



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

WAYNE MUTUAL INSURANCE COMPANY

NAIC Group Code.....4678, 4678

(Current Period) (Prior Period)

Organized under the Laws of OHIO

Incorporated/Organized..... January 10, 1910

Statutory Home Office

NAIC Company Code..... 16799

Employer's ID Number..... 34-0606100

State of Domicile or Port of Entry OHIO

Country of Domicile US

Commenced Business..... March 1, 1910

Main Administrative Office

3873 CLEVELAND ROAD..... WOOSTER OH 44691
(Street and Number) (City or Town, State and Zip Code)

330-345-8100

(Area Code) (Telephone Number)

Mail Address

3873 CLEVELAND ROAD..... WOOSTER OH 44691
(Street and Number) (City or Town, State and Zip Code)

Primary Location of Books and Records

3873 CLEVELAND ROAD..... WOOSTER OH 44691
(Street and Number) (City or Town, State and Zip Code)

330-345-8100

(Area Code) (Telephone Number)

Internet Web Site Address

WWW.WAYNEINSGROUP.COM

Statutory Statement Contact

TOD JAMES CARMONY
(Name)
TOD_CARMONY@WAYNEINSGROUP.COM
(E-Mail Address)

330-345-8100-324

(Area Code) (Telephone Number) (Extension)

330-345-1321

(Fax Number)

OFFICERS

Name
1. TOD JAMES CARMONY
3. MORRIS STUTZMAN

Title
PRESIDENT
SECRETARY

Name
2. DAVID EDWARD TSCHANTZ
4.

Title
TREASURER

TIMOTHY JOHN SUPPES
NORMAN HERBERT LEWIS

VICE PRESIDENT
VICE PRESIDENT

DAVID EDWARD TSCHANTZ

VICE PRESIDENT

OTHER

SCOTT LEE PREISING
ELIZABETH FREEMAN MCCOY

MORRIS STUTZMAN
DONALD ALVIN RAMSEYER

GREGORY TODD BUEHLER
DAVID EDWARD TSCHANTZ

TOD JAMES CARMONY

State of..... OHIO
County of.... WAYNE

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)
TOD JAMES CARMONY

(Signature)
DAVID EDWARD TSCHANTZ

(Signature)
MORRIS STUTZMAN

1. (Printed Name)
PRESIDENT

2. (Printed Name)
TREASURER

3. (Printed Name)
SECRETARY

(Title)

(Title)

(Title)

Subscribed and sworn to before me

This _____ day of _____ 2012

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

WAYNE MUTUAL INSURANCE COMPANY
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	20,358,604		20,358,604	20,520,967
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	344,033		344,033	433,675
2.2 Common stocks.....	6,438,500	500	6,438,000	5,317,293
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	63,790		63,790	72,366
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	415,662		415,662	436,779
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....259,689, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$....1,087,654, Sch. DA).....	1,347,343		1,347,343	978,813
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	28,967,932	500	28,967,432	27,759,893
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	228,452		228,452	234,127
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	331,667		331,667	325,570
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	6,517,076		6,517,076	5,847,576
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	29,587		29,587	74,967
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	25,296		25,296	531,150
18.2 Net deferred tax asset.....	1,173,894	114,967	1,058,927	943,386
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	7,178		7,178	15,044
21. Furniture and equipment, including health care delivery assets (\$.....0).....	219,216	219,216	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	153,747		153,747	
24. Health care (\$.....0) and other amounts receivable.....	132,640	132,640	0	
25. Aggregate write-ins for other than invested assets.....	500	0	500	11,164
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	37,787,185	467,323	37,319,862	35,742,877
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	37,787,185	467,323	37,319,862	35,742,877

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. DEPOSIT-OTHERS.....	500		500	500
2502. OTHER RECEIVABLES.....			0	10,664
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	500	0	500	11,164

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	4,789,716	5,970,730
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	525,000	525,000
4. Commissions payable, contingent commissions and other similar charges.....	575,012	416,592
5. Other expenses (excluding taxes, licenses and fees).....	529,890	124,237
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	264,393	218,772
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	13,618,992	13,624,628
10. Advance premium.....	137,581	96,613
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	151,705	48,219
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	37,977	31,818
14. Amounts withheld or retained by company for account of others.....	(13,252)	(2,366)
15. Remittances and items not allocated.....		
16. Provision for reinsurance (Schedule F, Part 7).....		5,000
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		196,380
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	20,617,014	21,255,623
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	20,617,014	21,255,623
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus).....	16,702,848	14,487,254
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	16,702,848	14,487,254
38. TOTALS (Page 2, Line 28, Col. 3).....	37,319,862	35,742,877

DETAILS OF WRITE-INS

2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

WAYNE MUTUAL INSURANCE COMPANY
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	28,167,886	24,333,418
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....	16,040,770	16,518,690
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	2,113,546	2,173,992
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	8,850,600	7,987,651
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	27,004,916	26,680,333
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	1,162,970	(2,346,915)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	739,112	735,061
10. Net realized capital gains (losses) less capital gains tax of \$....74,600 (Exhibit of Capital Gains (Losses)).....	250,016	(11,440)
11. Net investment gain (loss) (Lines 9 + 10).....	989,128	723,621
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....	485,652	489,841
14. Aggregate write-ins for miscellaneous income.....	41,837	47,274
15. Total other income (Lines 12 through 14).....	527,489	537,115
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	2,679,587	(1,086,179)
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	2,679,587	(1,086,179)
19. Federal and foreign income taxes incurred.....	431,254	(247,300)
20. Net income (Line 18 minus Line 19) (to Line 22).....	2,248,333	(838,879)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	14,487,254	14,793,623
22. Net income (from Line 20).....	2,248,333	(838,879)
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....(29,700).....	(55,153)	427,957
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(8,818)	73,782
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28 Column 3).....	26,232	35,771
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	5,000	(5,000)
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	2,215,594	(306,369)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	16,702,848	14,487,254

DETAILS OF WRITE-INS

0501.....		
0502.....		
0503.....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0
1401. N.A.M.I.C.O. & OTHER INCOME.....	41,837	47,274
1402.....		
1403.....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	41,837	47,274
3701.....		
3702.....		
3703.....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0

WAYNE MUTUAL INSURANCE COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	27,631,107	24,477,604
2. Net investment income.....	793,040	771,377
3. Miscellaneous income.....	527,489	537,115
4. Total (Lines 1 through 3).....	28,951,636	25,786,096
5. Benefit and loss related payments.....	17,176,404	16,685,515
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	10,355,429	10,090,859
7. Commissions, expenses paid and aggregate write-ins for deductions.....	.....	.....
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	39,670
10. Total (Lines 5 through 9).....	27,531,833	26,816,044
11. Net cash from operations (Line 4 minus Line 10).....	1,419,803	(1,029,948)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:	.....	.....
12.1 Bonds.....	6,119,548	5,726,046
12.2 Stocks.....	1,090,765	633,496
12.3 Mortgage loans.....	8,576	4,134
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	7,218,889	6,363,676
13. Cost of investments acquired (long-term only):	.....	.....
13.1 Bonds.....	5,748,405	5,896,144
13.2 Stocks.....	2,117,007	485,860
13.3 Mortgage loans.....	.....	76,500
13.4 Real estate.....	.....	59,154
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	7,865,412	6,517,658
14. Net increase (decrease) in contract loans and premium notes.....	.....	.....
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(646,523)	(153,982)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):	.....	.....
16.1 Surplus notes, capital notes.....	.....	.....
16.2 Capital and paid in surplus, less treasury stock.....	.....	.....
16.3 Borrowed funds.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	.....
16.5 Dividends to stockholders.....	.....	.....
16.6 Other cash provided (applied).....	(404,750)	331,461
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(404,750)	331,461
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	368,530	(852,469)
19. Cash, cash equivalents and short-term investments:	.....	.....
19.1 Beginning of year.....	978,813	1,831,282
19.2 End of year (Line 18 plus Line 19.1).....	1,347,343	978,813

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001
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WAYNE MUTUAL INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	6,922,446	4,507,802	3,804,512	7,625,736
2. Allied lines.....	51,137	28,903	30,134	49,906
3. Farmowners multiple peril.....	2,390,984	1,273,884	1,304,835	2,360,033
4. Homeowners multiple peril.....	6,251,506	3,145,602	3,605,528	5,791,580
5. Commercial multiple peril.....	2,445,632	1,223,150	1,393,700	2,275,082
6. Mortgage guaranty.....	.....	.....	.....	0
8. Ocean marine.....	.....	.....	.....	0
9. Inland marine.....	27,354	14,311	13,693	27,972
10. Financial guaranty.....	.....	.....	.....	0
11.1 Medical professional liability - occurrence.....	.....	.....	.....	0
11.2 Medical professional liability - claims-made.....	.....	.....	.....	0
12. Earthquake.....	.....	.....	.....	0
13. Group accident and health.....	.....	.....	.....	0
14. Credit accident and health (group and individual).....	.....	.....	.....	0
15. Other accident and health.....	.....	.....	.....	0
16. Workers' compensation.....	.....	.....	.....	0
17.1 Other liability - occurrence.....	1,458,068	519,165	415,596	1,561,637
17.2 Other liability - claims-made.....	.....	.....	.....	0
17.3 Excess workers' compensation.....	.....	.....	.....	0
18.1 Products liability - occurrence.....	.....	.....	.....	0
18.2 Products liability - claims-made.....	.....	.....	.....	0
19.1, 19.2 Private passenger auto liability.....	4,771,391	1,553,458	1,623,822	4,701,027
19.3, 19.4 Commercial auto liability.....	259,589	122,726	138,573	243,742
21. Auto physical damage.....	3,569,061	1,228,394	1,281,495	3,515,960
22. Aircraft (all perils).....	.....	.....	.....	0
23. Fidelity.....	.....	.....	.....	0
24. Surety.....	.....	.....	.....	0
26. Burglary and theft.....	15,082	7,233	7,104	15,211
27. Boiler and machinery.....	.....	.....	.....	0
28. Credit.....	.....	.....	.....	0
29. International.....	.....	.....	.....	0
30. Warranty.....	.....	.....	.....	0
31. Reinsurance - nonproportional assumed property.....	.....	.....	.....	0
32. Reinsurance - nonproportional assumed liability.....	.....	.....	.....	0
33. Reinsurance - nonproportional assumed financial lines.....	.....	.....	.....	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	28,162,250	13,624,628	13,618,992	28,167,886

