
AMENDED FILING EXPLANATION

The 2011 Annual Statement for Wayne Mutual Insurance Company was amended for the following reasons

1. Correction of Note 25 Change in Incurred Losses and Loss Adjustment Expenses on page 14.9
2. Completion of the electronic filing Note 30 Premium Deficiency Reserves



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

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 16799

State of Domicile or Port of Entry OHIO

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

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

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

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

WWW.WAYNEINSGROUP.COM

TOD JAMES CARMONY
(Name)

TOD_CARMONY@WAYNEINSGROUP.COM
(E-Mail Address)

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

Country of Domicile US

Commenced Business..... March 1, 1910

330-345-8100
(Area Code) (Telephone Number)

330-345-8100
(Area Code) (Telephone Number)

330-345-8100-324
(Area Code) (Telephone Number) (Extension)

330-345-1321
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. TOD JAMES CARMONY	PRESIDENT	2. DAVID EDWARD TSCHANTZ	TREASURER
3. MORRIS STUTZMAN	SECRETARY	4.	
OTHER			
TIMOTHY JOHN SUPPES	VICE PRESIDENT	DAVID EDWARD TSCHANTZ	VICE PRESIDENT
NORMAN HERBERT LEWIS	VICE PRESIDENT		

DIRECTORS OR TRUSTEES

SCOTT LEE PREISING	MORRIS STUTZMAN	GREGORY TODD BUEHLER	TOD JAMES CARMONY
ELIZABETH FREEMAN MCCOY	DONALD ALVIN RAMSEYER	DAVID EDWARD TSCHANTZ	

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

1. (Printed Name)

PRESIDENT

(Title)

(Signature)

DAVID EDWARD TSCHANTZ

2. (Printed Name)

TREASURER

(Title)

(Signature)

MORRIS STUTZMAN

3. (Printed Name)

SECRETARY

(Title)

Subscribed and sworn to before me

This day of 2012

a. Is this an original filing?

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [] No [X]

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4/20/2012

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