



ANNUAL STATEMENT

For the Year Ended December 31, 2019  
of the Condition and Affairs of the

WAYNE MUTUAL INSURANCE COMPANY

|                                       |                                                                              |                                       |               |                                |            |
|---------------------------------------|------------------------------------------------------------------------------|---------------------------------------|---------------|--------------------------------|------------|
| NAIC Group Code.....                  | 4678, 4678                                                                   | NAIC Company Code.....                | 16799         | Employer's ID Number.....      | 34-0606100 |
|                                       | (Current Period) (Prior Period)                                              |                                       |               |                                |            |
| Organized under the Laws of OH        |                                                                              | State of Domicile or Port of Entry OH |               | Country of Domicile            | US         |
| Incorporated/Organized.....           | January 10, 1910                                                             | Commenced Business.....               | March 1, 1910 |                                |            |
| Statutory Home Office                 | 3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691                          |                                       |               |                                |            |
|                                       | (Street and Number) (City or Town, State, Country and Zip Code)              |                                       |               |                                |            |
| Main Administrative Office            | 3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691                          |                                       |               | 330-345-8100                   |            |
|                                       | (Street and Number) (City or Town, State, Country and Zip Code)              |                                       |               | (Area Code) (Telephone Number) |            |
| Mail Address                          | 3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691                          |                                       |               |                                |            |
|                                       | (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code) |                                       |               |                                |            |
| Primary Location of Books and Records | 3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691                          |                                       |               | 330-345-8100                   |            |
|                                       | (Street and Number) (City or Town, State, Country and Zip Code)              | </                                    |               |                                |            |





SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

| 1<br><br>ID<br>Number              | 2<br><br>NAIC<br>Company<br>Code | 3<br><br><br>Name of Reinsured               | 4<br><br>Domiciliary<br>Jurisdiction | 5<br><br>Assumed<br>Premium | Reinsurance On                                          |                                          |                         | 9<br><br>Contingent<br>Commissions<br>Payable | 10<br><br>Assumed<br>Premiums<br>Receivable | 11<br><br>Unearned<br>Premium | 12<br><br>Funds Held by<br>or Deposited<br>With Reinsured<br>Companies | 13<br><br>Letters of<br>Credit<br>Posted | 14<br><br>Amount of Assets<br>Pledged or<br>Compensating<br>Balances to Secure<br>Letters of Credit | 15<br><br>Amount of<br>Assets<br>Pledged or<br>Collateral<br>Held in Trust |
|------------------------------------|----------------------------------|----------------------------------------------|--------------------------------------|-----------------------------|---------------------------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------|---------------------------------------------|-------------------------------|------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                    |                                  |                                              |                                      |                             | 6<br><br>Paid Losses and<br>Loss Adjustment<br>Expenses | 7<br><br>Known Case<br>Losses<br>and LAE | 8<br><br>Cols.<br>6 + 7 |                                               |                                             |                               |                                                                        |                                          |                                                                                                     |                                                                            |
| Affiliates - U.S. Non-Pool - Other |                                  |                                              |                                      |                             |                                                         |                                          |                         |                                               |                                             |                               |                                                                        |                                          |                                                                                                     |                                                                            |
| 34-0605195..                       | 10255.....                       | WASHINGTON MUTUAL INSURANCE ASSOCIATION..... | OH.....                              |                             |                                                         |                                          |                         |                                               |                                             |                               |                                                                        |                                          |                                                                                                     |                                                                            |

WAYNE MUTUAL INSURANCE COMPANY  
SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectored or (Canceled) during Current Year

| 1            | 2                       | 3               | 4                | 5                | 6                   |
|--------------|-------------------------|-----------------|------------------|------------------|---------------------|
| ID<br>Number | NAIC<br>Company<br>Code | Name of Company | Date of Contract | Original Premium | Reinsurance Premium |

NONE







**Sch. F - Pt. 3**  
**NONE**

**Sch. F - Pt. 3**  
**NONE**





































































