DETAILS OF WRITE-INS

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

WAYNE MUTUAL INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT
PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....	3,804,512				3,804,512
2. Allied lines.....	30,134				30,134
3. Farmowners multiple peril.....	1,304,835				1,304,835
4. Homeowners multiple peril.....	3,605,528				3,605,528
5. Commercial multiple peril.....	1,393,700				1,393,700
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....	13,693				13,693
10. Financial guaranty.....					0
11.1 Medical professional liability - occurrence.....					0
11.2 Medical professional liability - claims-made.....					0
12. Earthquake.....					0
13. Group accident and health.....					0
14. Credit accident and health (group and individual).....					0
15. Other accident and health.....					0
16. Workers' compensation.....					0
17.1 Other liability - occurrence.....	415,596				415,596
17.2 Other liability - claims-made.....					0
17.3 Excess workers' compensation.....					0
18.1 Products liability - occurrence.....					0
18.2 Products liability - claims-made.....					0
19.1, 19.2 Private passenger auto liability.....	1,623,822				1,623,822
19.3, 19.4 Commercial auto liability.....	138,573				138,573
21. Auto physical damage.....	1,281,495				1,281,495
22. Aircraft (all perils).....					0
23. Fidelity.....					0
24. Surety.....					0
26. Burglary and theft.....	7,104				7,104
27. Boiler and machinery.....					0
28. Credit.....					0
29. International.....					0
30. Warranty.....					0
31. Reinsurance - nonproportional assumed property.....					0
32. Reinsurance - nonproportional assumed liability.....					0
33. Reinsurance - nonproportional assumed financial lines.....					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	13,618,992	0	0	0	13,618,992
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					13,618,992

DETAILS OF WRITE-INS

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

(a) State here basis of computation used in each case: Daily pro rata

WAYNE MUTUAL INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT
PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....	868,658	6,197,496			143,708	6,922,446
2. Allied lines.....	58,462				7,325	51,137
3. Farmowners multiple peril.....	2,740,294		1,599		350,909	2,390,984
4. Homeowners multiple peril.....	6,901,051		8,051		657,596	6,251,506
5. Commercial multiple peril.....	2,722,588		7,806		284,762	2,445,632
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....	31,350				3,996	27,354
10. Financial guaranty.....						0
11.1 Medical professional liability - occurrence.....						0
11.2 Medical professional liability - claims-made.....						0
12. Earthquake.....						0
13. Group accident and health.....						0
14. Credit accident and health (group and individual).....						0
15. Other accident and health.....						0
16. Workers' compensation.....						0
17.1 Other liability - occurrence.....	1,623,444		17,489		182,865	1,458,068
17.2 Other liability - claims-made.....						0
17.3 Excess workers' compensation.....						0
18.1 Products liability - occurrence.....						0
18.2 Products liability - claims-made.....						0
19.1, 19.2 Private passenger auto liability.....	4,906,820		57,275		192,704	4,771,391
19.3, 19.4 Commercial auto liability.....	266,756		3,114		10,281	259,589
21. Auto physical damage.....	3,805,771		27,868		264,578	3,569,061
22. Aircraft (all perils).....						0
23. Fidelity.....						0
24. Surety.....						0
26. Burglary and theft.....	15,446				364	15,082
27. Boiler and machinery.....						0
28. Credit.....						0
29. International.....						0
30. Warranty.....						0
31. Reinsurance - nonproportional assumed property.....	XXX					0
32. Reinsurance - nonproportional assumed liability.....	XXX					0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	23,940,640	6,197,496	123,202	0	2,099,088	28,162,250

DETAILS OF WRITE-INS

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

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....	575,555	3,793,494	176,404	4,192,645	563,526	782,585	3,973,586	52.1
2. Allied lines.....	16,890			16,890	2,001	2,000	16,891	33.8
3. Farmowners multiple peril.....	2,059,547		327,826	1,731,721	437,717	313,736	1,855,702	78.6
4. Homeowners multiple peril.....	4,680,669		175,832	4,504,837	821,821	691,409	4,635,249	80.0
5. Commercial multiple peril.....	1,149,064		9,140	1,139,924	257,142	197,605	1,199,461	52.7
6. Mortgage guaranty.....				0			0	
8. Ocean marine.....				0			0	
9. Inland marine.....	1,976			1,976	500	650	1,826	.65
10. Financial guaranty.....				0			0	
11.1 Medical professional liability - occurrence.....				0			0	
11.2 Medical professional liability - claims-made.....				0			0	
12. Earthquake.....				0			0	
13. Group accident and health.....				0			0	
14. Credit accident and health (group and individual).....				0			0	
15. Other accident and health.....				0			0	
16. Workers' compensation.....				0			0	
17.1 Other liability - occurrence.....	392,629			392,629	356,143	314,553	434,219	27.8
17.2 Other liability - claims-made.....				0			0	
17.3 Excess workers' compensation.....				0			0	
18.1 Products liability - occurrence.....				0			0	
18.2 Products liability - claims-made.....				0			0	
19.1, 19.2 Private passenger auto liability.....	2,716,754		52,326	2,664,428	2,282,759	3,414,986	1,532,201	32.6
19.3, 19.4 Commercial auto liability.....	109,539			109,539	47,482	65,309	91,712	37.6
21. Auto physical damage.....	2,466,868			2,466,868	20,125	187,397	2,299,596	65.4
22. Aircraft (all perils).....				0			0	
23. Fidelity.....				0			0	
24. Surety.....				0			0	
26. Burglary and theft.....	327			327	500	500	327	.21
27. Boiler and machinery.....				0			0	
28. Credit.....				0			0	
29. International.....				0			0	
30. Warranty.....				0			0	
31. Reinsurance - nonproportional assumed property.....	XXX			0			0	
32. Reinsurance - nonproportional assumed liability.....	XXX			0			0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0			0	
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	
35. TOTALS.....	14,169,818	3,793,494	741,528	17,221,784	4,789,716	5,970,730	16,040,770	56.9

DETAILS OF WRITE-INS

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....	34,055	377,857	4,386	407,526	156,000			563,526	23,805
2. Allied lines.....	1			1	2,000			2,001	
3. Farmowners multiple peril.....	369,855		1,138	368,717	89,000			437,717	54,435
4. Homeowners multiple peril.....	688,957		5,136	683,821	178,000			821,821	101,400
5. Commercial multiple peril.....	193,376		234	193,142	75,000			257,142	31,736
6. Mortgage guaranty.....				0				0	
8. Ocean marine.....				0				0	
9. Inland marine.....				0	500			500	
10. Financial guaranty.....				0				0	
11.1 Medical professional liability - occurrence.....				0				0	
11.2 Medical professional liability - claims-made.....				0				0	
12. Earthquake.....				0				0	
13. Group accident and health.....				0				(a) 0	
14. Credit accident and health (group and individual).....				0				0	
15. Other accident and health.....				0				(a) 0	
16. Workers' compensation.....				0				0	
17.1 Other liability - occurrence.....	163,143			163,143	200,000			7,000	356,143
17.2 Other liability - claims-made.....				0				0	
17.3 Excess workers' compensation.....				0				0	
18.1 Products liability - occurrence.....				0				0	
18.2 Products liability - claims-made.....				0				0	
19.1, 19.2 Private passenger auto liability.....	1,447,201		442	1,446,759	906,000			70,000	2,282,759
19.3, 19.4 Commercial auto liability.....	46,482			46,482	1,000				47,482
21. Auto physical damage.....	132,125			132,125	(112,000)				20,125
22. Aircraft (all perils).....				0					2,481
23. Fidelity.....				0					0
24. Surety.....				0					0
26. Burglary and theft.....				0	500				500
27. Boiler and machinery.....				0					0
28. Credit.....				0					0
29. International.....				0					0
30. Warranty.....				0					0
31. Reinsurance - nonproportional assumed property.....	XXX.			0	XXX.				0
32. Reinsurance - nonproportional assumed liability.....	XXX.			0	XXX.				0
33. Reinsurance - nonproportional assumed financial lines.....	XXX.		0	0	XXX.				0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	3,075,195	377,857	11,336	3,441,716	1,496,000	0	148,000	4,789,716	525,000

DETAILS OF WRITE-INS

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

(a) Including \$.....0 for present value of life indemnity claims.

