OF DELPHOS, OH  
(Company Name)  
of DELPHOS in the State of OHIO  
(Statutory City) (State)

hereby applies for a renewal Certificate of Authority in the State of Ohio to transact, in accordance with the laws thereof,  
the business of (\*)

PROVIDING INSURANCE FOR HOMES AND FARMS, EXCLUDING BUSINESS AND ANY OTHER AS  
PRESCRIBED BY ORC 3939

Insurance on the MUTUAL plan in the State of Ohio, in accordance with the laws of the State  
(Stock or Mutual)  
governing such companies.

President or Vice President GARY MILLER   
Secretary BARBARA COIL

\* It is essential that the classes of insurance listed are limited to those classes of business authorized by the Company's home state.