WAYNE MUTUAL INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	616,637			616,637
1.2 Reinsurance assumed.....	159,328			159,328
1.3 Reinsurance ceded.....				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	775,965	0	0	775,965
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		3,701,117		3,701,117
2.2 Reinsurance assumed, excluding contingent.....		1,747,449		1,747,449
2.3 Reinsurance ceded, excluding contingent.....		52,864		52,864
2.4 Contingent - direct.....		256,607		256,607
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	5,652,309	0	5,652,309
3. Allowances to manager and agents.....	10,938	30,967	39	41,944
4. Advertising.....		48,905		48,905
5. Boards, bureaus and associations.....	24,043	237,101	1,050	262,194
6. Surveys and underwriting reports.....	185,832	774,459	4,736	965,027
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	804,221	1,032,924	200,373	2,037,518
8.2 Payroll taxes.....	59,390	83,344	15,353	158,087
9. Employee relations and welfare.....	110,965	183,905	30,255	325,125
10. Insurance.....	11,220	76,672	578	88,470
11. Directors' fees.....		27,230		27,230
12. Travel and travel items.....	14,824	3,509		18,333
13. Rent and rent items.....			16,495	16,495
14. Equipment.....	15,220	64,807		80,027
15. Cost or depreciation of EDP equipment and software.....				0
16. Printing and stationery.....	24,732	97,630	18,983	141,345
17. Postage, telephone and telegraph, exchange and express.....	44,045	130,810	3,350	178,205
18. Legal and auditing.....	32,151	28,936	3,215	64,302
19. Totals (Lines 3 to 18).....	1,337,581	2,821,199	294,427	4,453,207
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		250,309		250,309
20.2 Insurance department licenses and fees.....		94,523		94,523
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	344,832	0	344,832
21. Real estate expenses.....			15,898	15,898
22. Real estate taxes.....			28,585	28,585
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	32,260	0	32,260
25. Total expenses incurred.....	2,113,546	8,850,600	338,910	(a) 11,303,056
26. Less unpaid expenses - current year.....	525,000	1,340,710	28,585	1,894,295
27. Add unpaid expenses - prior year.....	525,000	731,993	27,608	1,284,601
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	2,113,546	8,241,883	337,933	10,693,362

DETAILS OF WRITE-INS

2401. OFFICE UTILITIES AND MISC.....		32,260		32,260
2402.				0
2403.				0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	32,260	0	32,260

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

WAYNE MUTUAL INSURANCE COMPANY
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....		
1.1 Bonds exempt from U.S. tax.....	(a).....	340,600	326,904
1.2 Other bonds (unaffiliated).....	(a).....	557,818	565,838
1.3 Bonds of affiliates.....	(a).....		
2.1 Preferred stocks (unaffiliated).....	(b).....	26,845	26,845
2.11 Preferred stocks of affiliates.....	(b).....		
2.2 Common stocks (unaffiliated).....		161,396	161,396
2.21 Common stocks of affiliates.....			
3. Mortgage loans.....	(c).....	2,223	2,223
4. Real estate.....	(d).....	5,400	5,400
5. Contract loans.....			
6. Cash, cash equivalents and short-term investments.....	(e).....	554	554
7. Derivative instruments.....	(f).....		
8. Other invested assets.....		115	115
9. Aggregate write-ins for investment income.....		9,864	9,864
10. Total gross investment income.....		1,104,815	1,099,139
11. Investment expenses.....			(g).....338,910
12. Investment taxes, licenses and fees, excluding federal income taxes.....			(g).....
13. Interest expense.....			(h).....
14. Depreciation on real estate and other invested assets.....			(i).....21,117
15. Aggregate write-ins for deductions from investment income.....			.....0
16. Total deductions (Lines 11 through 15).....			.....360,027
17. Net investment income (Line 10 minus Line 16).....			.....739,112

DETAILS OF WRITE-INS

0901. INTEREST ON AGENCY LOANS.....		9,864	9,864
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page.....		.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....		9,864	9,864
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page.....			.0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....			.0

(a) Includes \$....12,271 accrual of discount less \$....38,434 amortization of premium and less \$....30,526 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$....21,117 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			.0		
1.1 Bonds exempt from U.S. tax.....	103,536		103,536		
1.2 Other bonds (unaffiliated).....	128,599		128,599	2,809	
1.3 Bonds of affiliates.....			.0		
2.1 Preferred stocks (unaffiliated).....	(20,467)		(20,467)	13,066	
2.11 Preferred stocks of affiliates.....			.0		
2.2 Common stocks (unaffiliated).....	112,948		112,948	(100,728)	
2.21 Common stocks of affiliates.....			.0		
3. Mortgage loans.....			.0		
4. Real estate.....			.0		
5. Contract loans.....			.0		
6. Cash, cash equivalents and short-term investments.....			.0		
7. Derivative instruments.....			.0		
8. Other invested assets.....			.0		
9. Aggregate write-ins for capital gains (losses).....	.0	0	.0	0	.0
10. Total capital gains (losses).....	324,616	0	324,616	(84,853)	0

DETAILS OF WRITE-INS

0901. ....			.0		
0902. ....			.0		
0903. ....			.0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.0	0	.0	0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.0	0	.0	0	.0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....	500	500	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	500	500	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	114,967	209,625	94,658
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	219,216	102,322	(116,894)
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	132,640	181,108	48,468
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	467,323	493,555	26,232
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	467,323	493,555	26,232

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501.			0
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0

STATEMENT AS OF DECEMBER 31, 2011 OF THE WAYNE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

Note 1 -Summary of Accounting Policies

A. Accounting Practices

The Statement was prepared with accounting practices & prescribed or permitted by the Ohio Department of Insurance. The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' NAIC Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

B. Use of Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance. Expenses incurred in connection with acquiring new insurance business, including such acquisition cost as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized value using the interest method. Non-investment grade short-term investments are stated at the lower of amortized value or fair value.
2. Investment grade bonds not backed by other loans are stated at amortized value using the interest method. Non-investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value.
3. Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at fair value.
4. Investment grade redeemable preferred stocks are stated at amortized value. Investment grade perpetual preferred stocks are stated at fair value. Non-investment grade preferred stocks are stated at the lower amortized value or fair value.
5. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided. The methods of making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
6. The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements.

Note 2 - Accounting Changes and Corrections of Errors

A. Accounting changes other than Codification and Correction of Errors

Not applicable

Note 3 - Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable

B. Statutory Mergers

Not applicable

C. Write downs for Impairment of Investments in Affiliates

Not applicable

Note 4 - Discontinued Operations

A. Not applicable

Note 5 – Investments

A. Mortgage Loans

1. The lending rate for commercial mortgage loans originated in 2010 are 3.25%
2. The Company did not reduce interest rates on any outstanding loans during the current year.
3. The maximum percentage of any one loan to value of collateral at the time of the loan was 67%
4. The Company did not hold mortgages with interest 180 days or more past due.
5. There were no taxes, assessments or any amounts advanced and not included in the mortgage loan.
6. -12. There were no impaired mortgage loans.

B. Troubled Debt Restructuring

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

Not applicable

E. Repurchase Agreements

Not applicable

F. Write downs for Impairments of Real Estate and Retail Land Sales

Not applicable

G. Low Income Housing Tax Credits

Not applicable

Note 6 - Joint Ventures, Partnership and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

Not applicable

B. Write downs for Impairment of Joint Ventures, Partnerships and LLCs

Not applicable

Note 7 - Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).

B. Amounts Nonadmitted

Not applicable

Note 8 - Derivative Instruments

A. Not applicable

Note 9 - Income Tax

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

	December 31, 2011			December 31, 2010			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$1,368,936	\$0	\$1,368,936	\$1,286,985	\$100,948	\$1,387,933	\$81,951	(\$100,948)	(\$18,997)
(b) Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c) Adjusted gross deferred tax assets	1,368,936	0	1,368,936	1,286,985	100,948	1,334,903	81,951	(100,948)	(18,997)
(d) Deferred tax liabilities	8,611	186,431	195,042	17,774	217,148	234,922	(9,163)	(30,717)	(39,880)
(e) Net deferred tax assets	1,360,325	(186,431)	1,173,894	1,269,211	(116,200)	1,153,011	91,114	(70,231)	20,883
(f) Deferred tax assets nonadmitted	114,967	0	114,967	209,625	0	209,625	(94,658)	0	(94,658)
(g) Net admitted deferred tax asset	\$1,245,358	(\$186,431)	\$1,058,927	\$1,059,586	(\$116,200)	\$943,386	\$185,772	(\$70,231)	\$115,541

2. The Company has not elected not to admit additional DTAs pursuant to SSAP 10R, paragraph 10e for the reporting period ended December 31, 2011. The current period election does not differ from the prior year-end

3. Not applicable

4.

	2011			2010			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
SSAP 10R, paragraphs 10.a., 10.b., and 10.c.:									
(a) Paragraph 10.a.	(\$149,476)	\$0	(\$149,476)	(\$401,133)	\$100,948	(\$300,185)	\$251,657	(\$100,948)	\$150,709
(b) Paragraph 10.b.	1,208,401	0	1,208,401	1,243,570	0	1,243,570	(35,169)	0	(35,169)
(c) Paragraph 10.b.i	1,208,401	0	1,208,401	1,243,570	0	1,243,570	(35,169)	0	(35,169)
(d) Paragraph 10.b.ii	XXX	XXX	1,367,707	XXX	XXX	1,243,570	XXX	XXX	124,137
(e) Paragraph 10.c.	195,044	0	195,044	234,921	0	234,921	(39,877)	0	(39,877)
(f) Total (4a+4b+4e)	1,253,969	0	1,253,969	1,077,358	100,948	1,178,306	176,611	(100,948)	75,663
SSAP 10R, paragraph 10.e.:									
(g) Paragraph 10e.i.							0	0	0
(h) Paragraph 10e.ii.							0	0	0
(i) Paragraph 10e.ii.a.							0	0	0
(j) Paragraph 10e.ii.b.	XXX	XXX		XXX	XXX		XXX	XXX	0
(k) Paragraph 10e.iii					0		0	0	0
(l) Total (4g+4h+4k)	0	0	0	0	0	0	0	0	0
SSAP 10R, Paragraph 10.d.:									
(m) Total adjusted capital	XXX	XXX	0	XXX	XXX	253,730	XXX	XXX	(253,730)
(n) Authorized control level	XXX	XXX	0	XXX	XXX	57,930	XXX	XXX	(57,930)

5.

	December 31, 2011			December 31, 2010			Change		
	Ordinary	Capital	Total %	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies									
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0.0%	0.0%	0.0%	0.0%	7.3%	7.3%	0.0%	-7.3%	-7.3%
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0.0%	0.0%	0.0%	0.0%	10.7%	10.7%	0.0%	-10.7%	-10.7%

6.

	December 31, 2011			December 31, 2010			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
SSAP 10R, paragraphs 10.a., 10.b., and 10.c.:									
(a) Admitted deferred tax assets	\$1,245,358	(\$186,431)	\$1,058,927	\$1,059,586	(\$116,200)	\$943,386	\$185,772	(\$70,231)	\$115,541
(b) Admitted assets	XXX	XXX	901,155	XXX	XXX	830,275	XXX	XXX	70,880
(c) Adjusted statutory surplus	XXX	XXX	13,677,067	XXX	XXX	12,435,704	XXX	XXX	1,241,363
(d) Total adjusted capital from DTAs	XXX	XXX	1,058,927	XXX	XXX	943,386	XXX	XXX	115,541
SSAP 10R, paragraphs 10.e.:									
(e) Admitted deferred tax assets									
(f) Admitted assets									
(g) Statutory surplus									

B. Unrecognized DTLs

Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	2011	2010	Change
(a) Federal	431,254	(247,300)	678,554
(b) Foreign			
(c) Subtotal	431,254	(247,300)	678,554
(d) Federal income tax on net capital gains	74,600	(3,400)	78,000
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
Federal and foreign income taxes incurred	505,854	(250,700)	756,554

2. Deferred tax assets:

	2011	2010	Change
(a) Ordinary:			
(1) Discounting of unpaid losses	139,808	173,370	(33,562)
(2) Unearned premium reserve	962,960	960,486	2,474
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables - nonadmitted	0	0	0
(11) Net operating loss carry-forward	0	109,912	(109,912)
(12) Tax credit carry-forward	47,432	0	47,432
(13) Other (including items <5% of total ordinary tax assets)	142,010	7,404	134,606
(14) Other assets – nonadmitted	76,726	35,813	40,913
(99) Subtotal	1,368,936	1,286,985	81,951
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	114,967	209,625	(94,658)
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	1,253,969	1,077,360	176,609
(e) Capital			
(1) Investments	0	100,946	(100,946)
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other (including items <5% of total capital tax assets)	0	0	0
(99) Subtotal	0	100,946	(100,946)
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets (2e99-2f-2g)	0	100,946	(100,946)
(i) Admitted deferred tax assets (2d+2h)	1,253,969	1,178,306	75,663

3. Deferred tax liabilities:

	2011	2010	Change
(a) Ordinary:			
(1) Investments	0	0	0
(2) Fixed assets	1,531	10,803	(9,272)
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves	0	0	0
(5) Other (including items <5% of total ordinary tax assets)	0	0	0
(6) Additional acquisition costs-installment premiums	0	0	0
(7) Discount of accrued salvage and subrogation	7,080	6,972	108
(8) Guaranty funds receivable	0	0	0
(99) Subtotal	8,611	17,775	(9,164)
(b) Capital			
(1) Investments	186,431	217,145	(30,714)
(2) Real estate	0	0	0
(3) Other (including items <5% of total capital tax assets)	0	0	0
(99) Subtotal	186,431	217,145	(30,714)
(c) Deferred tax liabilities (3a99+3b99)	195,042	234,920	(39,878)

4. Net deferred tax assets/liabilities (2i-3c)

1,058,927943,386115,541

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The significant items causing a difference between the statutory federal income tax rate and Company's effective income tax rate are as follows:

	December 31, 2011	Effective Tax Rate
Provision computed at statutory rate	\$936,425	34.0%
Net reserves	(32,604)	-1.2%
Tax exempt income deduction	(111,147)	-4.0%
Dividends received deduction	(64,041)	-2.3%
Capital loss	(94,829)	-3.4%
Contributions	(12,192)	-0.4%
Proration of tax exempt investment income	42,609	1.5%
Nondeductible Expenses	31,707	1.2%
Disallowable travel and entertainment	4,058	0.2%
Net operating loss	(541,891)	-19.7%
Change in premium adjustments	2,400	0.1%
Other	2,185	0.1%
Totals	\$162,680	6.1%
Federal and foreign income taxes incurred	\$431,254	15.7%
Realized capital gains (losses) tax	74,600	2.7%
Change in net deferred income taxes	6,366	.2%
	\$512,220	18.6%

E. Operating Loss and Tax Credit Carryforwards

1. At December 31, 2011, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
2. The following is income tax expense for 2011 and 2010 that is available for recoupment in the event of future net losses:

2011 \$ 162,680
2010 \$ (295,742)

F. Consolidated Federal Income Tax Return

Not applicable

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates

A. Nature of Relationships

On July 1, 2009 Wayne Mutual Insurance Company affiliated with Washington Mutual Insurance Association of Lakeville, Ohio. The terms and conditions of that affiliation are contained in Form A and its exhibits, filed with the Ohio Department of Insurance on April 22, 2009, and the order of the Superintendent of the Ohio Department of Insurance dated July 1, 2009.

The Company pays commission to, and has other transactions with, its wholly-owned subsidiary, Wayne Insurance Agency, Inc. a non-insurance company. All transactions are deemed to be immaterial.

B. Detail of Transactions Greater than $\frac{1}{2}\%$ of Admitted Assets

The Company assumed net earned premiums of \$6,913,896, net losses of \$3,549,749, assumed adjusting expenses of \$159,328, unearned premiums of \$3,360,973 and paid ceding commission of \$1,747,449 from the above agreement with Washington Mutual Insurance Association in 2011. The Company assumed net earned premiums of \$5,524,802, net losses of \$5,423,448, assumed adjusting expenses of \$284,610, unearned premiums of \$4,077.373 and paid ceding commission of \$1,531,101 from above agreement with Washington Mutual Insurance Association in 2010.

C. Change in Terms of Intercompany Arrangements

Not applicable

D. Amounts Due to or from Related Parties

The Company reported \$153,747 due in 2011 and \$196,380 owed in 2010 from affiliate Washington Mutual Insurance Association in the current year. These arrangements are subject to written agreements which require that the balances be settled within 45 days

E. Guarantees or Undertakings for Related Parties

Not applicable (see Note 14A)

F. Management, Service Contracts, Cost Sharing Arrangements

The Company has agreed to provide certain management services to its wholly-owned subsidiary.

G. Nature of Relationships that Could Affect Operations

Not applicable

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Foreign Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company Valued Using Look-Through Method

Not applicable

Note 11 – Debt

A. Debt consists of the following obligations as of the end of the current year

Not applicable

B. Funding Agreements with Federal Home Loan Bank (FHLB)

Not applicable

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans

Not applicable

B. Defined Contribution Plans

The Company has a voluntary 401k Plan covering substantially all employees. The Company paid administrative expenses and made a contribution of a percentage of employee wages to the plan of 0% at December 31, 2011 and 0% at December 31, 2010. The plan had a total of \$59,831 and \$64,305 in employer contributions for December 31, 2011 and December 31, 2010.

A. Multiemployer Plans

Not applicable

B. Consolidated / Holding Company Plans

Not applicable

C. Postemployment Benefits and Compensated Absences

Not applicable

F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable

Note 13 - Capital & Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. Outstanding Shares

Not applicable

B. Dividend Rate of Preferred Stock

Not applicable

C, D and E. Dividend Restrictions

Not applicable

D. Restrictions on Unassigned Funds

Not applicable

E. Mutual Surplus Advances

Not applicable

F. Company Stock Held for Special Purposes

Not applicable

G. Changes in Special Surplus Funds

Not applicable

H. Changes in Unassigned Funds

Not applicable

I. Surplus Notes

Not applicable

L and M. Quasi Reorganizations

Not applicable

Note 14 – Contingencies

A. Contingent Commitments

Not applicable

B. Guaranty Fund and Other Assessments

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Most assessments are recorded either at the time of the assessment are levied.

C. Gain Contingencies

Not applicable

D. Extra Contractual Obligation and Bad Faith Losses

Not applicable

E. Product Warranties

Not applicable

F. Other Contingencies

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

Note 15 – Leases

A. Lessee Leasing Arrangements

Not applicable

B. Lessor Leasing Arrangements

Not applicable

Note 16 - Information About Financial Instruments with Off-Balance Sheet Risk and with Concentrations of Credit Risk

A. Face or Contract Amounts

Not applicable

B. Nature and Terms

Not applicable

C. Exposure to Credit-Related Losses

Not applicable

D. Collateral Policy

Not applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported Sale

Not applicable

B. Transfers and Servicing of Financial Assets

Not applicable

C. Wash Sales

Not applicable

Note 18 - Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASO) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

A. Not applicable

Note 20 Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value

1. Fair Value Measurements by Level 1, 2, and 3

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, including exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchanged traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2- Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Other were based on quotes from markets which were not considered actively traded.

Level 3 – Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

The following table provides information as of December 31, 2011 about the Company's financial assets measured at fair value on a recurring basis:

	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total at December 31, 2011
Bonds	\$ 53,607	\$	\$	\$ 53,607
Common stocks	6,340,727	97,773		6,438,500
Preferred stocks	135,200			135,200
Total	\$ 6,529,534	\$ 97,773	\$ _____	\$ 6,627,307

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

2. Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company has no assets or liabilities measured at fair value in the Level 3 category.

Common stock carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because quoted market prices for identical instruments trading in an inactive market were utilized. When an equity instrument is illiquid due to limited trading activity, the use of quoted markets for identical instruments was determined by the Company to be the most reliable method to determine fair value.

5. Derivative Fair Values

Not applicable

B. Other Fair Value Disclosure

Not applicable

A. Reasons Not Practical to Estimate Fair Values

Not applicable

Note 21 - Other items

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

Not applicable

D. Uncollectible Premiums Receivable

Not applicable

E. Business Interruption Insurance Recoveries

Not applicable

F. State Transferable and Non-transferable Tax Credits

Not applicable

H. Subprime Mortgage Related Risk Exposure

The Company invests in several asset classes that could potentially be adversely affected by subprime mortgage exposure. These investments include bond and equity investments in financial institutions. The company believes that its greatest exposure is to unrealized losses from declines in asset values versus realized losses resulting from defaults or foreclosures. All bonds held that were issued by financial institutions participating in subprime lending activities are investment grade quality. Default risk on these bonds appears minimal at this time. The impact on these investments should the subprime credit crisis worsen cannot be assessed at this time. Asset values for unaffiliated equity securities issued by financial institutions have declined substantially over the last six months. These reduced asset values have been reflected in the financial statement. Conservative lending and investment practices limit the company's exposure to such losses.

Note 22 - Events Subsequent

A. Subsequent events have been considered through February 16, 2012 for these statutory financial statements which are to be issued February 27, 2012. There are no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

Not applicable

B. Reinsurance Recoverables in Dispute

Not applicable

C. Reinsurance Assumed and Ceded and Protected Cells

	ASSUMED REINSURANCE		CEDED REINSURANCE NET			
	(1)	(2)	(3)	(4)	(5)	(6)
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
C.1.a. Affiliates	3,360,973		1,747,449			
C.1. b. All Other						
C.1.c. Total	3,360,973		1,747,449			
C.1.d. Direct Unearned Premium reserve				13,618,992		

D. Uncollectible Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

Not applicable

B. Method Used to Record

Not applicable

C. Amount and Percent of Net Retrospective Premiums

Not applicable

D. Medical Loss Ratio Rebates

Not applicable

E. Calculation on Nonadmitted Accrued Retrospective Premiums

Not applicable

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

6. Activity in the liability for unpaid claims and claim adjustment expenses is summarized as follows as of:

	<u>December 31, 2011</u>	<u>December 31, 2010</u>
Total net loss and loss adjustment expenses at beginning of year	<u>\$ 6,495,730</u>	<u>\$ 6,631,650</u>
Amount incurred in current year:		
On current year losses	20,040,000	19,753,000
On prior years losses	(3,999,230)	(3,234,310)
Total incurred	<u>16,040,770</u>	<u>16,518,690</u>
Amount paid in current year:		
On current year losses	(16,112,000)	(14,998,000)
On prior years losses	(1,109,784)	(1,656,610)
Total paid	<u>(17,221,784)</u>	<u>(16,654,610)</u>
Total net loss and loss adjustment expenses at end of year	<u>\$ 5,314,716</u>	<u>\$ 6,495,730</u>
	=====	=====

Reserves for incurred loss and loss adjustment expenses attributable to insured events of prior years has decreased by \$3,999,230 from December 31, 2010 to December 31, 2011 as a result of re-estimation of unpaid losses and loss adjustment expenses. The change is generally the result of ongoing analysis of recent loss development trends. The Company has also increased it's over all IBNR by \$120,000 for 2011 and \$-0- for 2010. Original estimates are increased or decreased as additional information becomes known regarding individual losses.

Note 26 - Intercompany Pooling Arrangements

A. Not applicable

Note 27 - Structured Settlements

A. Reserves Released due to Purchase of Annuities

Not applicable

B. Annuity Insurers with Balances due Greater than 1% of Policyholders' Surplus

Not applicable

Note 28 - Health Care Receivables

A. and B. Not applicable

Note 29 - Participating Accident and Health Policies

A. Not applicable

Note 30 - Premium Deficiency Reserves

A. The Company evaluated the need to record a premium deficiency reserve as of the end of the current year. This evaluation was completed on February 10, 2012. No reserve has been recorded for the current year. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

Note 31 - High Deductibles

A. Not applicable

Note 32 - Discounting of Liabilities for Unpaid Loss and Unpaid Loss Adjustment Expenses

A. Tabular Discounts

Not applicable

B. Non-Tabular Discounts

Not applicable

C. Changes in Discount Assumptions

Not applicable

Note 33 - Asbestos and Environmental Reserves

A. Five-Year Rollforward of Asbestos Reserves, Gross and Net

Not applicable

B. Ending Reserves for Asbestos Claims for Bulk and IBNR Losses and LAE Included in A above

Not applicable

C. Ending Reserves for Asbestos Claims for LAE Included in A above

Not applicable

D. Five-Year Rollforward of Environmental Reserves, Gross and Net

Not applicable

E. Ending Reserves for Environmental Claims for Bulk and IBNR Losses and LAE In D above:

Not applicable

F. Ending Reserves for Environmental Claims for LAE Included in D above (Case, Bulk and IBNR)

Not applicable

Note 34 - Subscriber Savings Accounts

A. Not applicable

Note 35 - Multiple Peril Crop Insurance

A. Not applicable

Note 36 – Financial Guaranty Insurance

A. and B. Not applicable

WAYNE MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]														
1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]														
1.3 State regulating? <u>OHIO</u>	N/A														
2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
2.2 If yes, date of change:	12/31/2006														
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2006														
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2006														
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	07/17/2007														
3.4 By what department or departments? <u>Ohio Department of Insurance Office of Financial Regulation Services</u>															
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]														
3.6 Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]														
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]														
4.11 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
4.12 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
4.21 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
4.22 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Name of Entity</td> <td style="width: 33%; text-align: center;">2 NAIC Co. Code</td> <td style="width: 33%; text-align: center;">3 State of Domicile</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		1 Name of Entity	2 NAIC Co. Code	3 State of Domicile											
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile													
6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
6.2 If yes, give full information:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		1 Nationality	2 Type of Entity												
1 Nationality	2 Type of Entity														
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
7.2 If yes,%%														
7.21 State the percentage of foreign control%														
7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		1 Nationality	2 Type of Entity												
1 Nationality	2 Type of Entity														
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 14.28%; text-align: center;">1 Affiliate Name</td> <td style="width: 14.28%; text-align: center;">2 Location (City, State)</td> <td style="width: 14.28%; text-align: center;">3 FRB</td> <td style="width: 14.28%; text-align: center;">4 OCC</td> <td style="width: 14.28%; text-align: center;">5 OTS</td> <td style="width: 14.28%; text-align: center;">6 FDIC</td> <td style="width: 14.28%; text-align: center;">7 SEC</td> </tr> <tr> <td> </td> </tr> </table>		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC							
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC									
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 14.28%; text-align: center;">1 Affiliate Name</td> <td style="width: 14.28%; text-align: center;">2 Location (City, State)</td> <td style="width: 14.28%; text-align: center;">3 FRB</td> <td style="width: 14.28%; text-align: center;">4 OCC</td> <td style="width: 14.28%; text-align: center;">5 OTS</td> <td style="width: 14.28%; text-align: center;">6 FDIC</td> <td style="width: 14.28%; text-align: center;">7 SEC</td> </tr> <tr> <td> </td> </tr> </table>		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC							
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC									
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>Buffamante, Whipple, Buttafaro, P.C. 130 South Union Street Olean, NY 14760</u>															
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
10.2 If the response to 10.1 is yes, provide information related to this exemption:															
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
10.4 If the response to 10.3 is yes, provide information related to this exemption:															
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]														
10.6 If the answer to 10.5 is no or n/a, please explain.															
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? <u>Joseph L. Petrelli Demotech, Inc. 2715 Tuller Parkway Dublin, OH 43017</u>															
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]														
12.11 Name of real estate holding company															
12.12 Number of parcels involved														
12.13 Total book/adjusted carrying value														
12.2 If yes, provide explanation.															

WAYNE MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No [X]13.3 Have there been any changes made to any of the trust indentures during the year? Yes No [X]13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A [X]14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$.....0
20.12 To stockholders not officers	\$.....0
20.13 Trustees, supreme or grand (Fraternal only)	\$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$.....0
20.22 To stockholders not officers	\$.....0
20.23 Trustees, supreme or grand (Fraternal only)	\$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	.....
21.22 Borrowed from others	.....
21.23 Leased from others	.....
21.24 Other	.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	.....
22.22 Amount paid as expenses	.....
22.23 Other amounts paid	.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. Yes No []
 \$.....0

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [X] No []

24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided). Yes No []

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No [] N/A [X]

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. Yes No []

24.6 If answer to 24.4 is no, report amount of collateral for other programs. Yes No []

WAYNE MUTUAL INSURANCE COMPANY**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.7	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?			Yes []	No []	N/A [X]
24.8	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?			Yes []	No []	N/A [X]
24.9	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?			Yes []	No []	N/A [X]
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3)			Yes []	No [X]	
25.2	If yes, state the amount thereof at December 31 of the current year:					
25.21	Subject to repurchase agreements			.....	
25.22	Subject to reverse repurchase agreements			.....	
25.23	Subject to dollar repurchase agreements			.....	
25.24	Subject to reverse dollar repurchase agreements			.....	
25.25	Pledged as collateral			.....	
25.26	Placed under option agreements			.....	
25.27	Letter stock or securities restricted as to sale			.....	
25.28	On deposit with state or other regulatory body			.....	
25.29	Other			.....	
25.3	For category (25.27) provide the following:					
	1 Nature of Restriction	2 Description	3 Amount			
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?			Yes []	No [X]	
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?			Yes []	No []	N/A [X]
If no, attach a description with this statement.						
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?			Yes [X]	No []	
27.2	If yes, state the amount thereof at December 31 of the current year:			\$.....40,853		
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?			Yes []	No [X]	
28.01	For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:					
	1 Name of Custodian(s)	2 Custodian's Address				
28.02	For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:					
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)			
	SMITH BARNEY	200 PUBLIC SQUARE, CLEVELAND, OH 44114	BROKERAGE FIRM INSURED BY SPIC			
	WELLS FARGO ADVISORS	5400 FRANTZ ROAD, DUBLIN, OH 43017	BROKERAGE FIRM INSURED BY SPIC			
	WELLS FARGO ADVISORS	201 EAST LIBERTY ST, WOOSTER, OH 44691	BROKERAGE FIRM INSURED BY SPIC			
	FIRST EMPIRE SECURITIES INC	100 MOTOR PARKWAY, HAUPPAUGE, NY 11788	BROKERAGE FIRM INSURED BY SPIC			
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?			Yes []	No [X]	
28.04	If yes, give full and complete information relating thereto:					
	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason		
28.05	Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:					
	1 Central Registration Depository Number(s)	2 Name	3 Address			
	SMITH BARNEY	MIKE MAYNARD	200 PUBLIC SQUARE, CLEVELAND, OH 44114			
	WELLS FARGO ADVISORS	JAMES ROWLETTE	5400 FRANTZ ROAD, DUBLIN, OH 43017			
	WELLS FARGO ADVISORS	THOMAS HILT	201 EAST LIBERTY ST, WOOSTER, OH 44691			
	FIRST EMPIRE SECURITIES INC	JACK DENNY	100 MOTOR PARKWAY, HAUPPAUGE, NY 117			
29.1	Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?			Yes [X]	No []	
29.2	If yes, complete the following schedule:					
	1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj. Carrying Value			
	354723 62	FRANKLIN OHIO INSD TAX FREE INC	123,659			
	416646 15	HARTFORD MUT FDS INFLATION PLUS FUND	164,670			
	67070R 10	NUVEEN OHIO DIVIDEND	56,720			
	29,299. TOTAL		345,049			
29.3	For each mutual fund listed in the table above, complete the following schedule:					
	1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation		
	FRANKLIN OHIO INSD TAX FREE INC	HAMILTON CNTY OHIO SALES TAX 5%	2,782	12/31/2011		
	FRANKLIN OHIO INSD TAX FREE INC	AMER MUN PWR OHIO INC REV ENGY RE 5.25%	2,424	12/31/2011		
	FRANKLIN OHIO INSD TAX FREE INC	OHIO ST HIGHER ED FAC COMM REV 5.25%	2,399	12/31/2011		
	FRANKLIN OHIO INSD TAX FREE INC	CLEVELAND OHIO ARPT SYS REV 5%	2,251	12/31/2011		
	FRANKLIN OHIO INSD TAX FREE INC	LAKESIDE OHIO CITY SCH DIST 5.125%	1,892	12/31/2011		
	HARFORD MUT FDS INFLATION PLUS FUND	US TREASURY NOTE 1.125%	15,578	12/31/2011		
	HARFORD MUT FDS INFLATION PLUS FUND	US TREASURY NOTE .5%	13,651	12/31/2011		
	HARFORD MUT FDS INFLATION PLUS FUND	US TREASURY BOND	12,268	12/31/2011		
	HARFORD MUT FDS INFLATION PLUS FUND	US TREASURY NOTE 1.375%	10,802	12/31/2011		
	HARFORD MUT FDS INFLATION PLUS FUND	US TREASURY NOTE 2%	10,193	12/31/2011		
	NUVEEN OHIO DIVIDEND	HAMILTON COUNTY EXCISE AND SALES TAX	2,598	12/31/2011		
	NUVEEN OHIO DIVIDEND	ANHEUSER BUSCH TAX EXEMPT DEBT	2,331	12/31/2011		
	NUVEEN OHIO DIVIDEND	NEWARK CITY SCHOOLS	2,212	12/31/2011		
	NUVEEN OHIO DIVIDEND	OHIO STATE	1,991	12/31/2011		
	NUVEEN OHIO DIVIDEND	LORAIN COUNTY	1,957	12/31/2011		

WAYNE MUTUAL INSURANCE COMPANY**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	20,358,604	20,858,774	500,170
30.2 Preferred stocks.....	344,033	338,390	(5,643)
30.3 Totals.....	20,702,637	21,197,164	494,527

30.4 Describe the sources or methods utilized in determining the fair values:

BROKER STATEMENTS

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....222,179

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Services Office Inc	69,100

34.1 Amount of payments for legal expenses, if any? \$.....6,050

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Logee, Hostetler, Stutzman & Lehman	6,000

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....13,257

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Ohio Insurance Institute	7,208
NAMIC	3,655

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only.

1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

1.6 Individual policies:
Most current three years:
1.61 Total premium earned
1.62 Total incurred claims
1.63 Number of covered lives

All years prior to most current three years:
1.64 Total premium earned
1.65 Total incurred claims
1.66 Number of covered lives

1.7 Group policies:
Most current three years:
1.71 Total premium earned
1.72 Total incurred claims
1.73 Number of covered lives

All years prior to most current three years:
1.74 Total premium earned
1.75 Total incurred claims
1.76 Number of covered lives

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	\$ 0	\$ 0
2.2 Premium Denominator.....	\$ 28,167,886	\$ 24,333,418
2.3 Premium Ratio (2.1/2.2).....	0.0	0.0
2.4 Reserve Numerator.....	\$ 0	\$ 0
2.5 Reserve Denominator.....	\$ 18,933,708	\$ 20,120,358
2.6 Reserve Ratio (2.4/2.5).....	0.0	0.0

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]

3.2 If yes, state the amount of calendar year premiums written on:
3.21 Participating policies
3.22 Non-participating policies

4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:

4.1 Does the reporting entity issue assessable policies? Yes [] No [X]

4.2 Does the reporting entity issue non-assessable policies? Yes [X] No []

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?%

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$ 0

5. FOR RECIPROCAL EXCHANGES ONLY:

5.1 Does the exchange appoint local agents? Yes [] No []

5.2 If yes, is the commission paid:
5.21 Out of Attorney's-in-fact compensation Yes [] No []
5.22 As a direct expense of the exchange Yes [] No []
5.3 What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No []

5.5 If yes, give full information:

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
N/A

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
Computer modeling by Guy Carpenter using the Applied Insurance Research (AIR) Worldwide v13 model. The model totaled all company property coverage by Zip Code. Greatest concentration in Wayne County area.

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
The Company has a \$17 million catastrophic excess reinsurance program

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [X] No []

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss:

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [] No [X]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [] No []

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [] No [X]

8.2 If yes, give full information:

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes [] No [X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliate represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract?

Yes [] No [X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [] No [X]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

- (a) The entity does not utilize reinsurance; or
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [X] No [] N/A []

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? Yes [X] No []

11.2 If yes, give full information:

NAMIC POOL AA-9995095

Mutual Reinsurance Bureau AA-9995035

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses	\$.....0
12.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$.....0
	\$.....0

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds:

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [X] N/A []

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From%
12.42 To%

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]

12.6 If yes, state the amount thereof at December 31 of current year:

12.61 Letters of credit	.....
12.62 Collateral and other funds	.....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): Yes [] No [X] \$.....200,000

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 5

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

14.1 Is the company a cedant in a multiple cedant reinsurance contract?

Yes [] No [X]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [] No []

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [] No []

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts?

Yes [] No [X]

15.2 If yes, give full information:

16.1 Does the reporting entity write any warranty business?

Yes [] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....
16.12 Products.....
16.13 Automobile.....
16.14 Other*.....

* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5?

Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

.....

17.12 Unfunded portion of Interrogatory 17.11

.....

17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11

.....

17.14 Case reserves portion of Interrogatory 17.11

.....

17.15 Incurred but not reported portion of Interrogatory 17.11

.....

17.16 Unearned premium portion of Interrogatory 17.11

.....

17.17 Contingent commission portion of Interrogatory 17.11

.....

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

.....

17.19 Unfunded portion of Interrogatory 17.18

.....

17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18

.....

17.21 Case reserves portion of Interrogatory 17.18

.....

17.22 Incurred but not reported portion of Interrogatory 17.18

.....

17.23 Unearned premium portion of Interrogatory 17.18

.....

17.24 Contingent commission portion of Interrogatory 17.18

.....

18.1 Do you act as a custodian for health savings account?

Yes [] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date.

.....

18.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

18.4 If yes, please provide the balance of the funds administered as of the reporting date.

.....

WAYNE MUTUAL INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2011	2 2010	3 2009	4 2008	5 2007
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	6,874,898	5,832,374	5,244,101	4,969,969	5,051,659
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	11,005,051	10,513,151	11,494,824	4,327,982	4,359,705
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	12,381,389	11,042,878	10,358,153	9,423,160	8,906,631
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	30,261,338	27,388,403	27,097,078	18,721,111	18,317,995
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	6,489,048	5,490,354	4,913,658	4,627,241	4,666,519
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	10,585,080	10,116,856	11,180,003	4,018,859	4,029,457
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	11,088,122	9,838,601	9,404,281	8,491,028	8,062,450
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	28,162,250	25,445,811	25,497,942	17,137,128	16,758,426
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	1,162,970	(2,346,915)	(963,156)	(2,308,856)	(1,326,116)
14. Net investment gain (loss) (Line 11).....	989,128	723,621	592,599	815,046	1,036,128
15. Total other income (Line 15).....	527,489	537,115	528,353	484,170	472,612
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	431,254	(247,300)	136,906	(255,230)	(17,270)
18. Net income (Line 20).....	2,248,333	(838,879)	20,890	(754,410)	199,894
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	37,319,862	35,742,877	34,919,764	29,584,034	30,784,797
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	331,667	325,570	306,588	288,966	278,707
20.2 Deferred and not yet due (Line 15.2).....	6,517,076	5,847,576	4,978,036	3,226,918	2,986,959
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	20,617,014	21,255,623	20,126,141	16,044,078	14,437,890
22. Losses (Page 3, Line 1).....	4,789,716	5,970,730	6,106,650	6,358,355	5,581,128
23. Loss adjustment expenses (Page 3, Line 3).....	525,000	525,000	525,000	525,000	525,000
24. Unearned premiums (Page 3, Line 9).....	13,618,992	13,624,628	12,512,235	7,938,099	7,563,986
25. Capital paid up (Page 3, Lines 30 & 31).....					
26. Surplus as regards policyholders (Page 3, Line 37).....	16,702,848	14,487,254	14,793,623	13,539,956	16,346,907
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	1,419,803	(1,029,948)	3,273,326	(19,361)	338,209
Risk-Based Capital Analysis					
28. Total adjusted capital.....	16,702,848	14,487,254	14,793,623	13,539,956	16,346,907
29. Authorized control level risk-based capital.....	2,118,914	1,938,724	1,982,567	1,566,916	1,563,729
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	70.3	73.9	72.7	70.3	69.4
31. Stocks (Lines 2.1 & 2.2).....	23.4	20.7	19.3	19.1	21.0
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....	0.2	0.3			
33. Real estate (Lines 4.1, 4.2 & 4.3).....	1.4	1.6	1.4	1.7	1.6
34. Cash, cash equivalents and short-term investments (Line 5).....	4.7	3.5	6.6	8.8	8.1
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....			XXX	XXX	XXX
37. Other invested assets (Line 8).....					
38. Receivable for securities (Line 9).....					
39. Securities lending reinvested collateral assets (Line 10).....			XXX	XXX	XXX
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....	500	500	8,138	63,147	63,122
45. Affiliated short-term investments (Schedule DA, Verification, Col. 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	500	500	8,138	63,147	63,122
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0	0.0	0.1	0.5	0.4

WAYNE MUTUAL INSURANCE COMPANY
FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Capital and Surplus Accounts (Page 4)					
50. Net unrealized capital gains (losses) (Line 24).....	.....(55,153)	.....427,957	.....621,207	.....(1,539,622)	.....(121,145)
51. Dividends to stockholders (Line 35).....	.....	.....	.....	.....	.....
52. Change in surplus as regards policyholders for the year (Line 38).....	.....2,215,595	.....(306,369)	.....1,253,666	.....(2,806,951)	.....178,353
Gross Losses Paid (Page 9, Part 2, Cols. 1&2)					
53. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....3,218,922	.....3,598,365	.....3,132,075	.....3,532,785	.....2,715,361
54. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....6,855,110	.....7,342,947	.....4,178,249	.....2,641,128	.....2,501,716
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....7,889,280	.....6,263,600	.....6,400,751	.....7,233,394	.....7,237,670
56. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....	.....	.....	.....	.....
57. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....	.....	.....	.....	.....
58. Total (Line 35).....	.....17,963,312	.....17,204,912	.....13,711,075	.....13,407,307	.....12,454,747
Net Losses Paid (Page 9, Part 2, Col. 4)					
59. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....3,166,596	.....3,402,245	.....2,975,848	.....3,211,702	.....2,410,021
60. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....6,678,706	.....7,304,853	.....4,077,585	.....2,515,270	.....2,414,588
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....7,376,482	.....5,947,512	.....5,245,187	.....5,043,284	.....5,329,416
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....	.....	.....	.....	.....
63. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....	.....	.....	.....	.....
64. Total (Line 35).....	.....17,221,784	.....16,654,610	.....12,298,620	.....10,770,256	.....10,154,025
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
65. Premiums earned (Line 1).....	.....100.0	.....100.0	.....100.0	.....100.0	.....100.0
66. Losses incurred (Line 2).....	.....56.9	.....67.9	.....57.6	.....68.9	.....63.3
67. Loss expenses incurred (Line 3).....	.....7.5	.....8.9	.....8.2	.....9.2	.....8.7
68. Other underwriting expenses incurred (Line 4).....	.....31.4	.....32.8	.....38.8	.....35.7	.....36.1
69. Net underwriting gain (loss) (Line 8).....	.....4.1	.....(9.6)	.....(4.6)	.....(13.8)	.....(8.0)
Other Percentages					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	.....29.6	.....29.3	.....29.8	.....32.1	.....32.8
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	.....64.5	.....76.8	.....65.8	.....78.1	.....71.9
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	.....168.6	.....175.6	.....172.4	.....126.6	.....102.5
One Year Loss Development (000 omitted)					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	.....(1,865)	.....(1,053)	.....(2,086)	.....(1,477)	.....(977)
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100).....	.....(12.9)	.....(7.1)	.....(15.4)	.....(9.0)	.....(6.0)
Two Year Loss Development (000 omitted)					
75. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	.....(1,188)	.....(2,406)	.....(2,118)	.....(1,578)	.....(2,260)
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0).....	.....(8.0)	.....(17.8)	.....(13.0)	.....(9.8)	.....(15.5)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....							5.....	0.....	XXX.....	
2. 2002.....	16,110.....	1,480.....	14,630.....	10,536.....	.397.....	.201.....	.10.....	.906.....	.10.....	.475.....	11,226.....	XXX.....	
3. 2003.....	17,683.....	1,683.....	16,000.....	10,351.....	.236.....	.200.....	.10.....	1,027.....	.16.....	.531.....	11,316.....	XXX.....	
4. 2004.....	18,544.....	1,522.....	17,022.....	10,396.....	.827.....	.183.....	.9.....	.848.....	.24.....	.324.....	10,567.....	XXX.....	
5. 2005.....	17,966.....	1,317.....	16,649.....	8,971.....	.588.....	.198.....	.7.....	.970.....	.27.....	.545.....	9,517.....	XXX.....	
6. 2006.....	17,660.....	1,374.....	16,286.....	11,460.....	1,831.....	.181.....	.13.....	1,158.....	.55.....	.471.....	10,900.....	XXX.....	
7. 2007.....	18,087.....	1,559.....	16,528.....	12,023.....	2,027.....	.179.....	.9.....	1,290.....	.63.....	.432.....	11,393.....	XXX.....	
8. 2008.....	18,346.....	1,583.....	16,763.....	13,502.....	2,321.....	.229.....	.15.....	1,598.....	.161.....	.514.....	12,832.....	XXX.....	
9. 2009.....	22,523.....	1,599.....	20,924.....	14,034.....	1,164.....	.227.....	.21.....	1,573.....	.88.....	.532.....	14,561.....	XXX.....	
10. 2010.....	26,276.....	1,943.....	24,333.....	15,561.....	.475.....	.231.....	.6.....	1,879.....	.10.....	.273.....	17,180.....	XXX.....	
11. 2011.....	30,268.....	2,099.....	28,169.....	14,721.....	.343.....	.186.....	.1.....	1,557.....	.8.....	.200.....	16,112.....	XXX.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	121,555.....	10,209.....	2,015.....	.101.....	12,806.....	.462.....	4,302.....	125,604.....	XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....												0.....	XXX.....
2. 2002.....												0.....	XXX.....
3. 2003.....												0.....	XXX.....
4. 2004.....												0.....	XXX.....
5. 2005.....												0.....	XXX.....
6. 2006.....												0.....	XXX.....
7. 2007.....	33.....		7.....	.1.....					.2.....	.2.....		41.....	XXX.....
8. 2008.....	.280.....		.106.....	.7.....			.2.....		.5.....	.10.....		.386.....	XXX.....
9. 2009.....	.73.....		.22.....	.2.....			.1.....		.10.....	.72.....		.104.....	XXX.....
10. 2010.....	.580.....		.244.....	.34.....			.17.....		.49.....	.106.....		.856.....	XXX.....
11. 2011.....	2,487.....	.11.....	1,117.....	.104.....			.70.....		.369.....	.197.....		3,928.....	XXX.....
12. Totals.....	3,453.....	.11.....	1,496.....	.148.....	.0.....	.0.....	.90.....	.0.....	.435.....	.0.....		.5,315.....	XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0.....	0.....	
2. 2002.....	11,643.....	417.....	11,226.....	72.3.....	.28.2.....	.76.7.....				0.....	0.....	
3. 2003.....	11,578.....	262.....	11,316.....	65.5.....	.15.6.....	.70.7.....				0.....	0.....	
4. 2004.....	11,427.....	860.....	10,567.....	61.6.....	.56.5.....	.62.1.....				0.....	0.....	
5. 2005.....	10,139.....	622.....	9,517.....	56.4.....	.47.2.....	.57.2.....				0.....	0.....	
6. 2006.....	12,799.....	1,899.....	10,900.....	72.5.....	.138.2.....	.66.9.....				0.....	0.....	
7. 2007.....	13,534.....	2,100.....	11,434.....	74.8.....	.134.7.....	.69.2.....				.39.....	.2.....	
8. 2008.....	15,722.....	2,504.....	13,218.....	85.7.....	.158.2.....	.78.9.....				.379.....	.7.....	
9. 2009.....	15,940.....	1,275.....	14,665.....	70.8.....	.79.7.....	.70.1.....				.93.....	.11.....	
10. 2010.....	18,561.....	525.....	18,036.....	70.6.....	.27.0.....	.74.1.....				.790.....	.66.....	
11. 2011.....	20,507.....	467.....	20,040.....	67.8.....	.22.2.....	.71.1.....				.3,489.....	.439.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....	XXX.....	.4,790.....	.525.....	

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of

Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior....	1,654	1,566	1,696	1,631	1,566	1,561	1,564	1,563	1,563	1,563	0	0
2. 2002....	11,043	10,807	10,547	10,414	10,346	10,337	10,337	10,337	10,335	10,330	(5)	(7)
3. 2003....	XXX....	12,008	10,874	10,540	10,293	10,320	10,312	10,308	10,308	10,305	(3)	(3)
4. 2004....	XXX....	XXX....	11,344	10,183	9,626	9,748	9,744	9,746	9,744	9,743	(1)	(3)
5. 2005....	XXX....	XXX....	XXX....	10,257	9,316	8,799	8,617	8,591	8,576	8,574	(2)	(17)
6. 2006....	XXX....	XXX....	XXX....	XXX....	10,960	10,365	9,955	9,812	9,791	9,797	6	(15)
7. 2007....	XXX....	XXX....	XXX....	XXX....	XXX....	11,620	10,744	10,275	10,197	10,205	8	(70)
8. 2008....	XXX....	XXX....	XXX....	XXX....	XXX....	13,227	11,782	11,580	11,776	11,776	196	(6)
9. 2009....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	14,237	13,504	13,170	(334)	(1,067)	
10. 2010....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	17,848	16,118	(1,730)	XXX....	
11. 2011....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	18,122	XXX....	XXX....	
										12. Totals....	(1,865)	(1,188)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior....	000....	1,210	1,515	1,620	1,565	1,561	1,564	1,563	1,563	1,563	XXX....	XXX....
2. 2002....	7,670	9,718	10,280	10,336	10,339	10,337	10,337	10,337	10,335	10,330	XXX....	XXX....
3. 2003....	XXX....	7,403	9,265	9,932	10,235	10,304	10,312	10,308	10,308	10,305	XXX....	XXX....
4. 2004....	XXX....	XXX....	6,709	8,925	9,324	9,547	9,658	9,746	9,744	9,743	XXX....	XXX....
5. 2005....	XXX....	XXX....	XXX....	6,321	8,041	8,294	8,504	8,504	8,576	8,574	XXX....	XXX....
6. 2006....	XXX....	XXX....	XXX....	XXX....	7,139	9,224	9,601	9,778	9,762	9,797	XXX....	XXX....
7. 2007....	XXX....	XXX....	XXX....	XXX....	XXX....	7,717	9,590	9,921	10,098	10,166	XXX....	XXX....
8. 2008....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	8,390	10,529	11,071	11,395	XXX....	XXX....
9. 2009....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	9,769	12,487	13,076	XXX....	XXX....
10. 2010....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	13,441	15,311	XXX....	XXX....
11. 2011....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	14,563	XXX....	XXX....

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior.....	.295	.41	.73	.4						
2. 2002....	.863	.426	.101	.22	.2					
3. 2003....	XXX....	1,982	.527	.245	.18	.4				
4. 2004....	XXX....	XXX....	.2,001	.581	.107	.49	.63			
5. 2005....	XXX....	XXX....	XXX....	1,582	.651	.134	.43	.18		
6. 2006....	XXX....	XXX....	XXX....	XXX....	1,589	.531	.140	.7	.4	
7. 2007....	XXX....	XXX....	XXX....	XXX....	XXX....	1,611	.561	.89	.15	.6
8. 2008....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,522	.243	.67	.101
9. 2009....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	.965	.194	.21
10. 2010....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,042	.227
11. 2011....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,083

WAYNE MUTUAL INSURANCE COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)	
		2 Direct Premiums Written	3 Direct Premiums Earned							
1. Alabama.....	AL	N								
2. Alaska.....	AK	N								
3. Arizona.....	AZ	N								
4. Arkansas.....	AR	N								
5. California.....	CA	N								
6. Colorado.....	CO	N								
7. Connecticut.....	CT	N								
8. Delaware.....	DE	N								
9. District of Columbia.....	DC	N								
10. Florida.....	FL	N								
11. Georgia.....	GA	N								
12. Hawaii.....	HI	N								
13. Idaho.....	ID	N								
14. Illinois.....	IL	N								
15. Indiana.....	IN	N								
16. Iowa.....	IA	N								
17. Kansas.....	KS	N								
18. Kentucky.....	KY	N								
19. Louisiana.....	LA	N								
20. Maine.....	ME	N								
21. Maryland.....	MD	N								
22. Massachusetts.....	MA	N								
23. Michigan.....	MI	N								
24. Minnesota.....	MN	N								
25. Mississippi.....	MS	N								
26. Missouri.....	MO	N								
27. Montana.....	MT	N								
28. Nebraska.....	NE	N								
29. Nevada.....	NV	N								
30. New Hampshire.....	NH	N								
31. New Jersey.....	NJ	N								
32. New Mexico.....	NM	N								
33. New York.....	NY	N								
34. North Carolina.....	NC	N								
35. North Dakota.....	ND	N								
36. Ohio.....	OH	L	23,940,640	23,229,876			14,169,818	12,931,652	4,571,195	485,652
37. Oklahoma.....	OK	N								
38. Oregon.....	OR	N								
39. Pennsylvania.....	PA	N								
40. Rhode Island.....	RI	N								
41. South Carolina.....	SC	N								
42. South Dakota.....	SD	N								
43. Tennessee.....	TN	N								
44. Texas.....	TX	N								
45. Utah.....	UT	N								
46. Vermont.....	VT	N								
47. Virginia.....	VA	N								
48. Washington.....	WA	N								
49. West Virginia.....	WV	N								
50. Wisconsin.....	WI	N								
51. Wyoming.....	WY	N								
52. American Samoa.....	AS	N								
53. Guam.....	GU	N								
54. Puerto Rico.....	PR	N								
55. US Virgin Islands.....	VI	N								
56. Northern Mariana Islands.....	MP	N								
57. Canada.....	CN	N								
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	0	0
59. Totals.....	(a)	1	23,940,640	23,229,876	0	14,169,818	12,931,652	4,571,195	485,652	0

DETAILS OF WRITE-INS

5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803+ Line 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Insert the number of "L" responses except for Canada and Other Alien.

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

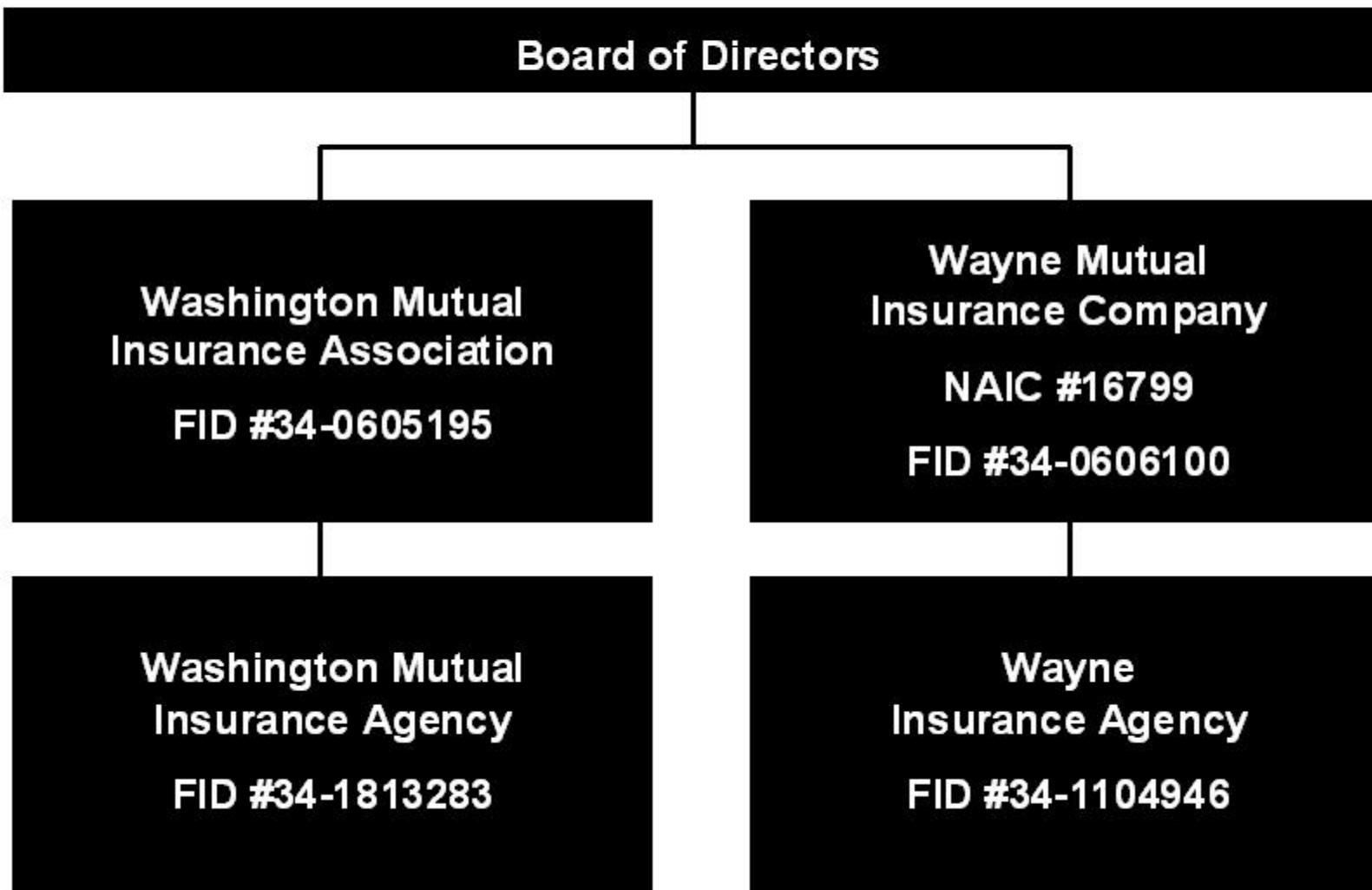
Explanation of Basis of Allocation of Premiums by States, etc.

ALL OHIO

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Schedule Y – Part 1 Organizational Chart
Wayne Mutual / Washington Mutual (Group Code #4678)



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